

## Briefly

**Sunny and warm:** Fewer people will die from exposure to cold weather in Great Britain as a result of climate change and they'll probably exercise more, while vacationing less in the Caribbean, which would reduce the risk of melanoma. But they'll probably suffer from hay fever and be exposed to more killer heat waves and nasty diseases like dengue or chikungunya fever as exotic mosquitoes make their way north. Such are the latest projections of United Kingdom's Health Protection Agency in an update, *Health Effects of Climate Change in the UK 2012*, of its predictions of the health effects of climate change "based on probabilistic outcomes and a range of future emissions scenarios" ([www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1317135969235](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317135969235)). Lengthier allergy seasons and potent new strains of allergens are a newly identified consequence of climate change, the report notes. "It is thought that changes in seasonality, temperature and weather patterns in the UK, related to climate change may have an effect on human exposure to pollen grains, as well as affecting the potency of aeroallergens. Existing allergy sufferers may suffer from longer-pollen seasons and more rapid symptom development. There is also likely to be a longer term indirect effect on the UK population through changes in plant and fungal distributions." — Wayne Kondro, *CMAJ*

**A full complement:** While the Department of National Defence and the Canadian Forces (CF) has made strides in treating stressed soldiers, its mental health workforce remains chronically understaffed, according to Canada's military ombudsman. There is a "front-line caregiver deficit of 15-22% for the CF's steady state mental health requirement; extensive outsourcing of treatment for CF members suffering from OSIs [operational stress injuries] with the limitations inherent in such outsourcing; poor situational awareness of strategic and functional leadership of

the magnitude of the OSI imperative as it evolves over time; and an ad hoc approach to systemic qualitative performance measurement which has hindered the CF's ability to assess the effectiveness of its OSI capability," Pierre Daigle states in a report, *Fortitude Under Fatigue: Assessing the Delivery of Care for Operational Stress Injuries that Canadian Forces Members Need and Deserve* ([www.ombudsman.forces.gc.ca/rep-rap/sr-rs/fuf-csf/doc/fuf-csf-eng.pdf](http://www.ombudsman.forces.gc.ca/rep-rap/sr-rs/fuf-csf/doc/fuf-csf-eng.pdf)). Among recommendations is one calling on CF leadership "to examine the palpable and growing tensions between commander and clinician and commander and administrator relative to the medical care and administrative support for CF members suffering from OSIs." — Wayne Kondro, *CMAJ*

**Final exits:** British men aged 34–55 are nearly four times more likely to commit suicide than women of a similar age, according to a study commissioned by Samaritans. Meanwhile, men from low socioeconomic backgrounds — whether defined by "job, class, education, income or housing — are 10 times more likely to end their own lives than wealthier men, the United Kingdom charitable organization states in a report, *Men and suicide: Why it's a social issue* ([www.samaritans.org/sites/default/files/kcfinder/files/Samaritans\\_Men\\_and\\_Suicide\\_Report\\_web.pdf](http://www.samaritans.org/sites/default/files/kcfinder/files/Samaritans_Men_and_Suicide_Report_web.pdf)). Marriage breakdowns, unemployment, loneliness, an inability to cope with change, "emotional illiteracy" and personality traits such as "the desire to be perfect; self-criticism; brooding; and having no positive thoughts about the future," are among a host of reasons why roughly 3000 men aged 34–55 commit suicide in Britain each year, the report states. Other factors include: "Men compare themselves against a masculine 'gold standard' which prizes power, control and invincibility. Having a job and providing for the family is central to this, especially for working class men. When men believe

they are not meeting that standard they feel a sense of shame and defeat. This type of masculinity may propel men towards suicide, as a way of regaining control in the face of depression or other mental health problems. More than women, men respond to stress by taking risks or misusing alcohol and drugs. They use more lethal, violent and 'effective' methods of suicide." — Wayne Kondro, *CMAJ*

