



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.

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ONTARIO: PRIVATE SCANNING STAFF MUST NOT BE "POACHED"

In response to concerns raised by the Ontario Hospital Association (OHA) and the Ontario Association of Radiologists, a spokesperson for Ontario's Minister of Health and Long-Term Care has said new scanning facilities to be run by the private sector must submit human resources plans to assure the Ministry that staff of private centres, including radiologists, will not be "poached" from hospital diagnostic departments. OHA and the radiologists raised the concern in light of ongoing shortages of radiological personnel across Canada. OHA vice-president Hilary Short says the government's strategy should be to allow hospitals to run existing MRI and CT scanners longer hours, but she states the Ministry is "strongly biased against hospitals" in terms of solving scanner access problems. The Association of Radiologists says Ontario has a shortfall of 150 radiologists and several hundred technologists.

Over 240 proposals were received by the Ministry's January 6 deadline for proposals to operate 20 new MRI machines and five new computed tomography (CT) scanners in under-serviced areas.



BC HOSPITAL TO OPEN UNIT FOR DRUG-DEPENDENT MOMS & NEWBORNS

B.C. Women's Hospital is about to open Canada's first post-partum unit for drug-dependent newborns and their mothers. The unit, for 150 such deliveries a year at the hospital, will break with past practices in which babies born to substance-using mothers were separated from their mothers and placed in dark, low stimulation special-care nurseries while being treated for their drug withdrawal (usually with morphine). The babies will remain with their mothers in the new unit. Hoped-for outcomes of the program include a reduction in the number of newborns placed in foster homes after leaving hospital, and a turnaround for addicted mothers who may decide to kick their habits for the sake of the mother-child bond forged in the unit.

ALBERTA RELEASES CHILD WELFARE REPORT

On December 20 Alberta released *Strengthening Families, Children and Youth*, a review into Alberta's Child Welfare Act. The report recommends:

- separate legislation to cover services for children with disabilities which would clarify eligibility, require service plans, and improve the appeal process
- increasing collaboration with Aboriginal, First Nations, Métis and Inuit communities to ensure their involvement in case management and child welfare decision-making, and recognizing the Métis community in the legislation
- extended care and maintenance for youth in child welfare's care up to age 22 to help youths through post-secondary education, career preparation, skills training and basic life skills
- increased access to adoption records to better assist children in adapting to adult life and seeking out their biological families once they become of age
- expanding the role of the Children's Advocate, and requiring more detailed and frequent reports
- greater focus on family involvement in child welfare cases
- more emphasis on finding permanent homes for children in government care.

The report is available as a 42 page PDF file at <http://www.childwelfareact.gov.ab.ca/childwelfinal.pdf>.

NOVA SCOTIA UPS TOBACCO TAXES AS HEALTH PROMOTION MOVE

On January 9 Nova Scotia increased tobacco taxes by \$5 for a carton of cigarettes, or about 62 cents per package. Tax on tobacco sticks will also rise by \$5 per carton and by \$4.50 for 200 grams of fine cut tobacco. Said Maureen Summers of the Canadian Cancer Society, Nova Scotia Division, "*We're very pleased to see another tobacco tax increase. Research shows that higher cigarette prices are a major factor in preventing teens from taking up smoking and they also have a direct impact on a person's decision to quit smoking.*"

The province gave no indication that any of the taxes garnered from the increase will be used specifically for health promotion programming.



AND WE THOUGHT THE KYOTO FOLLIES WERE OVER?

Despite Alberta's dire predictions of the effects of the Kyoto Protocol on Canadian energy companies, Calgary-based Suncor recently announced that it estimates that the cost to the company of implementing Kyoto requirements by 2010 will not exceed \$49 million (Suncor's annual revenues exceed \$5 billion).

Meanwhile, the federal government's Kyoto implementation plan has temporarily exempted auto makers from meeting Kyoto targets, ostensibly because these companies have already substantially reduced their contributions to greenhouse gas emissions. Critics of the move say it resulted from lobbying by Liberal MPs from ridings in Ontario's Golden Horseshoe, where many auto plants are located. Critics also say the federal back-down weakens a federal government bargaining chip in getting auto makers to increase the fuel efficiency of their vehicles.

