

## Briefly

**Performance measures:** Some 8.7% of Australians delayed or did not visit their family physician in 2010 because they couldn't afford out-of-pocket costs associated with the visit, while 9.8% delayed or did not purchase prescribed medicines because of cost, according to the latest report from Australia's Productivity Commission. That represented a sizable increase over 2009, in which about 6% of Australia's turned away from treatment because of cost, states the commission in the primary and community health chapter of its comprehensive annual report on government services ([www.pc.gov.au/\\_\\_data/assets/pdf\\_file/0008/114956/40-government-services-2012-chapter11.pdf](http://www.pc.gov.au/__data/assets/pdf_file/0008/114956/40-government-services-2012-chapter11.pdf)). Another chapter of the report indicated that there continue to be inequities in the degree to which indigenous peoples and immigrants from non-English countries can access Australia's provision of aged care services ([www.pc.gov.au/\\_\\_data/assets/pdf\\_file/0006/114963/47-government-services-2012-chapter13.pdf](http://www.pc.gov.au/__data/assets/pdf_file/0006/114963/47-government-services-2012-chapter13.pdf)). For example, they had "lower rates of use of aged care residential services (21.0 and 63.4 per 1000 of the relevant target populations respectively), compared with the population as a whole (77.4 per 1000)." — Wayne Kondro, *CMAJ*

**Costly comorbidities:** Failure to treat the mental health needs of people suffering from chronic diseases and other long-term physical conditions raise health care costs by 45% per patient and cost the United Kingdom's National Health Service between £8 billion and £13 billion annually, according to the UK think tank and charitable foundation, The King's Fund. Some 15 million, or 30%, of England's population have at least one long-term condition such as diabetes, arthritis, asthma or cardiovascular disease and an estimated 4 million of those also suffer from a comorbid mental health problem "such as depression and anxiety, or dementia in

the case of older people," states the report, *Long-term conditions and mental health: The cost of co-morbidities* ([www.kingsfund.org.uk/publications/mental\\_health\\_ltc.html](http://www.kingsfund.org.uk/publications/mental_health_ltc.html)). "People with long-term conditions and co-morbid mental health problems disproportionately live in deprived areas and have access to fewer resources of all kinds. The interaction between co-morbidities and deprivation makes a significant contribution to generating and maintaining inequalities," adds the report. "Care for large numbers of people with long-term conditions could be improved by better integrating mental health support with primary care and chronic disease management programmes, with closer working between mental health specialists and other professionals." — Wayne Kondro, *CMAJ*

**The budget axe:** Closing tax loopholes or clawbacks are preferable to further cuts in health care funding in Ontario, the Ontario Health Coalition said in the run-up to a widely anticipated report on measures the province can take to live within its means. "The evidence shows that if anything is eating up the provincial budget, it is not health care, it is tax cuts," Natalie Mehra, the coalition's director, stated in a press release ([www.web.net/ohc/mediareleasedrummond021012.pdf](http://www.web.net/ohc/mediareleasedrummond021012.pdf)). For example, the closure of two tax loopholes in the Employer Health Tax would generate \$2.4 billion in savings, the coalition states in a commissioned analysis contained within its accompanying report, *First Do No Harm: Putting Improved Access and Accountability at the Centre of Ontario's Health Care Reform* ([www.web.net/ohc/first-do-no-harm-pre-drummond-report-final.pdf](http://www.web.net/ohc/first-do-no-harm-pre-drummond-report-final.pdf)). The coalition's recommendations were delivered in advance of the release of a report from economist Don Drummond, chair of the Commission on the Reform of Ontario's Public Services, who was

asked by the government to identify targets for budget cuts. — Michael Monette, Ottawa, Ont.

**Organ donation rates:** Living organ donor rates dropped to 16.3 donors per million Canadians from 17.0 donors per million Canadians in 2006, while those for deceased donors slid to 13.6 per million from 14.0 per million, according to the Canadian Institute for Health Information (CIHI). About 230 people died while on the waiting list in 2010, according to the report, *Canadian Organ Replacement Register Annual Report: Treatment of End-Stage Organ Failure in Canada, 2001 to 2010* ([http://secure.cihi.ca/cihiweb/products/2011\\_CORR\\_Annua\\_Report\\_EN.pdf](http://secure.cihi.ca/cihiweb/products/2011_CORR_Annua_Report_EN.pdf)). But deaths on the wait list are invariably underestimated as people who are withdrawn from the list and subsequently die are not included in the death count. CIHI also indicated that demand for organs continues to rise. At the end of 2010, there were 3362 patients across Canada waiting for a kidney transplant, 501 for a liver, 310 for a lung, 135 for a heart and 98 for a pancreas. — Tomek Sysak, Ottawa, Ont.

