



# 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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### **ONTARIO APPOINTS HOSPITAL REVIEWERS**

On January 10 Ontario's Minister of Health announced the appointment of forensic accountant Al Rosen and Geoff Davies, an experienced hospital administrator, to review the books of Ontario's hospitals and to provide a report to the government by early March. Rosen was in charge of the audit of the Toronto Board of Education in 2002. Their findings will form the basis for distribution of \$350-million in extra funding announced late in 2002.

Said Ontario Hospital Association (OHA) spokesperson Hilary Short, "We are concerned at the appointment of a forensic auditor. We hope the outcome will still be positive and hospitals will still be able to get their additional funding in good time."

Meanwhile OHA and the Ministry have released a report on acute care hospitals for the year 2002. The report, which provides results on 92 hospitals that chose to be part of the process, is based on work done by the University of Toronto's Hospital Report Research Collaborative that developed the methods and reports on hospital performance using the balanced scorecard format. The report details areas where hospitals excel and provides information on areas for improvement. It shows that 89% of patients who participated in an Ontario



hospital patient satisfaction survey rate the quality of their care as excellent or good. The full report, and hospital-specific reports, can be accessed at <http://www.hospitalreport.ca/HospitalReport2002AcuteCare.html>.

### **HEALTH PROMOTERS: HELP WITH CLIMATE CHANGE ISSUES**

An article in the *Ontario Health Promotion Exchange Newsletter #292.1* offers a good overview of climate change and the Kyoto Protocol, and proposes ways health promoters can help with climate issues. Written by Mark Singh, a program manager with the Energy Action Council of Toronto (EnerACT), the article suggests that health promoters can:

- help raise awareness about the link between poor air quality and climate change
- continue and strengthen advocacy and education roles, teaching individuals in positive and practical ways how to reduce personal greenhouse gas emissions
- develop creative partnerships with transit authorities, car-sharing and bike-sharing organizations and nonprofit/nongovernmental organizations to increase potential audiences and strengthen and complement each partner's work
- strengthen co-operation within and among health agencies to "*effectively develop health infrastructure in preparation for the inevitable consequences of a changing global climate*".

The OHPE Newsletter article by Singh can be accessed at [http://www.ohpe.ca/ebulletin/ViewFeatures.cfm?ISSUE\\_ID=292&startrow=1](http://www.ohpe.ca/ebulletin/ViewFeatures.cfm?ISSUE_ID=292&startrow=1).

### **FIGHT LOOMS ON GENE TESTING FOR CANCER**

Alberta and Ontario are offering a breast cancer screening test in the face of legal threats from a U.S. company which claims exclusive right to supply it. Ontario said this week it will go to court if necessary to justify its decision to do the breast and ovarian cancer genetic screening testing after Myriad Genetics demanded they cease or use a more expensive test done in their lab at a cost of \$3,850 per test. BC decided to abandon the tests as a result of warnings from Myriad.

US-based Myriad Genetics patented the gene sequence that shows a predisposition for breast cancer. The company says the patent gives it the exclusive right to diagnostic testing using the sequence.

On January 6 Ontario announced that 1,000 Ontario women each year would have faster access to breast and ovarian cancer screening as a result of an investment of \$1.2 million in the genetic testing method. The funding will be provided equally to London Health Sciences Centre, McMaster Medical Centre, Credit Valley Hospital, Mount Sinai Hospital, North York General Hospital, Children's Hospital of Eastern Ontario, and Kingston General Hospital. Said Ontario Health Minister Tony Clement:

*"[Myriad's] point of view is not only do we have to use their tests, but if we use any other test that relates to that particular gene sequence for breast or ovarian cancer, we have got to get their permission, and we have got to pay, basically, a royalty to them. I have disregarded their claim . . . We will go to the highest court in the land on this."*



### **ALBERTA: YES, WE'RE TOO SLOW**

In a rare admission for any administration, Alberta's Minister of Health and Wellness, Gary Mar, agreed on January 13 with a year-end statement by the Alberta government's Health Reform Implementation Team that the pace of health reform in Alberta has been too slow. Mar said he accepts the critique of the three-member Committee, and the government will do a better job of sticking to its own implementation schedule.

### **BC ISSUES FIRST NATIONS HEALTH HANDBOOK**

On January 13 British Columbia announced the distribution 27,000 copies of a new handbook to improve First Nations access to health services. The handbook is a joint project of the Ministry of Health Planning and First Nations Chiefs' Health Committee, and it has been sent to BC band council offices, First Nations households and friendship centres. The handbook features sections on the BC HealthGuide and BC NurseLine, how health services are obtained and delivered in First Nations communities, unique services available to First Nations, patients' rights and tips, advice for health-care providers serving First Nations patients, and BC health resources.

