

## Briefly

**Childhood TB toll:** Childhood tuberculosis (TB) remains a “hidden epidemic” in many nations and as many as 70 000 children die annually because the symptoms aren’t always obvious and diagnostic tests are too expensive, the World Health Organization (WHO) says. “Diagnosis is mostly done by microscopy, which is an inadequate test for TB in children. New rapid molecular tests, that are far more sensitive for detecting TB in children, are now becoming available, but the technology is costly and needs further testing. In addition, the traditional method of obtaining samples from children by inserting a tube down their nose or mouth is not ideal and may require an overnight stay in a hospital,” WHO states in a report, *No More Crying, No More Dying. Towards Zero TB deaths in Children* ([www.stoptb.org/assets/documents/news/ChildhoodTB\\_report\\_singles.pdf](http://www.stoptb.org/assets/documents/news/ChildhoodTB_report_singles.pdf)). As much as US\$1.7 billion will need to be spent by 2015 to develop cheap and rapid tests for TB that can detect active TB disease through a marker present in blood or urine, WHO added. — Wayne Kondro, *CMAJ*

**Dementia leader:** A doubling of funding for dementia research and the introduction of dementia screening as an element of the National Health Service program for people aged 40–74 are among measures introduced by the British government to address what Prime Minister David Cameron called “one of the great challenges of our time ... the quiet crisis” of dementia. Estimating that the number of people in Britain suffering from dementia will rise to one million within 10 years from a current level of 670 000 — which now costs about £19 billion to treat annually, “higher than the costs of cancer, heart disease or stroke” — Cameron stated in a Mar. 26 speech outlining Britain’s dementia strategy that the nation will aim to become “a world leader in dementia research and care” ([www.number10.gov.uk/news/transcript](http://www.number10.gov.uk/news/transcript)

-prime-ministers-speech-to-the-dementia-2012-conference/). That will start with an increase in funding for dementia research from £26.6 million in 2010 to £66 million by 2015. Estimating that only 40% of Britons “with dementia know they have it,” Cameron said nationwide dementia screening will be introduced over the next year as part of routine health checks for people older than 40. He also indicated £54 million would be made available in April to improve dementia care in hospitals, including such measures as providing “dementia-friendly wards” and dementia training for nurses. — Wayne Kondro, *CMAJ*

**Counting heads:** In a bid to improve health equity and accountability, the United Nations Human Rights Council has adopted a resolution call on governments to strengthen birth registration systems. The resolution calls on member states to “establish or strengthen existing governmental institutions responsible for birth registration and the preservation and security of such records, and to ensure they have sufficient resources to fulfill their mandate ... ensure free birth registration, including free or low-fee late birth registration, by means of universal, accessible, simple, expeditious and effective registration procedures without discrimination of any kind ... (and) identify and remove physical, administrative and any other barriers that impede access to birth registration, including late registration, paying due attention to, among others, those barriers relating to poverty,” the council stated ([www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=12004&LangID=E](http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=12004&LangID=E)). The council estimated that 51 million births are not registered annually. — Wayne Kondro, *CMAJ*

**Shuffling strategies:** Canadian Health Minister Leona Aglukkaq has unveiled a refinement of the national tuberculosis (TB) strategy aimed at reducing the incidence rate of the

disease on First Nations reserves. “Working with our many partners and stakeholders is the key to the success” of *Health Canada’s Strategy Against Tuberculosis for First Nations On-Reserve*, Aglukkaq stated in a press release ([www.hc-sc.gc.ca/ahc-asc/media/nr-cp/\\_2012/2012-43-eng.php](http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/_2012/2012-43-eng.php)). Health Canada indicated that the rate of TB in First Nations on-reserve in 2009 “was about 26 cases per 100,000, which accounts for about 8% of the cases in Canada” ([www.hc-sc.gc.ca/fniah-spnia/pubs/diseases-maladies/\\_tuberculosis/tuberculosis-strateg/index-eng.php](http://www.hc-sc.gc.ca/fniah-spnia/pubs/diseases-maladies/_tuberculosis/tuberculosis-strateg/index-eng.php)). “What distinguishes the current Strategy from the previous Strategy is, mainly: the enhanced emphasis on performance measurement to clearly determine whether progress is being made and to change programs accordingly; a focus on vulnerable populations such as people infected with both HIV/AIDS and TB; and an emphasis on the need for stronger partnerships among Aboriginal, federal and provincial authorities,” the department added. — Wayne Kondro, *CMAJ*

