



# Import



## A WEEKLY REVIEW OF DEVELOPMENTS IN HEALTH AND HUMAN SERVICES

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Welcome to this edition of *Import*. In it you will find summaries of new and interesting issues and developments in health and human services, as well as "In My Humble Opinion," a short analytical article by an Agora Group affiliate. Please feel free to visit The Agora Group's web site, which can be accessed by pressing the "our affiliates" button on the Consultant Network web site: [consultant-network.ca](http://consultant-network.ca).

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### TRAFFIC TICKETS – A LIFE-SAVER?

According to a new study led by Dr. Donald Redelmeier of Sunnybrook/Women's College Health Sciences Centre and the University of Toronto, there is a 35% reduction in risk of being in a fatal motor vehicle crash after a driver receives a driving conviction. This effect lasts for about two to three months after the conviction. Said Redelmeier, "For perspective, one life is saved for every 80,000 convictions, one emergency department visit is saved for every 1,300 convictions and \$1,000 in societal costs is saved for every 13 convictions. However, enforcement is not risk free and about one officer is killed for every five million convictions."

The study tested whether traffic convictions, because of their effect on the driver, might reduce the risk of fatal motor-vehicle crashes. The study looked at all fatal crashes in Ontario over 11 years. This included 8,975 drivers who had a history of 21,501 total convictions. This is equaled about one conviction per driver every five years. The study found that traffic enforcement does not need to produce perfect compliance to achieve major life saving benefits. The benefits were similar for men and women, for young drivers and old, and for those



with advanced rather than basic drivers licenses. The life-saving benefits were lowest for those who drive with a suspended license and highest for convictions that carry a \$100 fine and three demerit points.

A media release on the study is at <http://www.newswire.ca/releases/June2003/27/c7882.html>.

### **NEWFOUNDLAND AMBULANCE OPERATORS WITHDRAW SERVICE**

As part of ongoing payment negotiations with the government of Newfoundland and Labrador, the province's two ambulance service operators' associations called on their members to refuse non-emergency transfers from all hospitals, nursing homes and residences served by the Health Care Corporation of St. John's as of June 25. Representatives of the operators' associations say they will extend the shutdown to other communities across the province if necessary.

### **NOVA SCOTIA TO FUND ALZHEIMER DRUGS**

On June 19 Nova Scotia announced it will be the first Atlantic province to fund three Alzheimer's drugs – Aricept, Exelon and Reminyl – through provincial Pharmacare programs. The drugs can delay progression of Alzheimer's disease in some patients, and cost about \$150 a month per patient. The province also says it will work closely with Dalhousie University on an education program to help doctors identify patients who will benefit from the drugs.

A media release on the initiative is at <http://www.gov.ns.ca/news/details.asp?id=20030619003>.

### **ATLANTIC PREMIERS ADOPT PROPOSED CODE OF CONDUCT FOR FEDERAL-PROVINCIAL RELATIONS**

At a meeting on June 18, the Council of Atlantic Premiers (representing Newfoundland and Labrador, Nova Scotia, New Brunswick and PEI) endorsed a proposed code of conduct for federal-provincial relations, put forward by Newfoundland Premier Roger Grimes. The code is based on four "overarching principles":

- **Notice:** As the actions of one jurisdiction can have implications for others, all jurisdictions have an obligation to give one another advance notice prior to implementation of a major policy or program change that could substantially impact on other jurisdictions;
- **Duty to Consult:** The federal government has an obligation to meaningful prior consultation on major decisions which impact upon a province/territory (or provinces/territories). Provinces/Territories also have an obligation to consult with one another on major decisions which could have implications beyond their borders;
- **Duty to Negotiate:** The federal government has an obligation to commence negotiations with a province/territory (or provinces/territories) which brings forward a matter of significant concern;
- **Dispute Avoidance and Resolution:** All jurisdictions must work collaboratively and with reasonable flexibility to avoid and resolve intergovernmental disputes. If necessary, third party advice and mediation will be used to resolve disputes.