The handbook is available online as an 80 page PDF file at [http://www.bchealthguide.org/first\\_nations\\_healthguide.pdf](http://www.bchealthguide.org/first_nations_healthguide.pdf).

### **ONTARIO FUNDS CANCER RADIATION EQUIPMENT**

On January 13 the Ontario government announced it will provide \$29.5 million in funds for new radiation equipment for six regional cancer treatment centres through Cancer Care Ontario (Hamilton, Kingston, London, Sudbury, Ottawa, and Sunnybrook in Toronto) and for the Princess Margaret Hospital site of the University Health Network.

### **SASKATCHEWAN EASES SURGERY WAITS**

On January 14 Saskatchewan announced two initiatives to help people on waiting lists for surgery. The first is a web site ([www.sasksurgery.ca](http://www.sasksurgery.ca)) where patients can get information on how long they may have to wait for their particular procedure. The site also lists the contact information on physicians performing surgery in the province.

As well, Those with surgeries being done in Saskatoon or Regina-Qu'Appelle Regional Health Authorities can call toll free to a surgical care co-ordinator. The co-ordinators can confirm that a patient is on a surgical wait list, check if a patient has an admission date to hospital, give an estimated wait time for surgery, and provide general information about surgical wait list times and hospital booking procedures.

The initiatives are a joint effort of the Saskatchewan government and the Saskatchewan Surgical Care Network. A media release on the initiatives is at <http://www.gov.sk.ca/newsrel/releases/2003/01/14-013.html>.



## **NORTHWEST TERRITORIES ADDS HEALTH HUMAN RESOURCES**

The Northwest Territories has announced \$8.3 million to augment its health human resources by adding:

- ten nursing positions at Stanton Territorial Hospital to address immediate relief, training and cross-training requirements
- thirteen physicians positions, (10 general practitioner and 3 specialists), to increase community access to physicians and enhance specialized life-saving
- fourteen entry-level nursing positions to guarantee employment for NWT nursing graduates
- three nurse practitioner positions to facilitate the introduction of nurse practitioners as part of implementing a new model of primary health care in the NWT
- two midwife positions to complement work, currently underway, to facilitate midwifery practice in the NWT.

An additional \$537,000 will go to training and mentorship programs for health workers.

## **QUEBEC: SPECIALIST WORK ACTIONS JEOPARDIZE MED SCHOOL**

A January 14 *Montreal Gazette* article says job action by Quebec's medical specialists may jeopardize this year's medical classes at the Université de Montréal. Many specialists, whose professional body the Federation of Medical Specialists of Quebec is fighting the government for more money to increase specialist incomes, reduce waiting lists and improve medical equipment, are boycotting teaching duties at the university.

## **NEWFOUNDLAND: DROP IN VOLUNTEERS HURTS**

According to an article in the January 13 edition of the *Newfoundland Telegram*, the dropping number of volunteers in the province jeopardizes civic capacity. The article cites a report from the Genuine Progress Index (GPI) for Atlantic Canada (based on information from Statistics Canada) that shows 8% fewer volunteers in Newfoundland and Labrador in 2000 compared to 1997. According to the GPI report, a drop of 12.3% was recorded in volunteers in formal organizations nation-wide over the three-year period, down to 6.5 million from 7.4 million.

Randy Simms, president of the Newfoundland and Labrador Federation of Municipalities, says the decline in volunteerism means many small municipalities cannot attract people willing to run for municipal office or to serve as volunteer fire fighters. Simms says 70% of all municipal activity in the province is performed by volunteers.

According to the Statistics Canada data, 74,000 Atlantic Canadians stopped volunteering between 1997 and 2000. However, the remaining volunteers increased their contribution, putting in more hours per capita (total annual hours divided by total population) than any other region in the country.

GPI Atlantic's *2003 Update* on volunteering in Atlantic Canada is found as a 14 page PDF file at <http://www.gpiatlantic.org/volunteerupdate03.pdf>. The *Update* suggests that the four Atlantic provinces should:

*"...take the dangers and warning signals as seriously as they would a comparable decline in economic activity, and address and tackle the root causes as assiduously and creatively as they*



*would work to remedy and reverse an economic downturn. To prevent potential adverse impacts on community and population health, and to avoid serious long-term costs, the four governments can work with volunteer and community-based organizations to ensure they have sufficient resources, staff, and support to do their work effectively."*

The *Telegram* article is at <http://www.thetelegram.com/topstories/news/story.asp?id=54674&ln=ln>.