**Duty to plan:** A “systems-based” approach that coordinates the efforts of hospitals, clinics, public health departments, emergency medical services, health care organizations, health care providers and state and local governments is needed in the United States to handle catastrophic events such as disease outbreaks or earthquakes, the US Institute of Medicine says. Such an approach would involve proper implementation of “crisis standards of care” within a spectrum of emergency response disciplines, including health care, public health and public safety, the institute states in a report, *Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response* ([www.iom.edu/Reports/2012/Crisis-Standards-of-Care-A-Systems-Framework-for-Catastrophic-Disaster-Response.aspx](http://www.iom.edu/Reports/2012/Crisis-Standards-of-Care-A-Systems-Framework-for-Catastrophic-Disaster-Response.aspx)). The existing

US system is rudimentary at best, argued the committee which crafted the report. But “crisis standards of care planning and implementation will significantly increase the likelihood of saved lives and reduced suffering when catastrophic disasters occur,” Dr. Dan Hanfling, committee vice chair and clinical professor in the Department of Emergency Medicine at George Washington University in Washington, DC, stated in a press release ([www.iom.edu/Reports/2012/Crisis-Standards-of-Care-A-Systems-Framework-for-Catastrophic-Disaster-Response/Press-Release.aspx](http://www.iom.edu/Reports/2012/Crisis-Standards-of-Care-A-Systems-Framework-for-Catastrophic-Disaster-Response/Press-Release.aspx)). — Wayne Kondro, *CMAJ*

**Patenting laws of nature:** The “laws of nature, natural phenomena and abstract ideas” are not patentable, the United States Supreme Court has ruled in rejecting patents held by Prometheus Laboratories, Inc. covering medical tests for monitoring patients’ blood. The subsidiary of Swiss food giant Nestlé had patented two methods of correlating thiopurines with metabolites in patients’ blood and then sued the Mayo Clinic for developing a similar test based on different correlations. Mayo had argued that Prometheus was trying to patent an abstract idea based on natural phenomena and the Supreme Court agreed. “To transform an unpatentable law of nature into a patent eligible application of such a law, a patent must do more than simply state the law of nature while adding the words ‘apply it’,” Justice Stephen G. Breyer wrote in *Mayo Collaborative Services v. Prometheus Laboratories, Inc.* ([www.supremecourt.gov/opinions/11pdf/10-1150.pdf](http://www.supremecourt.gov/opinions/11pdf/10-1150.pdf)). “This Court has repeatedly emphasized a concern that patent law not inhibit future discovery by improperly tying up the use of laws of nature and the like,” Breyer added. “In telling a doctor to measure metabolite levels and to consider the resulting measurements in light of the correlations they describe, they tie up his subsequent treatment decision regardless of whether he changes his dosage in the light of the inference he draws using the correlations. And they threaten to inhibit the development of more refined treatment recommendations that combine Prometheus’ correlations with

later discoveries.” — Wayne Kondro, *CMAJ*

**A shingle Down Under:** Australia should relax its medical accreditation rules in a bid to retain and recruit international medical graduates (IMGs) by making the Australian Medical Council structured clinical examination available to be taken within six months of application, reducing the time it takes for IMGs to be licensed and introducing less stringent English language requirements, the Australian Parliament’s House Standing Committee on Health Aging recommends. The 2010 move to adopt a national registration and accreditation system suffered a number of “teething problems” that often left IMGs “in confusion and frustration,” the committee noted in its report, *Lost in the Labyrinth* ([www.aph.gov.au/Parliamentary\\_Business/Committees/House\\_of\\_Representatives\\_Committees?url=haa/overseasdoctors/report.htm](http://www.aph.gov.au/Parliamentary_Business/Committees/House_of_Representatives_Committees?url=haa/overseasdoctors/report.htm)). “In the context of Australia’s aim to achieve self-sufficiency in medical practitioners by increasing the number of domestically trained graduates, the Committee considered the longer term utility of policy that requires IMGs to work for up to 10 years in a district of workforce shortage in order to qualify for a Medicare provider number — the so called 10 year moratorium. As Australia’s reliance on IMGs decreases, it is understood that more will need to be done to encourage Australian trained medical practitioners to work in communities which have routinely experienced medical practitioner shortages in the past. In view of anticipated changes in the composition of the medical practitioner workforce the Committee concludes that a review of the 10 year moratorium would be appropriate and timely.” — Wayne Kondro, *CMAJ*

