

10 health stories that mattered: June 12–19

- [Health Canada will re-examine the science behind Canada's Food Guide](#), as well as all policies and programs stemming from the guide, in response to the “changing food supply, population and demographics,” reported the Toronto Star. The overhaul is part of a “recently implemented” review process to “ensure Canada's Food Guide and related dietary guidance, continue to be current and useful,” according to a Health Canada spokesperson.
- Canadian Blood Services will relax [eligibility requirements for older donors](#) this fall. First-time donors age 61 and older and some repeat donors age 67 and over will no longer have to submit a doctor's letter to prove they are fit to donate. Currently, a third of donors are over 50 and they contribute some 45% of donations, says the agency.
- Hundreds of health professionals in 20 cities across Canada protested [federal government cuts to refugee health care](#). The Conservative government is appealing a Federal Court ruling that found the cuts to interim health coverage for refugee claimants were unconstitutional. As part of the protest, Canadian Doctors for Refugee Care [urged U2 singer and activist Bono to raise the issue](#) with Prime Minister Stephen Harper in a meeting on maternal and child health.
- [Mercury levels continue to rise in Northern Ontario lakes](#) near the Grassy Narrows First Nation, five decades after a pulp mill dumped toxic waste into the local watershed. According to a report commissioned by the Ontario government, [people of all ages in Grassy Narrows show symptoms of mercury poisoning](#), and the amount of mercury in some lakes is twice the threshold that should trigger a cleanup. However, Ontario Premier Kathleen Wynne said that [more research is needed](#) before the province can consider a cleanup.
- Health leaders and trustees from across the country convened in Charlottetown to [debate policy solutions to Canada's key health care challenges](#). Participants in the Great Canadian Healthcare Debate resolved to advocate for a national pharmaceutical strategy, reforms to primary and seniors care, adoption of electronic health records and expanded scopes of practice for health professionals. Notably, 89% also endorsed a motion to press health authorities to increase spending on mental health care to 9% of their budgets.
- Quebec's health minister, Gaétan Barrette, plans to amend the province's Health and Social Services Act in the fall to allow doctors at [private clinics to charge patients some “accessory” fees](#) as well as bill the public system for their services. Currently, private-clinic doctors who provide publicly covered services may only bill patients for “medication and anesthesia agents.”
- The Health Sciences Association of Saskatchewan warned that [understaffing in long-term care](#) in all of the province's health regions is putting patients at risk. According to a survey of union members, 80% rated the services provided by health regions as either poor or fair. The provincial ombudsman expressed [similar concerns about the state of seniors' care](#) last month, reporting some 90 complaints about care.
- Prince Edward Island is reviewing its [distribution of family doctors](#) and may move some to meet population needs. According to PEI's health minister, Doug Currie, thousands of residents across the province don't have a family doctor, and demographic changes mean there now aren't enough patients to justify a four-physician minimum in rural areas.
- The chief of staff at Saint John Regional Hospital in New Brunswick protested the province's plan to cancel the purchase of \$900 000 worth of [genetic sequencing equipment](#). Dr. John Dornan said the equipment, which was ordered by a previous government, would save money because tests would no longer have to be sent out of province.
- Newfoundland and Labrador's auditor general highlighted some problems with [nutrition in long-term care facilities](#) in the province. These include a lack of consistent nutrition policies and meals that failed to meet Canada's Food Guide standards. Residents were not always supervised while eating, monitored for weight loss or given the meals prescribed by their dietary plans. — Lauren Vogel, CMAJ

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