## **DRUG GIANTS: CURB CROSS-BORDER MEDICINE SHOPPING**

The new year saw a new twist on the issue of US residents buying Canadian pharmaceutical products over the internet or by mail because of cheaper prices in Canada. The drug giant GlaxoSmithKline (GSK) said in January 1 letters to Canadian pharmacies and wholesalers that market GSK treatments over the Internet to the US and other nations that GSK will no longer sell products to companies that continue the practice after January 21. GSK says that "*In the interest of patient safety and the maintenance of an adequate product supply in (Canada), GSK is strongly against the Internet sale and export of its Canadian medications.*" The drug firm Eli Lilly also sent letters to Canadian wholesalers telling them that they are breaking their contracts with the drug maker by supplying pharmacies that export the company's drugs to US customers, but the firm did not threaten to stop supplying drugs to Canadian wholesalers. GSK is seen to have more at stake in the cross-border drug buying issue, since more of its products are geared to seniors – those most likely to cross-border shop for drugs.

Mary Ann Rhyne, a GSK spokesperson, said Canadian labels on the medicines may appear in a different language or have dosage amounts, such as millilitres rather than teaspoons, that differ from US versions. GSK also says the medicines may not be shipped to the United States under proper conditions of temperature, humidity and radiation that would affect the safety and efficacy of a medicine.

Manitoba Industry Minister MaryAnn Minychuck said she would investigate whether GSK's decision to end product sales to Canadian pharmacies and wholesalers violates NAFTA free-trade rules. US Congressman Bernard Sanders of Vermont said GSK's decision "*seriously jeopardizes the health and well-being of thousands of Americans,*" adding that he plans to introduce legislation to prevent the move.

Meanwhile, facing burgeoning state deficits, nine US states and the District of Columbia have joined forces to create a non-profit drug purchasing agency to help them cut the rapidly escalating costs of drugs for Medicaid beneficiaries (the health programs covering low income Americans). Organizers of the new non-profit consortium say it would include coverage for mail-order prescriptions and for importing drugs from Canada. Until now many states have relied on private sector drug benefit management companies to curb their pharmaceutical costs, but these companies sometimes receive payment from pharmaceutical companies for promoting expensive products.

The results of a survey conducted for the Kaiser Family Foundation, released on January 13, shows two thirds of US states are cutting Medicaid benefits, increasing co-payments, restricting eligibility or removing poor people from the rolls because of soaring costs and plunging revenues.

But health care cutbacks are also affecting workers whose employers are scaling back health benefits in the US. On January 14 and 15, unionized General Electric workers in the US held a two day strike to protest G.E.'s introduction of a higher co-payment for medical care and drugs for employees and retirees. The strike involved 17,000 workers at 48 locations in 23 states. G.E. executives said the company's overall health costs



jumped to \$1.4 billion last year, up 45% from 1999. Ed Fire, president of the International Union of Electronic Workers-Communications Workers of America, said, "*We understand the legitimate concerns that every company has with rising health care costs, but this company is not hanging on by its fingernails. They're expected to report \$16 billion in profits for the year. This company is fabulously wealthy; they don't have to pass these costs on.*"

### **OVERSEAS ECONOMIC DEVELOPMENT: DIFFERENT RULES FOR OTHERS?**

An issue has recently arisen that raises an ethical question: is it appropriate to use Canadian taxpayers' money to fund private sector projects in other countries that will damage health and environmental quality in those countries?

On January 8 the Canadian NGO Working Group on the EDC issued a report highly critical of the way the federal department Economic Development Canada (EDC) funds Canadian firms for specific overseas projects. The Working Group claims EDC asks Canadian firms to carry out environmental and social assessments of the impact of their projects on host countries, but does not require them to do such assessments, nor does it publish the results of assessments unless the companies agree. As well, the report claims EDC does not require a common standard for assessment (unlike its US and World Bank counterparts), nor is it required to tell the public why a particular standard for assessments was used by a company to which EDC lends money.

*"EDC continues to hide the environmental and social risks of its investments from the public, despite a report from the Auditor-General calling for disclosure and transparency",* said Fraser Reilly-King, Coordinator for the NGO Working Group.