**Anti-doping allocation:** The Canadian government has renewed its US\$957 729 contribution to the World Anti-Doping Agency for the year 2012. “Our Government is committed to worldwide efforts to eliminate doping in sport, and we are proud to be the host country of the World Anti-Doping Agency headquarters in Montréal,” Minister of State (Sport) Bal Gosal stated in a press release ([\[.gc.ca/eng/1332857442242/1332857887951\]\(http://www.pch.gc.ca/eng/1332857442242/1332857887951\)\). “This contribution helps ensure that Canada remains a worldwide leader in the fight against doping in sport.” Canada’s contribution is being provided “to help harmonize anti-doping policies, rules, and regulations for sport organizations and governments around the world,” the release added. Canada is also contributing an additional \\$1 million per year to the agency through 2021 under an agreement with the Economic Development Agency of Canada for the Quebec Region \(\[www.dec-qed.gc.ca/eng/media-room/news-releases/2009/05/1981.html\]\(http://www.dec-qed.gc.ca/eng/media-room/news-releases/2009/05/1981.html\)\). Canada’s overall contribution toward the agency’s \\$26.4 million budget is larger than that of any other nation. Only two other nations \(the United States, at US\\$1.91 million, and Japan, at US\\$1.5 million\) contribute more than US\\$1 million \(\[www.wada-ama.org/Documents/About\\\_WADA/Funding/WADA\\\_Contributions\\\_2012\\\_update\\\_EN.pdf\]\(http://www.wada-ama.org/Documents/About\_WADA/Funding/WADA\_Contributions\_2012\_update\_EN.pdf\)\). — Wayne Kondro, \*CMAJ\*](http://www.pch</a></p>
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**Border wars:** Medical devices, pest control products, as well as some human-use drugs and controlled substances, have often gone uninspected when they entered Canada over the past decade as Health Canada and the Canada Border Services Agency dithered over an agreement on import requirements, Auditor General Michael Ferguson says. The absence of an agreement prompted the border agency to stop administering Health Canada requirements between 2000–2004 and led to an eight-year exercise to develop a memorandum of understanding between the two, Ferguson said in chapter one, “Border Controls on Commercial Imports” of his annual report to Parliament ([www.oag-bvg.gc.ca/internet/English/parl\\_oag\\_201204\\_01\\_e\\_36465.html](http://www.oag-bvg.gc.ca/internet/English/parl_oag_201204_01_e_36465.html)). But the agreement did not include the necessary annexes to “clarify roles, responsibilities, policies, and procedures,” so an impasse remains. — Wayne Kondro, *CMAJ*

**Assisted suicide:** The number of Swiss residents who opted for assisted suicide rose slowly from just under 50 in 1998 to just under 300 in 2009, according to Switzerland’s Federal Statistical Office. “In 44% of cases, cancer was reported

as the underlying disease. In 14% of cases a neurodegenerative disease was the decisive factor, in 9% a cardiovascular disease and in 6% a musculoskeletal disorder. Depression was reported in 3% of cases and dementia in 0.3%," the agency says in its report, *Assisted suicide and suicide in Switzerland* ([www.bfs.admin.ch/bfs/portal/en/index/themen/14/01/new/nip\\_detail.html?gnpID=2010-862](http://www.bfs.admin.ch/bfs/portal/en/index/themen/14/01/new/nip_detail.html?gnpID=2010-862)). The 2009 tally corresponds to 4.8 deaths from assisted suicide per 1000 deaths. In comparison, the share of deaths from assisted suicide in Belgium was 7.9 per 1000 deaths in 2009, while the rate in the Netherlands was 2.3 per 1000 deaths in 2010. The trio are the only nations in Europe that allow active euthanasia. — Wayne Kondro, *CMAJ*

**Health care cuts:** The National Aboriginal Health Organization is shopping for a university or research institute to absorb its holdings after being informed by Health Canada that its \$4.4 million per year budget was cut as part of the federal government's spending review exercise ([www.cmaj.ca/lookup/doi/10.1503/cmaj.109-4174](http://www.cmaj.ca/lookup/doi/10.1503/cmaj.109-4174)). Those holdings include more than 200 health reports, guides and fact sheets, as well as video footage of Aboriginal elders' knowledge, the organization stated in a release announcing its demise, ([www.naho.ca/wp-content/uploads/2012/04/NAHO-Announcement-5-APR-12.pdf](http://www.naho.ca/wp-content/uploads/2012/04/NAHO-Announcement-5-APR-12.pdf)). Among other products in the organizations 12 years of operation were an annual issue of the *Journal of Aboriginal Health*, as well as health fact sheets and guides that were distributed to health care providers and individuals within the Aboriginal community. Some 31 staff will be out of work effective June 30. — Wayne Kondro, *CMAJ*

