Briefly

Tax take: Medical services premiums will continue to rise in British Columbia over the course of the next three years as provincial Finance Minister Kevin Falcon unveiled a budget that hikes monthly payments by 4% in January 2013. "The impact on a family of three or more is about $5 a month. But the increase will generate $87 million a year in revenues for health care," Falcon stated in his budget speech (www.bcbudget.gov.bc.ca/2012/speech/2012_Budget_Speech.pdf). As a result of previous hikes, premiums in BC for the current year rose to $64 per month for a single person, $116 for a family of two and $128 for a family of three or more. The budget also provides roughly a 3.2% annual increase in allocations to the BC Ministry of Health, whose budget will top $19.1 billion in fiscal 2014/15, or 42.2% of total government expenditures. — Wayne Kondro, *CMAJ*

Food guide advice: The federal government will spend $4 million over an unspecified number of years to promote healthy eating and consumer use of the Canada Food Guide, Health Minister Leona Aglukkaq told the national Summit on Healthy Weights on Feb. 27. The plan is to promote healthy food choices through the use of "various outreach partnerships, social media engagement and web tools," Health Canada said in a press release (www.hc-sc.gc.ca/ahc-asc/media/nr-cp/_2012/2012-29-eng.php). "Advice will be provided to Canadians on how to follow Canada's Food Guide by choosing the right amount and types of food at home, at the grocery store and when eating out." Aglukkaq noted that "some of these steps seem like common sense, but these actions are the greatest steps that Canadians can take to stay healthy, and save health-care costs across the country." The initiative falls well short of regulatory measures that nutrition and public health advocates have sought as a response to increased consumption of trans fats and salt (www.cmaj.ca/lookup/doi/10.1503/cmaj.109-3284). — Wayne Kondro, *CMAJ*

Hasty retreat: British medical publishing giant Elsevier has withdrawn its support of an American legislative proposal that would reinstate a pay wall for access to journal articles and prohibit agencies such as the United States National Institutes of Health from imposing anything like a requirement that all publicly funded medical research be made freely available at an online database. After more than 7500 scientists signed an online petition that chided Elsevier for excessive subscription costs and declared that they would not edit or peer review papers published by Elsevier (http://thecostofknowledge.com/), the company said in a statement that its support for the legislation "runs counter to our commitment to make published research widely accessible" (www.elsevier.com/wps/find/intro.cws_home/newmessagerwa). "We hope this will address some of the concerns expressed and help create a less heated and more productive climate for our ongoing discussions with research funders," the firm added. "Cooperation and collaboration are critical because different kinds of journals in different fields have different economics and models. Inflexible mandates that do not take those differences into account and do not involve the publisher in decision making can undermine the peer-reviewed journals that serve an essential purpose in the research community." Proponents of the legislation had argued that public access policies are an infringement of copyright (www.cmaj.ca/lookup/doi/10.1503/cmaj.109-4109). — Wayne Kondro, *CMAJ*

Any way you slice it: The "average" 12-inch pizza contains more calories, fats and salt than is recommended on a daily basis for all meals combined, according to the Irish agency responsible for promoting healthy eating and food safety. "Deep base Pepperoni pizzas were shown to be the least healthy, whereas thin base Cheese and Tomato pizzas were found to be the healthiest option when choosing a pizza," states the study, *Pizza — What's in that box?*, conducted by safefood (www.safefood.eu/SafeFood/media/SafeFoodLibrary/Documents/Publications/Research%20Reports/pizza-report-6(new).pdf). "Cheese and Tomato pizzas had significantly less energy per pizza compared to either the Hawaiian ($p<0.005$) or Pepperoni ($p<0.005$) pizzas. There was no significant difference between energy values per pizza between the Hawaiian and Pepperoni varieties. As for total and saturated fat, "at 58.6 grams per pizza, Pepperoni pizzas were found to have significantly more total fat when compared to both the Cheese and Tomato ($p<0.000$) and Hawaiian ($p<0.000$) pizzas. Pepperoni pizzas also had significantly higher levels ($p<0.005$) of saturated fat per pizza in comparison to the other two pizza varieties." Cheese and tomato pizzas also contained "significantly less salt." — Wayne Kondro, *CMAJ*

Record setting: Canadian-born and trained Dr. Jacques Roy has been indicted on nine counts of substantive health care fraud and one count of conspiracy to commit health care fraud in conjunction with an elaborate scheme in which thousands of people in Texas were recruited for unnecessary home health services and more than US$350 million was fraudulently billed to Medicare and more than US$24 million to Medicaid. "The conduct charged in this indictment represents the single largest fraud amount orchestrated by one doctor in the history of HEAT [Health Care Fraud Prevention & Enforcement Action Team] and our Medicare Fraud Strike Force operations," James Cole, United States deputy attorney general, stated in a press release (www.fbi.gov/dallas/press

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-releases/2012/dallas-doctor-arrested-for-role-in-nearly-375-million-health-care-fraud-scheme). According to the Texas Medical Board, Roy received his MD from the University of Laval in 1980. The Collège des médecins du Québec indicated that Roy was licensed to practice in Quebec from 1981 to 1995. — Wayne Kondro, *CMAJ*