The Working Group's report cites seven large-scale projects that are supported by EDC and that pose dangers to the host countries – most notably Noranda's Alumysa aluminum smelter in Patagonia, Chile. According to the Working Group report, the smelter would release 1.5 million tonnes of solid and gaseous waste each year and would require the flooding of 9,598 hectares of land to provide dammed water for power plants to serve the smelter. Constramet, the union of metallurgical workers in Chile that represents Noranda workers, opposes the smelter, arguing that creating of a few hundred jobs does not warrant the destruction of the environment and the livelihood of local inhabitants, many of whom depend on salmon and trout farms that will be ruined by river damming and construction of a port to serve the smelter.

A media release on the issue is at <http://www.halifaxinitiative.org/hi.php/EDC-press/339>.

The report, *Seven Deadly Secrets: What the Export Development Canada does not want you to know*, is a 64 page PDF file at <http://www.halifaxinitiative.org/updir/secrets.pdf>.

### **UK INTRODUCING PHYSICIAN ASSISTANTS**

According to a January 15 *Guardian* article, the UK is on its way to introducing physician assistants (PAs) into medical practices, partly to enhance services in rural and other underserved areas. The first physician assistants were imported from the US, where the job description was created in the 1970s to use the medical skills of service personnel returning from the Vietnam war with no civilian qualifications. US physician assistants qualify after a two-year intensive study program at medical school, allowing them to treat patients on a one-to-one basis without having to refer cases to a doctor.



The first PAs in the UK have started working in Sandwell, a west Midlands district that has had trouble filling GP vacancies. They are being accredited by the paramedic training department at the University of Hertfordshire and given indemnity by the Medical Protection Society. Yvette Townsend, manager of the clinic employing the PAs, said "*GPs are set to leave in droves over the next five years and we have to look at alternative methods of providing care to our patients. I expect other surgeries will eventually follow suit because they'll have no choice.*"

The chairman of the GPs' committee of the British Medical Association, said: "*We await the results with interest.*"

The *Guardian* article is found at <http://society.guardian.co.uk/NHSstaff/story/0,7991,874860,00.html>.

### **JAMAICA: GROUPS RALLY FOR STREET PEOPLE**

A good example of civic engagement recently unfolded in the town of Savanna-la-mar in Jamaica's Westmoreland Parish, with the opening of a facility for street people in the town. The centre provides day shelter, meals, baths, changes of clothes and medical attention for more than 30 street persons, and it hopes to provide overnight accommodation soon.

The building housing the centre was renovated with a grant from the Westmoreland Parish Council. The facility is operated by the Westmoreland Association of Street People (WASP), which pays the salaries of the six staff members. The centre's workers are supervised by the Matron of the nearby Westmoreland Infirmary. Churches across Savanna-la-Mar will provide lunches for the street people on weekdays, while the parish council will provide breakfast, dinner and meals on weekends.

Ralph Anglin, Mayor of Savanna-la-mar and chairman of the Westmoreland Parish Council, said the centre is "*a dream come true. For sometime now, we in Savanna-la-Mar have thought of ways in which we could do something for the indigent and destitute by taking them off the streets. I am happy that this home has now become a reality and that those less fortunate can receive the necessary care as human beings.*"

### **KILLER COLD HITS RUSSIA**

This winter has been brutal in parts of Russia. At least 304 people – most of them homeless – have died in Moscow from hypothermia so far, according to articles in the *Moscow Times*. Alexei Nikiforov, coordinator of the homeless program for Medecins Sans Frontieres (MSF), says "*The losses are comparable to a military conflict, but there is no war*". Nikiforov said the city needs to open more shelters to protect tens of thousands of homeless from frostbite and death. In the meantime, he suggested that some subway stations be kept open at night for the homeless. MSF estimates that there are up to 100,000 homeless in the capital of 10 million people. Moscow City Hall puts the number at 32,000 to 33,000. Moscow has ordered city-run shelters to take in anyone seeking a warm place for the night, even those without identification papers. The shelters usually turn away those without papers, and MSF said about 60% of Moscow's homeless people lack papers. Police have been instructed to remove from the streets those who are drunk or otherwise incapacitated, to prevent them from freezing to death or suffering frostbite.

For the past week over 28,000 people in 200 communities across Russia have lived in unheated apartments in temperatures as low as – 30C, as the nation's crumbling municipal water and electric infrastructures fail in the cold weather. Several Russian jurisdictions have said they will hold investigations into why the



infrastructure has been allowed to deteriorate, and why emergency responses to fix the infrastructure have been slow during the cold wave. Deputy Emergency Situations Minister Gennady Korotkin, a member of the government's crisis commission, criticized local officials for poor organization, too few repair workers and insufficient supplies.