BRITONS UNCOVER EVIDENCE-BASED HEALTH CARE CONSPIRACY

A recent issue of the *British Medical Journal* (BMJ) contained an article by the Clinicians for the Restoration of Autonomous Practice (CRAP) Writing Group, pointing out that today's emphasis on evidence-based health care practices is not merely the flavour-of-the-decade: it is a cult-inspired conspiracy. The authors have uncovered secret cult documents, including the Ten Commandments of the Evidence Based Medicine (EBM) movement:

- Thou shalt treat all patients according to the EBM cookbook, without concern for local circumstances, patients' preferences, or clinical judgment
- Thou shalt honour thy computerised evidence based decision support software, humbly entering the information that it requires and faithfully adhering to its commands
- Thou shalt put heathen basic scientists to the rack until they repent and promise henceforth to randomise all mice, materials, and molecules in their experiments
- Thou shalt neither publish nor read any case reports, and punish those who blaspheme by uttering personal experiences
- Thou shalt banish the unbelievers who partake in qualitative research, and force them to live among basic scientists and other heathens
- Thou shalt defrock any clinician found treating a patient without reference to all research published more than 45 minutes before a consultation
- Thou shalt reward with a bounty any medical student who denounces specialists who use expressions such as "in my experience"
- Thou shalt ensure that all patients are seen by research librarians, and that physicians are assigned to handsearching ancient medical journals
- Thou shalt force to take mandatory retirement all clinical experts within a maximum of 10 days of their being declared experts
- Thou shalt outlaw contraception to ensure that there are adequate numbers of patients to randomise.



For readers brave enough to explore the cult conspiracy further, CRAP's BMJ article is at http://bmj.com/cgi/content/full/325/7378/1496?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&fulltext=crap&searchid=1041699176779_5924&stored_search=&FIRSTINDEX=0&fdate=1/1/2002&resourcetype=1,2,3,4,10.

AUSTRALIA: UNREST AGAIN IN DETAINEE CAMPS.... COULD IT HAPPEN HERE?

On December 31 Australian firefighters battled blazes lit by detainees overnight at a much criticized detention centre for illegal immigrants as riots swept the country's refugee camps. The South Australian fire service said 37 buildings were destroyed or seriously damaged at Woomera in the arid outback where 121 illegal immigrants, mostly from the Middle East and Afghanistan, are being held. The arson attacks, which authorities blame on detainees frustrated at government rejection of their applications for asylum, followed a spate of fires at the new Baxter detention centre, also in South Australia. On December 31 detainees started fires and attacked guards with iron bars in a breakout attempt by 20 to 30 people at the Villawood detention center in western Sydney. At a detention centre on Australia's remote Christmas Island, detained "boat people" occupied the centre's compound, setting fire to a dining hall and challenging guards in an armed standoff.

Prime Minister John Howard says his conservative government will not be deterred from detaining illegal immigrants or diverting arriving boat people to detention centres on Pacific islands. Both policies have been criticized by international human rights groups and the United Nations.

Closer to home, a January 4 *Toronto Star* article says the Canadian government has begun negotiations with Ontario to identify a provincial facility in the Greater Toronto area that can be used to detain migrants into Canada (usually asylum-seekers) who do not have proper documentation. The federal government would use the facility on contract with the province. The move follows passage of a federal law allowing detention of undocumented migrants. Ontario's Minister of Public Safety Bob Runciman says detention can be done "in a humane way".

US REJECTS INTERNATIONAL DRUG ACCESS DEAL

On December 21 World Trade Organization (WTO) talks collapsed on a deal to allow drug patent laws to be eased so poor nations could have greater access to medicines. The United States, alone among WTO's 144 members, rejected the deal because it would have gone beyond a very short list of medical conditions supported by the US. The United States would accept an easing of patent rights only for drugs for HIV/AIDS, malaria, tuberculosis and a few tropical diseases in which US pharmaceutical companies do not have a stake. According to the US position, drugs for diseases such as asthma, pneumonia and diabetes would have been off limits in any patent deal. Sources within WTO say the US position hardened after direct intervention from US Vice President Dick Cheney.

The most recent negotiations were a follow-up to preliminary WTO negotiations in Doha Qatar in late 2001. Since the Doha Declaration was issued holding out hope to poorer nations, US drug companies escalated their opposition to any final detailed agreement. The pharmaceutical industry says it spends billions a year on drug research and if copycat companies can override their patents and manufacture drugs at bargain prices, research will dry up. Aid agencies lobbying for poor nations say cut-price drugs would only be sold in countries that cannot afford to buy them at first-world prices. Said Jamie Love, director of the Consumer



Project on Technology (a US lobby group), *"George Bush is arguing that diseases his own children receive treatment for are off limits to poor children in poor countries."*

Said Sergio Marchi, Canadian representative at the talks (and Chair of WTO's General Council), *"There is no way to sugar-coat this bitter pill. We are disappointed. One-hundred and forty-three countries stood on the same ground. We were hoping to make that unanimous."*

Talks will resume in February 2003 but there is little hope the US will change its position.