**Pooled drug coverage:** The Canadian Life and Health Insurance Association says 23 of its members, representing 100% of the supplementary drug market, have agreed to pool the costs of expensive drugs, particularly for the treatment of genetic enzyme disorders, cancer treatments and autoimmune disorders. It's a "win-win" scenario for everyone, Frank Swedlove, president of the association stated in a press release

([www.clhia.ca/domino/html/clhia/clhia\\_lp4w\\_ind\\_webstation.nsf/page/BA0CB8C6EA6A2C70852579D4006739D0](http://www.clhia.ca/domino/html/clhia/clhia_lp4w_ind_webstation.nsf/page/BA0CB8C6EA6A2C70852579D4006739D0)). "Employers get a more financially sustainable drug plan, employees benefit as they will continue to receive coverage from their employer plans even in the face of a high cost drug claim, and insurers are able to spread the cost of high cost claims amongst the participating companies." The association added that "participating insurers will set premiums for fully insured employer drug plans without including any pooled high cost drug claims. This will effectively shelter Canadians from potentially losing their employer-sponsored drug coverage due to a high cost claim — something that was increasingly a risk for those employed by small and medium sized businesses." — Wayne Kondro, *CMAJ*

**Hospital rotas:** Patients' lives are being put at risk by existing practices for staffing acute care wards in British hospitals, according to a report by the United Kingdom's Royal College of Physicians. Based on a comprehensive survey of 100 English hospitals, the study, *An evaluation of consultant input into acute medical admissions management in England*, also confirmed that patients are at higher risk of dying in hospital on weekends because wards aren't adequately staffed by physicians, who are allowed too much latitude in determining which shifts they'll work ([www.rcplondon.ac.uk/sites/default/files/an-evaluation-of-consultant-input-into-acute-medical-admissions-management-in-england-2012.pdf](http://www.rcplondon.ac.uk/sites/default/files/an-evaluation-of-consultant-input-into-acute-medical-admissions-management-in-england-2012.pdf)). To improve health outcomes, the college recommends that hospitals ensure that "admitting consultants: maintain a presence in the [acute medical unit] AMU for more than 4 hours a day, 7 days a week; have no other fixed clinical commitments; perform twice daily consultant reviews of all patients in the AMU; [and] undertake acute cover in blocks of days." The college added that hospitals should essentially have "a physician consultant presence on site for 12 hours per day, seven days a week." — Wayne Kondro, *CMAJ*

**Animal antibiotics:** In the wake of a federal court order to kickstart a plan to

ban the nonmedical use of two popular antibiotics in farm animals, the United States Food and Drug Administration (FDA) has released nonbinding recommendations for industry on the "judicious use" of such drugs, including increased veterinarian oversight. In light of growing antimicrobial resistance, the use of medically important drugs in livestock should be limited to the "treatment, control or prevention of specific diseases," FDA suggests in its guidance on *The Judicious Use of Medically Important Antimicrobial Drugs in Food-Producing Animals* ([www.fda.gov/downloads/AnimalVeterinary/GuidanceComplianceEnforcement/GuidanceforIndustry/UCM216936.pdf](http://www.fda.gov/downloads/AnimalVeterinary/GuidanceComplianceEnforcement/GuidanceforIndustry/UCM216936.pdf)). The agency is calling on farmers to phase out the use of antibiotics for other purposes, such as "to promote growth or improve feed efficiency," within the next three years. Recognizing "concerns that the use of medically important antimicrobial drugs in food-producing animals for disease prevention purposes is not an appropriate or judicious use," the FDA also recommends phasing in greater veterinary involvement in the use of such drugs. In March, a US federal court judge ordered the agency to take action on a regulation it issued in 1977, but never enforced, which would have banned the nonmedical use of penicillin and tetracycline in livestock ([www.cmaj.ca/site/earlyreleases/4theRecord.xhtml](http://www.cmaj.ca/site/earlyreleases/4theRecord.xhtml)). — Lauren Vogel, *CMAJ*

