Angry medical examiners withdraw services in Manitoba

Manitoba's medical examiners (MEs), angry at the provincial Department of Justice because repeated requests for a fee increase have been ignored, withdrew their services in late December.

"A dispute with the government over fee increases would be preferable to being ignored," said Dr. Rajen Ramgoolam, one of 25 medical examiners in Winnipeg. "A disagreement between the 2 parties would at least mean negotiations were under way."

Manitoba's MEs have received no significant fee increase in 20 years. Rates paid to the province's 55 MEs start at \$49 per body if the death occurred in a hospital, nursing home or other medical facility. If the death occurred at any other location, the fee is \$75, plus increments if an autopsy is ordered or if an external examination is required at the scene of death. Medical examiners are called in when

someone dies suddenly, unexpectedly or violently.

Dr. David Cram, a Souris family physician and rural ME, said he and his colleagues are resolved to withhold services until sweeping changes are made to the Office of the Chief Medical Examiner (OCME). The changes would have to be made by the province.

Cram, who offered his services as an ME 6 months ago, claims that the office is disorganized. "There is no training manual for medical examiners. When I phone to ask for help, they can't even tell me the correct forms to fill out."

Manitoba's chief medical officer, Dr. Thambirajah Balachandra, said that for the time being the RCMP will act as the OCME's "eyes and ears" in rural Manitoba, while investigators employed by the justice department will act as MEs in Winnipeg. — *David Square*, Winnipeg

"Viagra" finds ready market in China

Sales of the erectile-dysfunction drug sildenafil have been booming in China, but that development came as news to the manufacturer, Pfizer. Chronicle Monday, a drugmarketing newsletter, reports that almost all sildenafil being sold under prescription in Shanghai is fake. According to the Shanghai Evening Post, 2000 retail outlets are selling an average of 4 tablets a day, but Pfizer has distributed only 12 000 tablets in the entire country. The newspaper says the pills, which are supposed to retail for \$22, are being sold for \$90 at some drugstores in Shanghai.

Crackdown on hospital incinerators coming soon

Proposed Canada-wide standards for medical waste incinerators that are slated for final approval this spring could lead to the closure of many incinerators.

Many of the country's 120 hospital incinerators now burn PVC plastic, paper, batteries and discarded equipment, and this leads to emissions of dioxins, mercury and other toxins. The US Environmental Protection Agency (www.epa.gov) says medical waste incineration is now the third largest source of dioxin in the environment and accounts for 10% of mercury emissions.

Environment Canada reports that biomedical waste incinerators are the second largest source of dioxin emissions in Canada and account for about 9% of the country's mercury emissions (www.ec.gc.ca/dioxin/english/index.htm).

For new incinerators, the standard proposed by the Canadian Council of Ministers of the Environment (www.ccme.ca) would limit dioxin emissions to 80 picograms per cubic metre and mercury emissions to 20 mg/m³ by 2006. Annual stack testing will verify compliance.

"The standards are strong enough to close down old incinerators," says Rich Whate, the Canadian coordinator for Health Care Without Harm (www.no-



Generating stations like this one are the usual target of environmentalists, but hospital incinerators are another major source of dioxin emissions.

harm.org), an international coalition that promotes environmentally responsible health care.

This means more hospitals will be transporting their hazardous waste to modern commercial incinerators, such as a new one in Brampton, Ont. Whate hopes the high cost of transporting will encourage hospitals to separate their trash.

A 1993 study by the Ontario Ministry of the Environment found that 10% of the 150 000 tonnes of waste produced by the province's hospitals each year was handled as biomedical waste (Ontario Ministry of the Environment. A strategy for the development of new biomedical waste management facilities in Ontario. Toronto: The Ministry; 1992) but a subsequent study revealed that 39% of it was ordinary waste that needed no special treatment (Ontario Ministry of the Environment and Energy. Evaluation of biomedical waste generated in Ontario. Toronto: The Ministry; 1993).

The Canadian Association of Physicians for the Environment welcomes the proposed regulations, but says there are currently "bizarre" rules. In Ontario, says CAPE Chair Trevor Hancock, incinerators built before 1986 don't have to adhere to emission standards set in 1986. And although the Ontario government will help fund new incinerators, they won't pay for upgrades. — *Barbara Sibbald*, CMAJ