US INSTITUTE OF MEDICINE PROPOSES TWENTY HEALTH PRIORITIES

According to a January 7 media release from the US-based Institute of Medicine (part of the National Academy of Sciences created by the US Congress), the Institute will soon publish *Priority Areas for National Action: Transforming Health Care Quality*. The report, authored by the Institute's Committee on Identifying Priority Areas for Quality Improvement, identifies health care "domains" or priority areas for quality improvement in the US health care system based on three criteria:

- *breadth* of impact on patients, families, and communities
- *improvability*, or the likelihood of closing large quality gaps
- *inclusiveness*, which deals with both the diversity of people affected and the likelihood of improvements having positive effects throughout the health care field.

While the Institute did not rank its top priorities, it identified 20 domains for action: asthma, care coordination, children with a chronic condition (physical, developmental, behavioral or emotional) or who are at increased risk of developing one, diabetes, end-of-life care for patients with advanced organ system failure, evidence-based cancer tests, frailty associated with old age, hypertension, immunization, coronary heart disease, major depression, medication management, infections acquired in hospitals, obesity, pain management in advanced cancer, pregnancy and childbirth, self-management/health literacy, severe and persistent mental illness, stroke, and nicotine withdrawal treatment for adults.

Two of the priorities – care coordination and self-management/health literacy – are classified as "cross-cutting" because they cut across specific conditions and would benefit many patients. Obesity is classified as "emerging" because researchers are still working to determine which interventions are effective. In terms of coordination, the media release said:

"About 60 million Americans live with multiple chronic conditions, such as hypertension and diabetes. Clinicians and institutions should actively collaborate and communicate to ensure an appropriate exchange of information and coordination of care. This is key in the effective treatment of chronic conditions."

In terms of self-management/health literacy, the media release said:

"Public and private entities should systematically provide educational programs and interventions that aim to boost patients' skills and confidence in managing and assessing their health problems. With a higher level of health literacy, more people also would have the skills to understand and act on health care information."



The report is not on the web, but a media release on the report (with descriptions of each domain) is at <http://www4.nationalacademies.org/news.nsf/isbn/0309085438?OpenDocument>. The media release says, "*The 20 domains should serve as a starting point to dramatically increase the level of quality across the board.... low-quality care typically does not stem from a lack of effective treatments, but from inadequate systems to carry them out.*"

BRAZIL CHOOSES BREAD, NOT JETS

Three days into his term as Brazil's new leftist president, Lula da Silva announced plans to suspend for at least a year a \$760 million purchase of jet fighter planes, saying the money should be used to relieve hunger. Before taking office da Silva announced the creation of a Zero Hunger program to attack a problem affecting 25 million of Brazil's 175 million people, mainly children and African-Brazilian people in rural areas. Said da Silva in his inauguration speech, "*So long as there is a single Brazilian brother or sister going hungry, we have ample reason to be ashamed of ourselves. If at the end of my term of office every Brazilian has the opportunity to eat breakfast, lunch and dinner, then I will have completed my mission in life.*"

The commander of Brazil's air force said the armed forces accepted da Silva's decision to postpone the purchase of aircraft. During the right-wing military dictatorship that ruled Brazil from 1964 to 1985, da Silva, then a leader of the metalworkers' union, was ordered jailed by military officers who considered him a dangerous radical.

MENINGITIS STRAIN HITS AFRICA

In November an International Coordinating Group (ICG) comprising the International Red Cross, UNICEF, the World Health Organization and Doctors Without Borders issued an emergency call for funds to combat a burgeoning strain of bacterial meningitis likely to spread rapidly across Africa early in 2003. As of December only Norway had contributed to the emergency fund.

The strain known as W135, previously responsible only for sporadic cases in Africa, was identified as the main cause of an outbreak in Burkina Faso. The only vaccine that protects against W135 is one manufactured for sale in rich countries and those sending pilgrims to Saudi Arabia on the pilgrimage to Mecca. Its price ranges from US\$40 to US\$50 depending on where it is sold – beyond the reach of the affected countries in Africa – and there is no African stockpile of the vaccine. The four ICG members are negotiating with the two main meningitis vaccine manufacturers, GlaxoSmithKline and Aventis Pasteur, about producing the vaccine against W135 at US \$1 per dose or less.