Unconstitutional labels: A United States law requiring tobacco companies to feature health warnings and graphic images to illustrate the dangers of smoking on both product labels and advertisements has been ruled a violation of free speech. The legislation compelled tobacco companies to place health warning labels covering the top 50% of the front and back panels of cigarette packages and the top 20% of a print advertisement. But "the government has failed to carry both its burden of demonstrating a compelling interest and its burden of demonstrating that the rule is narrowly tailored to achieve a constitutionally permissible form of compelled commercial speech," Judge Richard Leon of the US District Court for the District of Columbia stated in his ruling in a case involving five tobacco companies against the US Food and Drug Administration and its commissioner Margaret Hamburg, along with Secretary of the US Department of Health and Human Services Kathleen Sebelius (https://ecf.dcd.uscourts.gov/cgi-bin/show_public_doc?2011cv1482-58). "Although an interest in informing or educating the public about the dangers of smoking *might* be compelling, an interest in simply advocating that the public not purchase a legal product is not," Leon added. — Wayne Kondro, *CMAJ*

Tuberculosis testing: Routine HIV testing for tuberculosis patients and their partners or family members; immediate use of antiretroviral therapy for such patients; the use of co-trimoxazole to prevent against infections; and employing evidence-based methods to prevent tuberculosis patients from acquiring HIV are among measures recommended in an updated World Health Organization (WHO) global policy for the prevention, diagnosis, and treatment of tuberculosis in people with HIV. The WHO update indicates that more than 900 000 lives have been saved since the implementation of a 2004 policy that urged more tuberculosis testing of people living with HIV, according to the policy, *WHO policy on collaborative TB/HIV activities: guidlines for national programmes and other stakeholders*, (www.who.int/tb/publications/2012/tb_hiv_policy_9789241503006/en/). "Now is the time to build on these actions and break the chain that links TB and HIV with death for so many people," Dr. Mario Raviglione, WHO director of the Stop TB Department stated in a news release (www.who.int/mediacentre/news/notes/2012/tb_hiv_guide_20120302/en/index.html). Despite drastic increases in testing, the issue requires further attention as the global number of patients coinfected with HIV and tuberculosis has increased from 36% to 46% in the past five years. — Chris Hemond, Ottawa, Ont.

Swifter approvals: With the continent's pharmaceutical industry flagging, the European Commission has unveiled a series of measures aimed at getting drugs to market quicker. The goal is to make decisions on new drug approvals within 120 days and those on generic drugs within 30 days. "We need faster decisions leading to pricing and reimbursement to maintain a dynamic pharmaceutical market and to offer citizens better access to pharmaceuticals. Our proposal will lead to substantial savings for public health budgets, for example by allowing earlier market entry of generic products. It also creates a more predictable environment with greater transparency for pharmaceutical companies, thus improving their competitiveness," Antonio Tajani, the commission's vice president for industry and entrepreneurship stated in a press release (http://europa.eu/rapid/pressReleasesAction.do?reference=IP/12/205&format=HTML&aged=0&language=EN&guiLanguage=en). The measures include a requirement that member states designate a body to enforce rapid approvals and give it the authority to issue interim approvals and award damages to applicants in cases where a government has not moved with alacrity. — Wayne Kondro, *CMAJ*

License criteria: Revisions in the criteria used to determine a physician's competence to practice in the United Kingdom have been jointly proposed by the law commissions of England and Wales, Scotland, and Northern Ireland to allay concerns that decisions are being taken in the interests of preserving the reputation of the profession rather than in the interests of public safety. The proposals would require all of the UK's regulators, including the General Medical Council, to adopt a common framework for licensing physicians in which decisions are based on the notion of "paramount duty" (http://lawcommission.justice.gov.uk/docs/cp202_regulation_of_healthcare_professionals_consultation.pdf). That duty, the four commissions state, should be either "to establish clearly that public protection is the overarching duty of the regulators and confidence in the profession is relevant insofar as it relates to this duty. … Alternatively, the duty could confirm that regulatory intervention can and should be justified on the basis of maintaining confidence in the profession. Thus, the overarching duty of the regulators would be to protect, promote and maintain the health, safety and well-being of the public and maintain confidence in the profession, by ensuring proper standards for safe and effective practice." — Wayne Kondro, *CMAJ*

The lessons of history: Electronic medical records are unlikely to reduce health care costs and may even prompt physicians to order more expensive diagnostic imaging tests, an American study has concluded. Researchers analyzed the record of nearly 29 000 patient visits to roughly 1200 physicians in 2008 and found that "physicians' access to computerized imaging results (sometimes, but not necessarily, through an electronic health record) was associated with a 40–70 percent greater likelihood of an imaging test being ordered" (*Health Aff* 2012; 31: 488-496). "The electronic availability of lab test results was also associated with ordering of additional blood tests. The availability

of an electronic health record in itself had no apparent impact on ordering; the electronic access to test results appears to have been the key. These findings raise the possibility that, as currently implemented, electronic access does not decrease test ordering in the office setting and may even increase it, possibly because of system features that are enticements to ordering. We conclude that use of these health information technologies, whatever their other benefits, remains unproven as an effective cost-control strategy with respect to reducing the ordering of unnecessary tests." They added that computerization will likely drive costs up and that "history urges caution in assuming that advances in medical technology will result in cost savings. In fact, the opposite is more often the case." — Wayne Kondro, *CMAJ*

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