**Water and money:** One in three developing countries does not have the revenue to cover the basic costs of operating water and sanitation facilities within urban areas, and lacks the skilled labour to operate and maintain those systems, according to the World Health Organization (WHO) and UN-Water. Unless those resources are made available, it will be difficult to maintain or sustain progress toward the Millennium Development Goal of having 88% of the world's population with access to improved water sources and 75% having access to improved sanitation, the agencies state in a report, *2012 UN-Water Global Analysis and Assessment of Sanitation and Drinking Water* ([www.unwater.org/downloads/UN-Water\\_GLAAS\\_2012\\_Report.pdf](http://www.unwater.org/downloads/UN-Water_GLAAS_2012_Report.pdf)). The

goal for water has already been achieved but the one for sanitation is lagging ([www.cmaj.ca/site/earlyreleases/4theRecord.xhtml](http://www.cmaj.ca/site/earlyreleases/4theRecord.xhtml)). But those gains “need consolidation through investment in water services, coupled with a strengthening of financial and human resources to ensure further progress in the provision of safe drinking-water and basic sanitation,” Dr. Maria Neira, WHO director public health and environment stated in a press release ([www.who.int/water\\_sanitation\\_health/glaas/GLAAS\\_2012\\_PR\\_FINAL.pdf](http://www.who.int/water_sanitation_health/glaas/GLAAS_2012_PR_FINAL.pdf)). The report also indicated less than half of developmental aid allocations for sanitation and drinking water were actually received in three regions where 70% of the unserved live (sub-Saharan Africa, Southern Asia and Southeast Asia). Those conclusions were based on data received from 74 developing countries, and from 24 bilateral and multilateral agencies covering 90% of global official development assistance funds. — Chris Hemond, Ottawa, Ont.

**Gloom or boom?:** A lacklustre economy based on a “default industrial policy of running a regional ‘convenience store’ of raw materials for the declining” American market or a vibrant economy with a diversified “industrial platform of resource extraction, high value manufacturing, green technology, ICT [information and communication technologies], R&D [research and development] and professional services”? Those are among the alternative scenarios envi-

sioned for the Canadian economy in 2025 by the Human Resources Professionals Association and the professional services firm Deloitte in a study, *The lost decade, unsustainable prosperity or the northern tiger? CanadaWorks 2025*, of the demographic, technological, environmental and economic factors that will underlie the nation’s economic growth ([www.hrpa.ca/PublishingImages/2025/CanadaWorks2025Report\\_EN.pdf](http://www.hrpa.ca/PublishingImages/2025/CanadaWorks2025Report_EN.pdf)). The assessment, based on interviews with leaders in the private, public and academic sectors, urges reform of education, immigration, employment practices, and research and development policies, as well as substantial new investments in public infrastructure. — Wayne Kondro, CMAJ

**Continental binge:** European nations continue to be the world’s heaviest drinkers, in part because governments appear less willing to hike prices, restrict alcohol availability or regulate advertising, according to the World Health Organization and European Commission. With alcohol consumption thoroughly embedded within the continent’s culture, Europeans pour themselves, on average, 12.5 litres of pure alcohol in a year, or about three drinks per day, the organizations state in a report, *Alcohol in the European Union* ([www.euro.who.int/\\_\\_data/assets/pdf\\_file/0003/160680/Alcohol-in-the-European-Union-2012.pdf](http://www.euro.who.int/__data/assets/pdf_file/0003/160680/Alcohol-in-the-European-Union-2012.pdf)). There are also substantial regional variations in consumption levels, which are “highest in the central-eastern and

eastern countries and lowest in the Nordic countries.” Yet, while governments appear willing to invest in “awareness-raising and community action” to reduce consumption levels, those are not the most effective tools if the goal is to reduce consumption, the report states. — Andrea Hill, Ottawa, Ont.

**Centenarian celebrations:** The British monarchy will likely have to add a whole new division to pen birthday cards to centenarians as the latest projections from the Office of National Statistics indicate that the likelihood of living to the age of 100 continues to soar as a consequence of population growth and continued improvements in the mortality rate. Some 39% of girls and 32% of boys born in 2012 could still be alive in 2112, the office states in a report, *What are the Chances of Surviving to Age 100?* ([www.ons.gov.uk/ons/dcp171776\\_260525.pdf](http://www.ons.gov.uk/ons/dcp171776_260525.pdf)). By comparison, only 10% of 80-year-old women in the United Kingdom can expect to turn 100, and only 8% of men. The projection follows a trend that has seen the number of centenarians increasing for decades. In the UK, the annual number of people living to 100 has climbed from about 600 people in the early 1960s to approximately 13 000 in 2010. If the pattern holds, that will rise to more than 290 000 people by 2112. — Andrea Hill, Ottawa, Ont.

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