Bacterial meningitis kills 170,000 people each year, the vast majority in the "meningitis belt" stretching across Africa from Senegal to Ethiopia. The population at risk in the belt is around 300 million. Without treatment bacterial meningitis kills up to 50% of those infected. Even with early diagnosis and treatment the case fatality rate is as high as 10%. Up to 20% of survivors suffer from neurological after-effects such as deafness or mental retardation.



ASIA READIES ITSELF FOR “YELLOW SAND”

As they do every year, north Asian nations are preparing themselves for this spring's “yellow sand” – a vast cloud of acidic particulates picked up by winds in central Asia and carried over China, Korea and Japan, then over the Pacific Ocean, each spring. Preparations include the stockpiling of millions of facemasks to protect residents of these countries against the vast dust cloud. While yellow sand has blown across Asia for centuries, it has worsened in recent decades because of an increase in desert areas stemming from droughts and the destruction of tree cover in central Asia (by the late 1990s, China's deserts were expanding by 2,460 sq km per year). Records show that during the 17th century there were from 0.3 to 1.0 sandstorms in Inner Mongolia per year, but by 1990 the annual rate had risen to 3.0 to 5.0 times per year. The rate of occurrence of sandstorms in Beijing has also increased, and the number of violent sandstorms that occurred in 1991 in Beijing was more than three times the average for the same period in the 1990s. The clouds, which accumulate industrial pollutants as they move eastward, often contain dangerous levels of metallic and acidic substances as well as carbon monoxide.

In April 2002, environmental ministers from China, South Korea and Japan voiced common concerns about the problem. According to their joint communiqué:

“The Ministers expressed their concern about the ecological deterioration in Northeast Asia. They paid special attention to the recent outbreak of sandstorm (yellow sand or kosa), which has become exacerbated by droughts and land degradation. Recognizing the efficacy of... projects in improving ecological conditions, they agreed that focus should be placed on promoting environmental management capacity of the three countries through such measures as environmental seminars, training and scientific research activities. The Ministers also recognized the need to strengthen monitoring capacity to combat sandstorm. Finally, they stressed the importance of extensive engagement of national environmental administrations in the region and international organizations like UNEP and Global Environment Facility (GEF) in the efforts to cope with the challenges arising from sandstorm.”

A *Time Asia* journalist described the effect of the April 2000 sandstorm on Beijing:

“This sand wreaked havoc in Beijing's streets and at the airport. That day, traffic accidents rose by 20% to 25%, and more than 40 flights were delayed at the Capital Airport. Another 40 planes were diverted to nearby Tianjin to land. Not surprisingly, hospital visits surged with many patients reporting respiratory problems and eye infections. The authorities urged residents to stay indoors; if they had to venture out, the advice was to steer well clear of teetering trees or vulnerable advertising signs.”

The 2001 sandstorm of April 6-16, originating in Mongolia and dubbed the “perfect Asian storm”, reduced visibility in Western China to near zero and made ground transportation all but impossible. By mid-April the weakened cloud had crossed the Pacific and moved down the British Columbia coastline, and produced haze in North America as far north as Calgary and as far south as Arizona.

A web site on the yellow sand phenomenon, with extensive satellite images of the storms, is found at <http://www.lakepowell.net/asiandust.htm>.



US COMMENTATOR WARNS AGAINST US CONDOM POLICIES

New York Times columnist Nicholas D. Kristof, in a January 10 editorial *The Secret War on Condoms*, warns against the possibility that US aid policy will become even more restrictive in terms of funding condom-based preventive programs in developing countries (largely as a result of pressure from US religious groups opposed to condom use, or to any safe sex strategies other than abstinence). Says Kristof:

"One study by the University of California at Berkeley found condom distribution to be astonishingly cost-effective, costing just \$3.50 per year of life saved. In contrast, antiretroviral therapy cost almost \$1,050. Yet the U.S. is now donating only 300 million condoms annually, down from about 800 million at the end of the first President Bush's term. Consider Botswana, which has the highest rate of HIV infection in the world – 39 percent of adults. According to figures in a report on condoms by Population Action International, the average man in Botswana gets less than one condom per year from international donors. In the time it has taken to read this column, 28 people have died of AIDS, including 5 children. An additional 49 people have become infected. It's imperative that we get over our squeamishness, accept that condoms are flawed but far better than nothing, recognize that condoms no more cause sex than umbrellas cause rain, and ensure that couples in places like Botswana get more than one condom per year."

