

## Briefly

**GP for Me, SVP (Canada):** The British Columbia Medical Association has partnered with the BC government to launch the \$132-million “A GP for Me” project to ensure everyone in the province can access a family doctor by 2015. Part of improving access will include promoting more doctor–patient interactions over the phone, with \$22 million dedicated to paying for phone consultations. BC physicians will be allowed to make up to 500 phone consultations a year, at \$15 a pop. Other portions of the funding will be dedicated to initiatives including creating incentives to convince doctors to take on patients with complex health problems (\$20 million) and expanding the number of complex-care management fees (\$18.5 million). — Roger Collier, *CMAJ*

**Chronic failure (Australia):** More than half of deaths in Australia are attributed to chronic diseases and yet the support system for patients with these conditions is woefully inadequate, according to a new paper by Australian researchers. Many of these patients end up relying on the palliative care system, which was developed to assist people expected to die within a short period. Patients with chronic diseases, however, can live for many years and their conditions can be unpredictable. The paper’s authors are calling for increased funding, improved leadership and a patient-centred approach that addresses actual needs rather than diagnoses (*Med J Aust* 2013;198:186-7). — Roger Collier, *CMAJ*

**Diabetes rise (United Kingdom):** About three million people in the United Kingdom have received a diagnosis of diabetes, an all-time high. The charity Diabetes UK attributes the increase — up 132 000 cases from last year — to an aging population and rising obesity rates. An estimated 90% of cases are type 2 diabetes, which up to

another 850 000 Britons may have without knowing it. In 1996, the number of UK citizens who received a diagnosis of diabetes was 1.4 million. By 2025, the number could rise to 5 million, the charity estimates. The best plan to address the problem, according to Diabetes UK, is to identify those at high risk for diabetes and helping them make appropriate lifestyle changes to ward off the disease. — Roger Collier, *CMAJ*

**Criminal smokers (Netherlands):** Store owners in the Netherlands are calling on the government to make it a criminal offence for youths under the age of 16 to possess tobacco products. Stores are routinely fined for selling to minors but the blame should be shared between sellers and buyers, argue shopkeepers. Furthermore, there is no incentive for youth to stop smoking if they are never penalized for possessing cigarettes, suggests the NSO, a national trade association for the tobacco industry. A similar law, making alcohol possession illegal for under-16s, came into effect Jan. 1. Parliament is already considering a proposal to raise the legal age to buy cigarettes from 16 to 18. — Roger Collier, *CMAJ*

**Health cost of exhaust (Europe):** The pollution pouring from the exhaust pipes of heavy-goods vehicles is costing Europe up to €46 billion a year, much of that attributed to health costs, according to the European Environment Agency. The health costs linked to air pollution appear to be particularly high in countries such as Italy, Switzerland and Luxembourg, which have major transit routes. The agency suggest years of reduced health and lost life is the “hidden cost” of transporting goods long distances, and that incorporating health costs into charges for road use could create an incentive to shift to vehicles that release fewer harmful pollutants. — Roger Collier, *CMAJ*

**Above and beyond (Canada):** Dr. Joanne Liu has been awarded the Teasdale-Corti Humanitarian Award for putting her life on the line during her missions with Médecins Sans Frontières (Doctors Without Borders) throughout her career. The award, which recognizes doctors who go beyond what is asked of them, was presented to Liu Mar. 6 by the Royal College of Physicians and Surgeons of Canada. Liu is currently an emergency pediatric physician at CHU Sainte-Justine Hospital in Montréal, Quebec. Prior to that, she went on countless missions overseas with Médecins Sans Frontières. During her first mission in 1996 she went to Mauritania in West Africa to treat refugees fleeing from Mali. Since then, she has travelled to refugee camps and conflict zones in more than a dozen countries. The award honours Dr. Lucille Teasdale and Dr. Pero Corti, a physician couple who spent 35 years developing medical services in Uganda in the midst of conflict and civil unrest. — Juanita Bawagan, *CMAJ*

**Clinical mistrial? (USA):** Health Canada is reminding health care professionals and consumers that cinacalcet (Sensipar) is not approved for use in patients under the age of 18, after the death of a child who was enrolled in a clinical trial for the drug in the United States. Cinacalcet is used in the treatment of disorders of the parathyroid gland, which result in high blood calcium levels. All pediatric clinical trials of the drug have been halted by its manufacturer, Amgen, after the death of a 14-year-old patient whose blood calcium levels plummeted during a trial. It has not yet been confirmed whether cinacalcet played a role in the death of the patient. There have been no clinical trials of cinacalcet involving children in Canada and no adverse reactions to the drug involving patients under 18 years of age have been reported to Health

Canada. The drug is not approved for use in children as indicated on the drug label and Health Canada is currently reviewing available safety information on the drug and is reportedly considering updating the labelling information. — Adam Miller, *CMAJ*

**Walk-ins shut out (Denmark):** The ability to walk into an Accident and Emergency department (A&E) to receive medical treatment is a luxury that will no longer be afforded to Greater Copenhagen residents, *The Copenhagen Post* reports (Mar. 6, 2013). As of January 2014, patients will be forced to call “1813” to speak about their condition with a triage nurse, who will then decide whether the individual should proceed to emergency care, speak with a family physician or even treat themselves with advice from the nurse. The current system also allows patients to call and speak with the “lægevagt,” after-hours emergency physician, in non-emergency medical situations to determine if they should be referred to the A&E. The system has been cancelled by the Greater Copenhagen Regional Council in favour of the new system which focuses on a single contact point for all types of care. The change was made

after media reports exposed wait times of up to 12 hours at A&Es in Greater Copenhagen. — Adam Miller, *CMAJ*

**Drug deficiency (Egypt):** Egyptian Health Ministry officials and pharmacists issued a warning last week that a medication shortage is intensifying throughout the country, the *Egypt Independent* reports (Mar. 7, 2013). Drugs used for the treatment of hepatitis, diabetes and infertility, in addition to baby formula, are missing from pharmacy shelves, and pharmacists reported a growing number of drugs are being added to the “deficiencies list” as a result of the rise in the price of the dollar against the Egyptian pound, which in turn has affected the rates of pharmaceutical companies’ imports. The crisis has also been blamed on the illegal practices of producers (specifically their refusal to waive the profit margin), the decrease of Egypt’s credit rating, the closure of some production lines, strikes in medication factories and a global shortage of raw materials, according to Health Ministry officials. Officials also added that they are aware of the shortage and are addressing the issue by providing alternative medications with similar therapeutic

effects to replace the missing products. — Adam Miller, *CMAJ*

**Research revolution (Australia):** Medical researchers in Australia have put pressure on the key political parties to adopt the advice of an important review aimed at increasing research spending and changing the way funds are distributed, *The Sydney Morning Herald* reports (Mar. 7, 2013). The 10-year plan for the health and medical research sector called the McKeon review – the first of its kind since the former Wills five-year funding plan expired in 2005 – was handed to Australian Health Minister Tanya Plibersek last week. The report argues the country’s research activities need to be more focused to increase the effect medical research has directly on people’s health, especially as the population ages. The report was commissioned by the Gillard government after media reports highlighted the fight against feared cuts to research funding in the 2011–12 federal budget. Although the McKeon review has yet to be released, it will reportedly call on an additional A\$2–3 billion per year to be invested in the sector within the next 10 years. — Adam Miller, *CMAJ*

*CMAJ* 2013. DOI:10.1503/cmaj.109-4444