**Litigation culture:** The litigation bug that infected America appears to have firmly entrenched itself in the United Kingdom as well, as payments made by the National Health Service have tripled over the past decade to more than £1.3 billion per year, according to the UK Centre for Policy Studies. "Demanding recompense for accidents is now perceived, not only as a common-sense way of gaining financial compensation, but as a way of holding public services to account," the centre states in a report, *The Social Cost of Litigation* ([www.cps.org.uk/files/reports/original/120905122753-thesocialcostoflitigation.pdf](http://www.cps.org.uk/files/reports/original/120905122753-thesocialcostoflitigation.pdf)). "Of the 63,800 claims for medical negligence made since 2001, only about 2,000 (3.2%) have had damages approved or set by the Court. A further 28,700 were settled out of Court. The increasing fear of litigation is also extremely damaging to the professionalism of doctors, nurses and teachers: it erodes professional autonomy, stifles innovation, leads to defensive practices in both hospitals and schools and encourages greater bureaucracy. 'Best practice' is now defined as having checked all the boxes in a quality assurance form rather than doing what is best of the patient or pupil." — Wayne Kondro, *CMAJ*

**Sports day in Canada:** Only 37% of Canadians participate in a sport weekly, though 96% believe there's a value in doing so, according to survey commissioned by ParticipACTION. The online survey of 1003 Canadians

conducted by Angus Reid “found that almost three quarters of Canadians (71 per cent) believe it can put children and youth on a positive course. More than six in 10 Canadians (63 per cent) believe that sport can stem the tide of childhood obesity, and almost half (47 per cent) say that sport can reduce health care costs,” the nonprofit organization stated in a press release ([http://participation.s3.amazonaws.com/Sports-Day-in-Canada-Release\\_FINAL-EN.pdf](http://participation.s3.amazonaws.com/Sports-Day-in-Canada-Release_FINAL-EN.pdf)). ParticipACTION hoped the third annual Sports Day in Canada on Sept. 29 would inspire more Canadians to get involved in a sport. “We know that sport can transform lives and have an influential, positive impact on communities, and we encourage all Canadians to embrace the power of sport and celebrate with us,” stated President and CEO Kelly Murumets. — Wayne Kondro, *CMAJ*

**The uninsured life:** An estimated six million Americans will pay a penalty tax in 2016 for failing to obtain health care insurance as required by the Affordable Care Act, according to the Congressional Budget Office. That’s two million more than had been projected in 2010 and will push the total number of uninsured to 30 million (which include unauthorized immigrants and others exempted from the requirement to obtain insurance, such as the poor and those who choose not to because of religious beliefs). The penalties — the greater of a pro-rated flat dollar amount of US\$695 or 2.5% of household income — should generate about US\$7 billion in revenues for the federal government’s general coffers in 2016 “and average about \$8 billion per year over the 2017-2022 period,” the Congressional Budget Office stated in a press release ([www.cbo.gov/sites/default/files/cbofiles/attachments/09-19-12-Indiv\\_Mandate\\_Penalty.pdf](http://www.cbo.gov/sites/default/files/cbofiles/attachments/09-19-12-Indiv_Mandate_Penalty.pdf)). The higher than originally projected number of Americans who’ll pay a tax penalty rather than obtain health insurance is attributed to higher unemployment, lower wages and state government plans to limit the growth of their Medicaid plans for the poor. — Wayne Kondro, *CMAJ*

**Youth mental health:** Improvements in the care of Canadian youth with mental illness will be the target of a new research network formed by the Canadian Institutes of Health Research (CIHR) and the Graham Boeckh Foundation. The Patient-Oriented Network in Adolescent and Youth Mental Health will seek to improve treatment of mental health problems for Canadians aged 11 to 25 by bringing together teams of patients, researchers and health care providers to develop recommendations for clinical practice, CIHR stated in a press release ([www.newswire.ca/en/story/1045189/government-of-canada-and-graham-boeckh-foundation-jointly-support-mental-health-research-network](http://www.newswire.ca/en/story/1045189/government-of-canada-and-graham-boeckh-foundation-jointly-support-mental-health-research-network)). “The Patient-Oriented Network in Adolescent and Youth Mental Health will have a transformative impact on the care delivered to young Canadians with mental illness,” stated Dr. Alain Beaudet, president of CIHR. “The Network will use research evidence to develop and implement innovative practices, policies, and programs. The result will be a more a cost-effective system that produces better health outcomes for Canadians.” The initiative is the first under the Strategy for Patient-Oriented Research, which aims to integrate comparative effectiveness and outcomes research with clinical practice through collaborative ventures. The federal contribution of \$12.5 million over five years will be matched by the Graham Boeckh Foundation. — Adam Miller, *CMAJ*