The editorial is at <http://www.nytimes.com/2003/01/10/opinion/10KRIS.html?todaysh headlines>.

US policy on HIV/AIDS prevention is crucial given less than total world commitment to eradicating the pandemic. A January 4 *Globe and Mail* article profiling Canada's Stephen Lewis, the United Nations Secretary-General's Special Envoy for HIV/AIDS in Africa, puts it starkly:

"But governments ignore him. Rich nations commit pitifully small funds to fight the pandemic. Mr. Lewis pleads for intervention to stave off the total destruction of societies. No one listens."

The article quotes Lewis:

"What is driving me crazy, and making me emotionally unhinged, is that we're losing too many people. I can't stand it. And I just don't know how to break through. It wouldn't take that much. It could be turned around. I'm not getting anywhere. As much as there are a million things to be done, the fact is that we can't get anywhere on these resources. I wake up regularly in an absolutely incensing rage at not being able to break through."

OUR NEXT DOOR NEIGHBOUR IS EVERYONE: TECHNOLOGY FOR WOMEN

Akosua Mfumuwaa, the recipient of a UNIFEM mentoring award, is making life easier for rural women in Ghana. As a girl growing up in Ghana, Mfumuwaa decided she wanted to enter a male-dominated field and be self employed. She studied engineering, then established her own workshop and later, her own business.

In 1996 she founded the Accra-based Akos Engineering Service, with capital from her savings and a grant from the Gratis Foundation. Mfumuwaa decided that she wanted to help rural women, who spend long hours performing agricultural labour to support their families. She believed she could best help these women by making farm tools to ease their physical toil and make their work more efficient.



Akos Engineering makes machinery for use in post-harvest activities, which are traditionally undertaken by women. For example, Akos developed a hand-operated tool to process maize, a device that saves farm women significant time and labor. Mfumuwaa has built and installed equipment for at least ten rural women's groups and pays regular visits to women who use her tools to help train them on their proper use. She also trains young rural women to help them learn a trade and start their own businesses, which she considers an important part of her work. In the future, *"I'd like to do more to educate the girl child to choose a technical career,"* she says. She is also interested in offering general career counselling to young women.

She tries to teach the qualities that she feels are important in the business world to all the women with whom she works: self-discipline, punctuality, and honesty. Mfumuwaa does not underestimate the trouble Ghanaian women face creating businesses and attempting self-sufficiency, however. She says challenges remain as the result of a lack of education, financial assistance and moral support for young women when they start out.

Mfumuwaa wants to increase her company's production and expand sales to other countries in Africa, as well as in Asia. But most of all she wants to continue *"looking for opportunities to let the world know what we women can do and all that we can contribute to society."*

OUR READERS SAY....

In response to an article in *Import 2.40* about Nestlé's attempts to get a \$6 million settlement from Ethiopia in the middle of a famine, a reader wrote:

"I was beyond disgusted to see yet another example of Nestlé's corporate practices in this issue – they're nothing if not consistent though. You may know, and want to inform readers about, the long-standing international boycott of Nestlé, its products and associates, for their infant formula marketing practices. A good website to start at is <http://www.infactcanada.ca/InfactHomePage.htm>. The website has background, links, and a sadly-extensive list of Canadian products to eliminate from one's shopping list."

In response to an article in *Import 2.40* about cutbacks to Medicaid in the US, a reader wrote:

"We in Canada need to support the essence of the Romanow Report or become the pearl in the US oyster for privatization. Your article re the US trying to reduce Medicaid costs is not, unfortunately, new. My only real knowledge is that people with cancer relying on chemo for remission, have too often had their medical insurance cancelled – often in the midst of chemotherapy – resulting of course in individuals having to save money to continue, or do without. In the US you need to have a lot of dollars should you become seriously ill. Those Canadians who support private health care to the extinction of our present system know not of what they speak."

IN MY HUMBLE OPINION: PRESENTEEISM

A new word – presenteeism – entered our dictionaries over the last decade. In that brief period, the word's meanings multiplied. It is a concept worth examination by leaders in the human service system.

The term was first coined by Professor Cary Cooper, an organizational management psychologist at Manchester University. It referred to workers – often managers – who devote an inordinate amount of time



to being at work. These are the folks who are at their desks before the cock crows, who routinely stay until seven o'clock, who come in on Saturdays, who never take their allotted holidays. This form of presenteeism has generally been seen as unhealthy and ultimately unproductive, caused either by unhappiness in one's life beyond the workplace, or by "performance anxiety" that makes workers keep their noses to the grindstone so they can keep their jobs in highly competitive or uncertain environments.