The Atlantic Premiers have agreed to bring their proposal to all Canadian Premiers at the annual Premiers Conference on July 9-11, and they also called on the Prime Minister to commit to annual First Ministers Meetings to *“provide a forum for executive direction on the broad issues affecting the Federation.”*

As well, the Atlantic Premiers renewed their request that the federal government fulfill its obligations to fully fund the recommendations contained in the Romanow report on health care renewal, saying that the federal government had *“raised the share of federal funding from 14% in 2002/03 to just under 16% in 2003/04, but failed to meet Commissioner Romanow’s recommendation to restore the federal share of health care funding to 25% of provincial and territorial health expenditures”*.

### **MANITOBA RELEASES RECOMMENDATION ON WORKPLACE SMOKE**

On June 24, Manitoba released a three-part recommendation from the Labour and Immigration Minister’s Advisory Council on Workplace Safety and Health related to smoking in the workplace. The recommendation proposes a three stage approach to eliminating smoke in the workplace:

- **First stage:** A complete ban of smoking in all enclosed workplaces, but allowing for the continuation of designated smoking rooms used by workers and/or clients (6 to 12 month time frame)
- **Second stage:** A complete ban of smoking in all enclosed workplaces. This stage does not allow for a designated smoking room (DSR) - present DSRs would be discontinued (time frame of 1 to 2 years)
- **Third stage:** A complete ban of smoking in all workplaces (indoors and outdoors).

### **MANITOBA URGES STRONGER NATIONAL SEX OFFENDER REGISTRY LAW**

On June 12 Manitoba issued a media release urging changes to the scope of the national sex offender registry proposed under Bill C-23 being considered by the House of Commons Justice Committee. According to the media release:

*“As proposed, Bill C-23 will only provide information about individuals who are sentenced after it comes into effect. Manitoba is again urging the federal government to amend the proposed legislation to include persons currently under sentence for a sex offence and persons who have served a sentence for a sex offence within a reasonable time in the past. If the registry covers only people sentenced after it comes into force, it will take years to become useful to police... As well, the province is reiterating its request that offenders be required to have their photo taken and that the photo be available to police through the national sex offender registry. The registry will initially lack the capacity to store photos and the province is urging that the necessary upgrades be fast-tracked.”*

The media release is at <http://www.gov.mb.ca/chc/press/top/2003/06/2003-06-12-01.html>.

### **NORTHWEST TERRITORIES CHANGES HEALTH TRAVEL RULES**

In a territory in which travel for medical treatment is the norm rather than the exception, the territorial government on June 13 introduced interim changes to coverage of travel costs for medical care, pending a full review of travel policies. Under the new rules that apply to territorial residents that do not have third-party coverage:



- Medical travel co-payment will not be collected for a patient requiring medical travel if the patient's family income is less than \$80,000 per year
- A patient with a family income of less than \$80,000 per year will be provided the same benefits for accommodation and meals as currently offered for indigent patients
- A patient with a family income of more than \$80,000 per year will receive an accommodation allowance of \$50 per day and meal allowance of \$18 per day.

### **YUKON, NUNAVUT INTRODUCE TELEMEDICINE INITIATIVES**

In the two other territories in which distance from health services is a challenge, telemedical initiatives have been introduced to overcome the challenge.

On June 26, Yukon announced creation of a 1-800 number for medical personnel treating Yukon's palliative care patients. This one-year pilot project will link the territory with the Palliative Care 24-hour phone line at the University of British Columbia. The system is available to physicians, nurses and pharmacists who need information on how to manage their patients' conditions.

On June 20, Nunavut's Health and Social Services Minister, Ed Picco, announced the launch of the Ikajuruti Inungnik Ungasiktumi (IIU) telehealth network to improve access to care for residents of Nunavut in their home communities. IIU is meant to provide timely access to physicians and second opinions, and to offer care in a culturally supportive environment. The IIU network also improves efficiency of care by reducing the need to travel to other locations for medical and social care. In each community in the IIU network, Inuit from the community have been trained as site technicians to operate and maintain the telehealth stations. There are now telehealth sites in 15 Nunavut communities.