**Limiting WiFi in schools:** The use of devices that emit non-ionizing electromagnetic radiation such as cell phones and WiFi networks in schools should be limited because they constitute a workplace hazard, according to the Ontario Catholic Teachers Association. "Implementation of WiFi technology in schools will produce unprecedented exposure to microwave radiation of approximately 6 hours each school day, 5 days a week, for 40 weeks each year. This will be without any studies being done to determine the effects of either the short-term or long-term effects of this microwave exposure on adults as well as children," the association stated in a position paper ([www.oecta.on.ca/wps/wcm/connect/6a665c0049fedbee85919db62552ca8d/WiFipositionpaper2.pdf?MOD=AJPERES](http://www.oecta.on.ca/wps/wcm/connect/6a665c0049fedbee85919db62552ca8d/WiFipositionpaper2.pdf?MOD=AJPERES)

&CACHEID=6a665c0049fedbee85919db62552ca8d). The association also noted that “it is estimated that at least 3 percent of the population has an environmental sensitivity to the radiation that is emitted by these devices and, as a result, experience serious immediate physical/biological effects when exposed.” It recommended that WiFi access be confined to small areas such as libraries or cafeterias. — Michael Monette, Ottawa, Ont.

**Biologic knock-offs:** The United States Food and Drug Administration (FDA) has unveiled draft guidelines for streamlined market approval of products that are “biosimilar” to biologics such as vaccines, blood and blood components, gene therapies, tissues and proteins. In cases where there are only minor safety, purity and potency differences in the clinically inactive components of a biosimilar product (in pharmaceutical terms, the equivalent of a generic drug) and a biologic product, approval will be hastier, provided they meet the criteria outlined in draft guidance documents issued by the FDA (for biosimilar products other than proteins: [www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM291134.pdf](http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM291134.pdf); and for proteins: [www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM291134.pdf](http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM291134.pdf)). “These draft documents are designed to help industry develop biosimilar versions of currently approved biological products, which can enhance competition and may lead to better patient access and lower cost to consumers,” Dr. Janet Woodcock, director of FDA’s Center for Drug Evaluation and Research, stated in a press release ([www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm291232.htm](http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm291232.htm)). — Tomek Sysak, Ottawa, Ont.

**The multiple sclerosis lobby:** A pair of Opposition private member’s bills have been introduced in the House of Commons and Senate that would compel the government to establish a national strategy for chronic cerebrospinal venous insufficiency in multiple sclerosis patients. Bill C-280 (sponsored by Liberal Member of Parliament Dr. Kristy Duncan, <http://parl.gc.ca/HousePublications/Publication.aspx?Language=E&Mode=1&DocId=5127598>) and Bill S-204 (sponsored by Liberal Senator Jane Corby, <http://parl.gc.ca/HousePublications/Publication.aspx?Language=E&Mode=1&DocId=5116399>), call on the government to convene a national conference to craft such a strategy. Less than a year after concluding that Italian physician Dr. Paolo Zamboni’s controversial liberation therapy lacked scientific validity and posed risks to patients ([www.cmaj.ca/lookup/doi/10.1503/cmaj.109-3665](http://www.cmaj.ca/lookup/doi/10.1503/cmaj.109-3665)), the Canadian Institutes of Health Research issued a call for proposals for a Phase I/II interventional trial on whether balloon venoplasty is a valid therapy for multiple sclerosis ([www.cmaj.ca/lookup/doi/10.1503/cmaj.109-3960](http://www.cmaj.ca/lookup/doi/10.1503/cmaj.109-3960)). — Wayne Kondro, *CMAJ*

**Office code blue:** A six-minute, online video outlining how physicians can best prepare themselves to handle medical emergencies in their offices has been jointly developed by a second-year family medicine resident and the Nanaimo Film Group in British Columbia. Dr. Simon Moore, who wrote the script that sketches the recommended equipment and training that should be provided for office emergency preparedness, stated in a press release that “the idea came from talking to one of our local nephrologists. Though people often turn to a nearby doctor’s office

when they need urgent medical help, studies suggest that many offices are not well-prepared for these situations.” The video, part of a not-for-profit research project for the University of British Columbia Department of Family Medicine is available at: [www.officeemergencies.ca/](http://www.officeemergencies.ca/). — Wayne Kondro, *CMAJ*

**Mental health cuts:** Mental health services in the United States are increasingly becoming a favoured target of legislators seeking to reduce budget deficits, according to the National Alliance on Mental Illness. Financial pressures and revisions to the formula under which the US government provides matching funds under Medicaid (the national health programs for the poor and disadvantaged) combined to reduce state spending on mental health by more than US\$1.6 billion (or 9.5%) from fiscal 2009 to fiscal 2012, through such measures as the closure of psychiatric hospitals, according to an alliance report, *State Mental Health Cuts: The Continuing Crisis* ([www.nami.org/ContentManagement/ContentDisplay.cfm?ContentFileID=147763](http://www.nami.org/ContentManagement/ContentDisplay.cfm?ContentFileID=147763)). The state of South Carolina cut 39.3% of its funding for mental health services, followed by Alabama (36%), Alaska (32.6%), Illinois (31.7%) and Nevada (28.1%). The report warns that consequences will include pushing more patients with psychiatric illness into hospital wards. “People with life-threatening mental illness are being abandoned,” Mike Fitzpatrick, the alliance’s executive director, stated in a press release ([www.nami.org/Template.cfm?Section=Press\\_Room&template=/ContentManagement/ContentDisplay.cfm&ContentID=129827](http://www.nami.org/Template.cfm?Section=Press_Room&template=/ContentManagement/ContentDisplay.cfm&ContentID=129827)). — Wayne Kondro, *CMAJ*

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