**Cost drivers:** The rising price of health care services in the United States, rather than increased utilization, was the primary reason that per capita health spending under employer-sponsored private health insurance plans rose 4.6% in 2011 to US\$4547, according to the Health Care Cost Institute (HCCI). “In 2011, per capita and aggregate spending on Americans with ESI [employer-sponsored insurance] increased,” the institute stated in its *Health Care Cost and Utilization Report: 2011* ([www.healthcostinstitute.org/files/HCCI\\_HC\\_CUR2011.pdf](http://www.healthcostinstitute.org/files/HCCI_HC_CUR2011.pdf)). “We found most health care dollars were spent on the procedures performed by health professionals, not prescriptions, or facility fees. By

age group, spending per capita grew fastest for children. By region, spending per capita was the highest and grew the fastest in Northeast. The greatest growth in expenditure occurred for outpatient services, whereas the slowest growth in expenditure occurred for prescriptions. Despite some increases in utilization, HCCI found spending growth was driven primarily by increases in the prices paid. In 2011, utilization increased for outpatient facility services and professional procedures, and declined for inpatient admissions and filled prescriptions. However, the growth in prices at the major service level outpaced changes in service use. For all major service categories, increases in prices paid were driven by increases in the underlying unit price.” — Wayne Kondro, *CMAJ*

**Antibacterial task force:** The United States Food and Drug Administration (FDA) has appointed an internal task force to tackle the multi-decade decline in the research and development of antibacterial drugs. Among the tasks assigned to the 19 scientists and clinicians from the Center for Drug Evaluation and Research are to “explore novel scientific approaches to facilitate antibacterial drug development, like the broader use of clinical pharmacology data, statistical methods, innovative clinical trial designs, use of additional available data sources, and the advancement of alternative measures to evaluate clinical effectiveness of potential new therapies; [and to] identify issues related to unmet medical needs for antibacterial drugs, reasons for the lack of a robust pipeline for antibacterial drug development, and new approaches for weighing the risks, benefits, and uncertainties of potential new antibacterial drugs,” the FDA stated in a press release ([www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm320643.htm?source=govdelivery](http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm320643.htm?source=govdelivery)). FDA estimated that 70% of the bacteria that annually cause nearly two million Americans to acquire an hospital-associated infection are antibiotic resistant. — Wayne Kondro, *CMAJ*

**Orphan drug access:** A regulatory framework that rapidly approves so-

called orphan drugs and a Canadian portal to an existing global database on information and services available to treat rare diseases lie at the core of a new federal government approach to improving treatment for disorders affecting fewer than five in every 10 000 Canadians. “Too often, Canadians dealing with rare diseases are faced with difficulties in accessing the information and medication they need,” Health Minister Leona Aglukkaq stated in a press release on the new framework ([www.hc-sc.gc.ca/ahc-asc/media/nr-cp/\\_2012/2012-147-eng.php](http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/_2012/2012-147-eng.php)). The focus of the new approach, the government stated in a background document, “will be on international information-sharing and collaboration for the development and regulation of orphan drugs. Enabling Canadian scientists and regulators to participate with trusted global counterparts will make better use of scarce resources and benefit Canadian patients” ([www.hc-sc.gc.ca/ahc-asc/media/nr-cp/\\_2012/2012-147a-eng.php](http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/_2012/2012-147a-eng.php)). — Wayne Kondro, *CMAJ*