Said Picco, "*Ikajuruti Inungnik Ungasiktumi*" means 'a tool to help people from far away', and that is what this innovative program does".

### **BC HELPS SCHOOLS SURVIVE EARTHQUAKES**

On June 26, BC's Ministry of Education announced grants totaling \$8.1 million for seismic upgrading of schools. Twenty-three schools in eight districts within high-risk earthquake zones will benefit from the new funding. Schools were selected for upgrading based on priorities established by school boards. The \$8.1 million in new funding is in addition to \$22.5 million announced earlier this year as part of the Ministry of Finance's Seismic Mitigation Pilot Program. According to the BC government, the new funding brings the total provincial government investment in school seismic upgrading in 2003/04 to nearly \$31 million.

### **BC TASK FORCE PROPOSES SCHOOL ANTI-BULLYING MEASURES**

On June 13 a BC government caucus task force (comprising only members of the governing Liberal Party) issued a report proposing initiatives to increase school safety in the province:

- School boards should develop a strategy to share successful anti-bullying programs among schools – in particular, from elementary through to secondary school.



- School planning councils (SPCs) should distribute and promote the BC Confederation of Parent Advisory Councils' workbook *Call it Safe*, which outlines steps students and parents should follow if they are victims of bullying.
- School boards and SPCs should review and update anti-bullying policies.
- School boards and the Ministry of Education should encourage schools and communities to work cooperatively to prevent bullying.
- The government should establish safe zones around schools to shield students from criminal activities.
- SPCs and the community should consider establishing school dress codes.
- School boards and SPCs should develop and circulate procedures for reporting and investigating bullying incidents to students and parents.

The task force held public hearings in 15 BC communities before drafting its report.

### **NEW BRUNSWICK: CON ARTISTS PREY ON CHARITIES**

According to a June 20 media release from the New Brunswick Justice Department, con artists in the province are trying to swindle charities by offering high-interest return on investment of charitable funds, claiming the special interest rate is available only to charities that agree to use all their investment returns for charitable purposes. However, the scam artists disappear once the money is invested. The Justice Department has asked charities that are approached to take part in such a scheme to immediately notify the department's Securities Administration Branch.

### **CANADIAN ANALYST HOPEFUL ON SOCIAL CAPITAL**

A recent two-part *Axiom News* series based on an interview with York University's Dennis Raphael profiles Raphael's views on social capital. Raphael is a leading proponent of tackling the social determinants of health, and took a lead in promoting the *Toronto Charter for a Healthy Canada*, released earlier this year as the outcome of a late-2002 conference on the social determinants of health.

Raphael says building social capital must simultaneously involve individuals, communities and strong social policy. He says when one first looks at a community, it inevitably starts with the experiences of the people inside. Raphael says tackling social capital issues in Canada is more likely to succeed compared to the US because of Canada's base of social programs and its strong labour force, even though US's regressive social policies are spilling over into Canada.

In the articles, Raphael argues strongly for the construction not only of horizontal social capital (through local networks, community trust, and our willingness to care for each other), but also for vertical social capital (state support for the construction of horizontal capital). As Raphael puts it:

*"When governments are accentuating income and wealth gaps, creating more rich and poor people and weakening services at the same time, trying to build social capital is like trying to swim up a raging river. If you have a really stressed out community and you want to throw a block party, that's*



*great, but the real solution is to set up societal structures that allow people to be friendly, affable, trustful."*

The two articles can be accessed at <http://www.axiomnews.ca/2003/June/jun24.htm>.

### **CANADIAN PEDIATRICIANS OPT TO MEET IN SMOKE-FREE CITIES**

On June 21 the Canadian Pediatric Society (CPS) passed a resolution at its annual meeting that prohibits the Society from holding its meetings in cities without smoke-free bylaws. CPS plans to ask the Canadian Nurses Association, the Canadian Medical Association and other medical groups to encourage them to take a similar position. In May the Canadian Public Health Association passed a similar resolution.