The second definition has to do with people who are physically present at work, but who seriously underperform because of depression or other worries or preoccupations that have roots outside the workplace. Sometimes underperformance is obvious, but often it is not. An employee may go through all the mechanics of doing work, but may perform it with such little commitment that the quality of the work is poor. And short of a spy camera over each employee's head, it is hard for an organization's leaders to identify this kind of underperformance.

One of the most definitive recent studies of this form of presenteeism was sponsored by the Employers Health Coalition of Tampa, Florida. Based on a 1999 analysis of 17 diseases, researchers found that lost productivity due to presenteeism was, on average, 7.5 times greater than productivity lost to absenteeism. For some conditions (notably allergies, arthritis, heart disease, hypertension, migraines, and neck/back/spine pain) the ratio was 15 to 1, 20 to 1, or approached 30 to 1. In another study reported in the May 2001 issue of the *American Journal of Psychiatry*, Yale University researchers found that depressed workers were seven times more likely to have poor job performance than workers who reported not being depressed. The conclusion by Yale lead researcher Benjamin Druss MD was that, because of presenteeism, "*previous reports of absenteeism may represent only a small fraction of the cost of depression in the workplace.*"

The third form of presenteeism has to do with conditions within the workplace itself. An employee may feel insignificant or unrecognized, or she may feel the powers-that-be are downright hostile. In these instances the worker may simply go through the motions (a not uncommon syndrome among teenage convenience store clerks who take your money without offering the slightest indication that you exist).

In some workplaces this form of presenteeism can become an entrenched part of workplace culture. Decades ago I worked as a nickel miner in the summers. In a mine, work teams are often fairly small and work at a distance from each other. When the minimum acceptable amount of work is done, miners' minds can turn to sleeping for the rest of the shift. At first my task as a junior temporary miner was to act as "lookout" for the other team members while they slept, sometimes for two or three hours (a mine is a fine place to sleep – dark, warm and humid, and surprisingly quiet when the machinery is turned off). If I saw an approaching helmet light several metres away, I was supposed to turn on my own light and jiggle it up and down. If the approaching light jiggled in response, it meant "*Don't worry – I'm not the boss.*" But if the approaching light stayed steady, my job was to wake everyone up immediately – the boss was coming. Every shift boss knew about the signal system, but not one of them would trick us by jiggling his helmet light to catch miners in the Land of Nod. It was unthinkable. Not cricket. But this particular form of presenteeism had a deeper root. We all hated the company for which we worked, and to give it even an extra minute of time was against the informal rules of the workplace.

As stresses increase in health and social service workplaces because of staff shortages, the sequelae of botched mergers and amalgamations, the presence of managers who are themselves under stress as



survivors of middle management purges, increased “accountability paper work” and a growing severity of the problems faced by clients of agencies and institutions, presenteeism will increase.

Some managers may assume presenteeism lies only in the realm of personal problems of employees – depression, addiction, and a host of other personal problems that affect workplace performance. The best managers will find ways the employee can be helped with these problems. The worst managers will ascribe this form of presenteeism to moral or character flaws in employees, and will take a “shape up or ship out” approach.

But the very best managers will examine the possibility that the workplace itself is a contributor to presenteeism, and that there are factors in workplace culture that can be changed to help employees be both happy and productive for the one quarter of their lives they spend working.

John Butler, The Agora Group.

FROM THE QUOTES VAULT

“No man, however strong, can serve ten years as schoolmaster, priest, or Senator, and remain fit for anything else. All the dogmatic stations in life have the effect of fixing a certain stiffness of attitude forever, as though they mesmerized the subject.”

Henry Adams, *The Education of Henry Adams*, 1907

“Some provinces have balked at the prospect of more federal funding with ‘strings attached,’ as if they were the only legitimate guardians of the public interest. But it’s difficult to see how the ungainly marionette of Canadian health care can be managed without strings. A worse idea would be to let antifederalist wrangling trammel any hope of meaningful change. To naysay a national vision for standards of care, more compassionate service and responsible oversight strikes us as not only unimaginative, but also perverse.”

from the editorial *Perchance to Dream* in the January 7 2003 edition of the Canadian Medical Association Journal. The full editorial is at <http://www.cmaj.ca/cgi/content/full/168/1/5>