**Target markets:** The creation of a new pathway that approves the use of new drugs based on testing in small, targeted groups and more extensive use of the “accelerated approvals” process for new drugs are among measures urged the United States President’s Council of Advisors on Science and Technology to combat the declining rate of drug development. The new pathway would apply to drugs targeted at highly specific population groups, such as the morbidly obese, and once approved, could be marketed with the proviso that they should only be prescribed to those groups for which they were intended, the council states in its *Report to the President on Propelling Innovation in Drug Discovery, Development, and Evaluation* ([www.whitehouse.gov/sites/default/files/microsites/ostp/pcast-fda-final.pdf](http://www.whitehouse.gov/sites/default/files/microsites/ostp/pcast-fda-final.pdf)). “This would be an optional pathway under which sponsors could propose early in the development process to study a drug for

a narrow population. Such drugs would be approved under a designation of Special Medical Use, signaling strongly to payors and prescribers the limited population that should be prescribed a drug.” — Wayne Kondro, *CMAJ*

**Fitness testing:** Measurements of body mass index and shuttle runs are among a core of tests that should lie at the heart of school and national surveys of the fitness of youths, the United States Institute of Medicine says. “To measure body composition, national surveys should include: body mass index (BMI) as an estimate of body weight in relation to height, skinfold thickness at the triceps and below the shoulder blade as indicators of underlying fat, and waist circumference as an indicator of abdominal fat. To measure cardiorespiratory endurance, national surveys should include a progressive shuttle run, such as the 20-meter shuttle run [in which children run to and from two points 20 metres apart at a specified pace]. If physical space is limited, cycle ergometer or treadmill tests are valid and reliable alternatives. To measure musculoskeletal fitness, national surveys should include handgrip strength and standing long jump tests,” an institute committee recommended in a report, *Fitness Measures and Health Outcomes in Youth* (<http://www.iom.edu/Reports/2012/Fitness-Measures-and-Health-Outcomes-in-Youth.aspx>). The committee also recommended the use of “age- and gender-specific cut-points to identify individuals at risk of poor fitness-related health outcomes. A cut-point is a performance score above or below which a health risk may exist.” — Wayne Kondro, *CMAJ*

**An apple a day:** Americans made far fewer visits to doctors, dentists and other health professionals than a decade ago, according to the United States Census Bureau. The average number of visits per year decreased to 3.9 in 2010 from 4.8 in 2001, the bureau stated in a report, *Health Status, Health Insurance,*

*and Medical Services Utilization: 2010* ([www.census.gov/prod/2012pubs/p70-133.pdf](http://www.census.gov/prod/2012pubs/p70-133.pdf)). The report drew no definitive conclusions regarding the reasons for the decline. It surmised that factors could include improved health among some segments of the population; demographic factors such as racial background (the findings indicate that people of Hispanic origin are the least likely to visit a health provider); higher deductibles and premiums for health insurance plans; and an increase in the number of uninsured Americans over the course of the decade. “Uninsured people more often forgo or delay medical services compared with people who have health insurance coverage,” the report stated, noting that the percentage of uninsured people aged 18 to 64 who visited a health professional declined to 24.1% in 2010 from 28.4% in 2001. — Wayne Kondro, *CMAJ*

**Rule 43 recommendations:** Methods of reducing stress among police officers who face internal investigations should be improved. The International Rugby Board and Rugby Football Union should review how drugs are administered after sport accidents. National Health Service trusts should have more staff on duty after hours and on weekends to ensure safety in the wards. Such are among a record 233 recommendations made by British coroners between Oct. 11, 2011 and Mar. 31, 2012, according to the Ministry of Justice’s latest six-month report on avoidable deaths. *The Summary of Reports and Responses under Rule 43 of the Coroners Rules* indicates that for the fourth consecutive six-month period, the number of avoidable deaths has risen ([www.justice.gov.uk/downloads/publications/policy/moj/summary-rule-43-v7.pdf](http://www.justice.gov.uk/downloads/publications/policy/moj/summary-rule-43-v7.pdf)). Of the 233 recommendations, some 88 involved hospital deaths, 29 involved road deaths, 27 involved mental health-related deaths and 22 involved community health care and emergency services related deaths. — Wayne Kondro, *CMAJ*

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