### **FEDS APPROVE VANCOUVER SAFE INJECTION SITE PILOT PROJECT**

On June 24, Health Canada announced it has given approval in principle to a supervised injection site pilot research project to be operated by the Vancouver Coastal Health Authority in Vancouver's Downtown Eastside. The project will assess whether the supervised injection site will reduce the harm associated with illicit drug use, improve the health of drug users, increase appropriate use of health and social services by drug users and reduce the health, social, legal and incarceration costs of drug use.

Health Canada has in effect granted the program a federal criminal exemption that makes it off-limits for police (addicts cannot be arrested for possession of illegal narcotics while using the facility). The safe injection site will have 12 stalls where addicts can shoot up and also offer emergency treatment and counselling.

Health Canada will provide up to \$1.5 million over four years to support the evaluation component of the project.

Vancouver mayor Larry Campbell, whose election campaign last fall supported creating the site, welcomed the announcement and said:

*"We're not going to get rid of drug trafficking or drug addiction in the city of Vancouver. That's not going to happen. What we will do is get it under control and those people who are addicted will be put in a position to get the help they want."*

Meanwhile the US White House Office of National Drug Control Policy, while acknowledging Canada's right to create a safe injection site, has objected to the Canadian project, calling it "state-sponsored personal suicide," and arguing that instead of treating the illness of drug addiction, the injection site will enable addicts to continue poisoning themselves near the U.S. border. David Murray, policy analyst with the White House drug control office, said that the US is alarmed that *"from the point of view of a neighbor and from a public health perspective... Canada may be abetting the public health crisis more than treating it."*

### **ONTARIO FUNDS INFECTIOUS DISEASE NETWORK**

On June 18 Ontario announced it will provide \$10 million to create the FitzGerald Infectious Disease (FIND) Network. The FIND Network will link together experts in infectious disease research to create an international research program to prevent the spread of infectious diseases. The network will be coordinated by a top Ontario infectious disease expert, who will be supported by advisors from the private and academic sectors.



The Network is named after Dr. John Gerald FitzGerald, who established the Connaught antitoxin laboratories at the University of Toronto where insulin was manufactured for Canada in 1923.

In April the Ontario government had announced a \$2.5 million funding award to help Ontario scientists devise a reliable and speedy diagnostic test for SARS.

As well, on June 10 from the federal Canadian Institutes of Health Research announced a \$1.7 million investment in four research teams which will investigate the causes and control of SARS. The teams will be led by scientists at Toronto's Mount Sinai, McMaster University, University of British Columbia and Centre hospitalier de l'Université Laval.

In other actions instigated by SARS, on June 10 Ontario's Premier (after intense pressure from nursing groups and others) announced creation of an independent investigation into the occurrence and spread of SARS. Justice Archie G. Campbell will investigate and report publicly on what caused the outbreak, how it spread, and what should be done to protect Ontarians in the future. Individuals who disclose information to Campbell's investigation will be protected from any adverse employment action under Section 9.1(1) of the *Public Inquiries Act*. However, the Registered Nurses Association of Ontario (RNAO) strongly criticized the move as inadequate, stating that *"The SARS Commission is not mandated to hold public meetings, it is not obligated to provide an opportunity to a party who has substantial and direct interest to give evidence, call and examine witnesses, or cross-examine witnesses, nor does it have the power to appoint an investigator and to obtain a search warrant to seize relevant documents."*

### **CMA UNVEILS ITS NATIONAL PUBLIC HEALTH ACTION PLAN**

As a report to the National Advisory Committee on SARS and Public Health, the Canadian Medical Association (CMA) on June 25 issued a ten-point "public health action plan" for Canada. Among the plan's recommendations:

- enactment of a Canada Emergency Health Measures Act to allow for a more rapid national response to health emergencies posing an acute and imminent threat to human health and safety across Canada
- creation of a Canadian Office for Disease Surveillance and Control (CODSC) as the lead Canadian agency in public health, operating at arm's length from government
- appointment of a Chief Public Health Officer of Canada to act as Canada's lead scientific voice for public health and to act as head of CODSC.
- creation of a Canadian Centre of Excellence for Public Health, under CODSC, to invest in multidisciplinary training programs in public health and to establish and disseminate best practices among public health professionals
- establishment of a Canadian Public Health Emergency Response Service under CODSC, to provide for rapid deployment of human resources (e.g. emergency pan-Canadian locum programs) during health emergencies



- Federal funding of \$1 billion over 5 years to build adequate, consistent surge capacity across Canada and improve coordination among national, provincial/territorial and municipal jurisdictions on essential public health functions.

Said CMA President Dana Hanson in a speech to the Canadian Club the day the report was released:

*"Viruses don't have visas. International air travel is just a credit card and an e-ticket away. Where once we might have thought it preposterous, exotic but extremely virulent viruses are just a few hours away from landing anywhere in Canada. Despite this threat, Canada has no clear national authority with the necessary power and resources to fight national trans-border threats such as SARS. Instead, authority to deal with public health problems resides with a panoply of programs and policies. Many elements of these date back to the early days of the reign of Queen Elizabeth. The First! That is right, our public health laws such as the Quarantine Act are based, in part, on how people dealt with problems before the advent of air travel."*

The plan is available at

[http://www.cma.ca/cma/menu/displayMenu.do?tab=422&skin=432&pMenuId=2&pSubMenuId=1&pageId=/staticContent/HTML/N0/I2/working\\_on/OfficePublicHealth/wake\\_up\\_call.htm](http://www.cma.ca/cma/menu/displayMenu.do?tab=422&skin=432&pMenuId=2&pSubMenuId=1&pageId=/staticContent/HTML/N0/I2/working_on/OfficePublicHealth/wake_up_call.htm).

## **SENATE COMMITTEE TO LOOK AT PUBLIC HEALTH**

On June 26 the Senate of Canada authorized its Standing Committee on Social Affairs, Science and Technology "to examine and report on the infrastructure and governance of the public health system in Canada, as well as on Canada's ability to respond to public health emergencies arising from outbreaks of infectious disease."

The Committee will be looking into: the state and governance of the public health infrastructure in Canada; the roles and responsibilities of, and the coordination among, the various levels of government responsible for public health; the monitoring, surveillance and scientific testing capacity of existing agencies; the globalization of public health; the adequacy of funding and resources for public health infrastructure in Canada; the performance of public health infrastructure in selected countries; and the feasibility of establishing a national public health legislation or agency as a means for better coordination and integration and improved emergency responsiveness.

## **MANITOBA PHARMACEUTICAL USE STUDIED**

The Manitoba Centre for Health Policy (MCHP) has released a report on pharmaceutical use in the province, entitled *Pharmaceuticals: Focusing on Appropriate Utilization*. The report shows that public spending on prescription drugs has increased 58% in only five years to \$170 million in Manitoba, and points out that little is known about the appropriateness of drug prescribing. This study used administrative data to assess appropriateness for two drug classes (antihypertensives and cholesterol-lowering drugs). The report's summary says:

*"This study is in no way a condemnation of drugs. Proper prescribing does a lot of good, preventing more serious illnesses and/or hospitalization. On the flip side, inappropriate drug use – both overuse and underuse – can cause serious illness and/or hospitalization. The consequences are not good for*



*the patients nor for our health care system because they drive up costs.... From all this, we know two main things now that we didn't know before. First, it is possible, using currently available data, to assess the appropriateness of pharmaceutical use in Manitoba. Second, much of that use appears to be inappropriate – some drugs aren't being prescribed when they should, others are being dispensed too readily. It underscores the fact that policies on drug use and appropriateness are needed. In particular, clear guidelines are needed on what drugs heart attack patients need to take when, and for how long. And the step-up approach to prescribing needs to be strongly encouraged.”*

The report is available as a 101 page PDF file at <http://www.umanitoba.ca/centres/mchp/reports/pdfs/pharma.pdf>.