Commanders of Russia's Leningrad and Far East military districts have been ordered to contact local authorities to offer emergency fuel supplies and other help.

### **BANGLADESH: OLD SARIS HELP PREVENT CHOLERA**

Sometimes low tech is best. A study recently published in the *Proceedings of the National Academy of Sciences* examined two ways to remove cholera bacteria by filtering pond and river water in Bangladesh. It compared filtering through a modern nylon mesh and through old, much-washed sari cloth and found that the sari solution was best, reducing cholera cases by about half in the rural villages that were part of the study.

Left untreated, cholera kills up to 80% of those infected and is most lethal for children under five and for the elderly. It is easily treated in medical clinics and hospitals, but these facilities are often unavailable to rural Bangladeshis.

### **NEW ZEALAND: SCIENCE FUNDING FOR MAORI KNOWLEDGE**

An official of New Zealand's Foundation for Research, Science and Technology has announced that between 5 and 10% of the government's \$NZ280 million in grants for research will go to research benefiting Maori (New Zealand's aboriginal population). Some will go to Maori researchers in "mainstream" scientific fields, but some will also go to research into *matauranga Maori* (Maori traditional knowledge) in areas such as the recording and preservation of traditional knowledge included biology, geology and climate history needed by mainstream scientists.

*Editor's note:* Canadian scientists and Aboriginal people have also had a lively debate about the importance of recording and using traditional knowledge. In Nunavut for instance, where government departments are required to incorporate *Inuit Qaujimagatuqangit* (traditional knowledge) into their activities, traditional Inuit sensitivity to minor environmental changes can act as early warning of the effects of climate change on the northern ecosystem.

### **IN MY HUMBLE OPINION: DRINKING AND LEADING**

The past week's revelation that BC Premier Gordon Campbell was charged with impaired driving while on vacation in Hawaii is disturbing – not because of the charge itself, but because of public and political reactions to it.

Campbell is the third Canadian politician in the last two years to have a drinking "problem" splashed over the front pages. First it was Alberta Premier Ralph Klein, who behaved oddly in a public place on semi-official business while "under the influence". Then it was federal Minister of Defence John McCallum, who went public with his vow to stop drinking after he was refused a seat on a plane because he had been drinking. Now Gordon Campbell.

What irks me is the utterly condemnatory – almost vulture-like – tone of some of the reaction. Mothers Against Drunk Driving, for instance, reportedly said Campbell should resign as a result of the transgression. Some



politicians and media took the same tack. And Campbell himself went to great pains to flagellate himself for the offense, saying in a media release, *"I let you down. I am sorry. I wish I could take those moments back and rerun them. But that cannot be done. There is no good way to put this. I made a terrible mistake"*. Some commentators reacted to Campbell's mea culpa by claiming that it wasn't enough, that he shouldn't have categorized his action as a "mistake".

Impaired driving is clearly unacceptable, and legal sanctions can and should be used to stop it. But the hair-shirt-and-whip reaction to it does no favours to people who may have drinking problems going beyond a single impaired driving incident. All it does is drive people with drinking problems into denial and subterfuge, to hide their "shameful" problems – and to suggest they should resign their jobs because of their problem is cruel and stigmatizing, whether the person works as a street sweeper or a provincial premier.

I am no fan of Gordon Campbell's brand of politics. But he is a man who may have a problem that is an illness – not a character defect, not a criminal predisposition – but a health problem. And a treatable one.

Campbell himself is loathe to dig the hole deeper for himself: he does not admit to a problem, although he admitted it may be a possibility when he said, *"I will be seeking professional help, to determine if I have an alcohol problem. While I do not believe I have a problem, I recognize that I have a responsibility. I will not drink again"*.

Campbell's life has been haunted by the spectre of alcoholism. His own father suffered from the problem, and killed himself at an early age. I doubt this issue is an easy one for Campbell to face, since it is deeply personal.

I wish you every success, Mr. Campbell, as you address a personal and painful health challenge that any of us might face. And if indeed you have a drinking problem and you seek treatment, I wish you a fair harbour and many friends.

John Butler, the Agora Group

### **FROM THE QUOTES VAULT**

*"The 'nerve of failure' is the courage to face aloneness and the possibility of defeat in one's personal life or one's work without being morally destroyed. It is, in a larger sense, simply the nerve to be oneself when that self is not approved by the dominant ethic of a society."*

David Riesman, *Individualism Reconsidered*, 1954