### **US CONSERVATIONISTS TRASH BUSH POLICIES**

On June 24 the US-based League of Conservation Voters (LCV) released its *2003 Presidential Report Card* that gives the Bush administration an “F” for its efforts on environmental protection. According to LCV President Deb Callahan, “*President Bush is well on his way to compiling the worst environmental record of any president in the history of our nation.*” Says the report card:

*“With the exception of actions to reduce emissions from diesel engines, the bulk of President Bush's actions on the environment since taking office strongly indicate that he sides with the desires and priorities of his corporate contributors over the protection of the environment and public health. Initiative after initiative introduced by this president and his political appointees favor corporate interests such as timber, oil and utilities over the public's interest in a clean and healthy environment. Administration proposals would weaken and eliminate fundamental protections for our air, land and water – protections that have improved the quality of life over the past 30 years and that poll after poll indicate have the solid and enduring support of American voters.... The Bush Administration's most broad-based assault to date has been on clean air protections. In February 2002, the administration announced its deceptively named ‘Clear Skies’ initiative, which would repeal and weaken public health protections of the current Clean Air Act, while replacing them with standards that are at best deferred and incomplete.”*

The report card is available through <http://www.lcv.org/alerts/AlertsMain.cfm?AlertID=22&ORGID=RCHome>.

Adding to the criticism, US journalist Ross Gelbspan wrote in the June 26 edition of *Down to Earth*:

*“The White House has become the East Coast branch office of ExxonMobil and Peabody Coal and climate change has become the pre-eminent case study of the contamination of the US political system by money. Two years ago, the President reneged on his campaign promise to cap emissions from coal-powered plants. He then withdrew the US from the Kyoto negotiations, parroting the cynical line of the US coal industry that the Kyoto Protocol was unfair to the US because it exempted developing countries from the first round of emissions cuts. The President then dismissed the findings of the Inter Parliamentary Committee on Climate Change (IPCC) as an inconsequential “product of bureaucracy” when, in fact, it reflects the work of more than 2000 scientists from 100 countries in what is the largest and most rigorously peer-reviewed scientific collaboration in history. The Bush administration has justified its actions by citing politically conservative principles. But this is actually*



*corruption disguised as conservatism.... In the international arena, the US is also following the lead of the fossil fuel lobby in trying to prevent the Kyoto Protocol from taking effect with or without US participation. Last September in Johannesburg, Russia announced that she would soon ratify the protocol – a move that would put the protocol into effect. But in a flurry of backstage manipulations, the US has apparently scuttled that pledge. According to a recent joint US-Russian communiqué, the two countries have agreed to a bilateral climate change initiative”.*

Gelbspan's article is at

[http://www.downtoearth.org.in/full6.asp?foldername=20030630&filename=spr&sec\\_id=18&sid=2](http://www.downtoearth.org.in/full6.asp?foldername=20030630&filename=spr&sec_id=18&sid=2).

### **US SUPREME COURT UPHOLDS UNIVERSITY AFFIRMATIVE ACTION**

In a close 5-to-4 decision, on June 23 the US Supreme Court upheld the right of US universities to use affirmative action programs to increase the numbers of people from minority groups who are admitted to university. Said Justice Sandra Day O'Connor, author of the majority opinion in the case, *“In order to cultivate a set of leaders with legitimacy in the eyes of the citizenry, it is necessary that the path to leadership be visibly open to talented and qualified individuals of every race and ethnicity.”*

The Bush administration had filed a brief with the Supreme Court asking that it rule such affirmative action programs as unconstitutional.

### **UK TO FINE DRIVERS USING CELL PHONES**

David Jamieson, the UK's Road Safety Minister, has announced fines of up to £1,000 for UK drivers caught using mobile phones while driving. The new penalties take effect December 1. Jamieson says research on driving and using a mobile phone suggests that motorists driving while using a mobile phone are four times more likely to have an accident, and that hands-free calls are also distracting and still put drivers at risk.

### **UK: UNPREPARED FOR ALLERGIES**

A report released on June 25 by the UK's Royal College of Physicians states that allergy services in the National Health Service (NHS) are totally inadequate and cannot cope with the rising amount and increasing severity of allergy in the UK. An acute shortage of allergy consultants and specialist centres has meant patients face major difficulties in obtaining accurate diagnoses, advice and treatment. *Allergy: The Unmet Need – a blueprint for better patient care* emphasizes that allergy can not only be life-threatening, but also can have a profound effect on the quality of life of those living with allergy.

In recent years, allergy has become more common in the UK, and one in three people is expected to develop allergy at some time in their lives. Previously rare and severe allergies are also on the increase and more children are affected, particularly by peanut allergy. In addition, there has been an increase in the proportion of patients with several different allergic disorders affecting different organs, known as multi-system allergic disease.

A 6 page summary of the report is at [http://www.rcplondon.ac.uk/pubs/wp\\_allergyunmet.pdf](http://www.rcplondon.ac.uk/pubs/wp_allergyunmet.pdf).



## CHINA: ONE-CHILD POLICY DOESN'T HURT KIDS

The official Chinese policy encouraging only one child per family has been criticized on the grounds that it produces maladjusted overweight youngsters, but this conclusion is not supported by a study recently published in *Archives of Disease in Childhood*. The study of more than 4,000 Chinese adolescents aged 12 to 16 showed that “only children” seemed to be a little better adjusted than other children. They were less likely to be bullied and more likely to confide in their parents than children who had siblings. There were no other differences between the two groups, including nutritional health and risk-taking behaviors such as smoking, once socioeconomic status, parents' educational level, sex of the child and other factors were taken into consideration. The study, conducted by researchers from University College London, yielded results similar to U.S. data that showed no difference between only children and children with siblings on measures of cognitive development and IQ scores.

The study also noted that the implementation of the one child policy varies widely in China. Enforcement is stricter in cities than in rural areas, where more than two-thirds of China's people live. Outside of cities a second child is usually allowed, particularly if the first child is a girl, provided that there is at least a five-year gap between children.

## OUR READERS SAY....

*Import 3.11* contained an article about a legal case against Canada's health minister Anne McLellan, filed with Canada's Supreme Court, for failure to enforce the provisions of the Canada Health Act. In response, one reader wrote:

*“I noted with interest the above item in the recent edition of Import. It's interesting that the action has been initiated by organized labour groups and nationalists, all of whom may have a number of 'agendas' beyond simply 'saving Medicare'. By contrast there are some other legal challenges underway (launched by individuals who feel their healthcare system failed them) that you may wish to review and comment on. Some of these involve patients who had to go out of country to receive treatment, not only because it wasn't available in Canada, but also in some cases, it was not available in a timely manner. There are at least 2 cases (that I know of) where Provincial Health Insurance reimbursement was initially denied, but on Appeal the patients were fully reimbursed. For a more scholarly discussion (rather than my ramblings) on the implications – legal and ESPECIALLY political – check out the following:*

- *The Charter and Health Care - Guaranteeing Timely Access to Health Care for Canadians* by Stanley H. Hartt Q.C. and Patrick J. Monahan, C.D. Howe Institute, Health Papers No. 164, May 2002.
- *How Do Current Common Law Principles Impede or Facilitate Change?* by Timothy Caulfield, Discussion Paper No. 24, Romanow Commission.”

**Editor's note:** One case to which the reader referred us is the case of Montreal doctor Jacques Chaoulli and his patient George Zeliotis, who are seeking to strike down the government monopoly on health insurance for medically necessary procedures. Zeliotis waited months in pain for hip replacement surgery because he was not able to purchase hospital care privately. They lost their case in the Quebec courts, but the Supreme Court



of Canada has agreed to hear their appeal. Some legal experts have argued a constitutional challenge to the Medicare monopoly could be brought under the Section 7 guarantee in the charter to "life, liberty and the security of person," and in the Hartt and Monahan paper cited by the reader, the authors point out that the Supreme Court has already ruled that security of the person *"must include some protection from state interference when a person's life or health is in danger."*

The Caulfield discussion paper prepared for the Romanow Commission is no longer accessible on the Commission web site, but the C.D. Howe Institute paper cited by the reader is at [http://www.cdhowe.org/pdf/commentary\\_164.pdf](http://www.cdhowe.org/pdf/commentary_164.pdf).

### **IN MY HUMBLE OPINION: BUGS AND GLITCHES**

A number of analysts have responded to SARS as a beneficial wake-up call to all of us – a relatively low-mortality reminder that the bugs have not gone away and that we must prepare ourselves for more virulent ones in the future – diseases with the same potential for devastation, for instance, as the great influenza pandemic of 1918-19. And the SARS outbreak reminds us that even a relatively mild epidemic can have disproportionate effects on the economy, on health system capacity and on the public psyche. And even though I call it a relatively mild epidemic, thirty-nine families grieve their lost ones, and thousands of health care workers deserve our thanks for working under very difficult circumstances.

Few would disagree that SARS has mobilized us to develop more coordinated, centre-driven approaches to dealing with infectious disease, and government initiatives at all levels to improve our infectious disease surveillance, prevention and treatment systems are welcome, even if money committed so far is only a down payment on what we will eventually need to prepare for pandemics to come.

What worries me, though, is that the unfolding costs of such preparations will end up being borne – at least in part – by money already in our public health system – money currently allocated to lifestyle modification and to addressing social and other determinants of health.

Public health is, and will always be, multi-dimensional. On one hand it relies on investigative and coercive powers to curb public and organizational behaviours and conditions that damage our health. It can inspect without warning, demand evidence, close businesses down, deny licenses, and even curtail personal freedoms to protect us.

On another hand, over a number of decades public health added an array of educational and persuasive tools to its toolbox to persuade us to change our behaviour – to quit smoking or to lose weight or to eat healthy. Even more recently, though, the bravest of public health authorities added the tools of advocacy – tools to be used to argue for changes in some of the very foundations of our unegalitarian society to make it healthier, fairer, more civic. Using these advocacy tools requires bravery because advocating for changes in profound social and economic engines driving ill health brings the advocate up against entrenched and powerful political and economic interests. This is nothing new for public health: its very roots lie in advocacy for things as basic as clean drinking water and public sanitation – things we now take for granted, but that at one time were not at all self-evidently good things to the powers-that-be. So perhaps public health has returned in part to its roots through its advocacy.



The tools of persuasion and advocacy used in public health systems cost money, and governments do us no favour if they expect public health authorities to bolster their capacity to respond to infectious diseases at the expense of addressing other determinants of health through persuasion and advocacy. But (excuse my cynicism) this is exactly what political authorities may demand, when they see the bills for infectious disease control begin to roll in. Why not find at least some of the money though curtailing lifestyle programming (*“After all, the smokers and the overweight folks are to blame for their own problems, so let them pay the price”*) or through cutting back on funds used for advocacy or for building communities’ capacity to advocate for themselves (*“Public health should stay to hell out of things like economics and social justice, because it’s none of their business”*)?

Yes, it makes sense to pay the costs of getting ready for epidemics we can barely imagine at present. But not at the expense of other crucial elements of public health – elements that deal with behavioural, social and economic issues that are with us everywhere, right now.

John Butler, The Agora Group

### **FROM THE QUOTES VAULT**

*“He [Winston Churchill] asked me what I would drink at dinner and I replied – water. This astonished him. I added that I neither drank nor smoked and was 100 per cent fit; he replied in a flash, that he both drank and smoked and was 200 per cent fit.”*

Bernard Montgomery, The Memoirs of Field-Marshal Montgomery, 1958