

## Briefly

**A sad state of affairs:** A National Palliative Care and End-of-Life Strategy, a National Suicide Prevention Strategy, a National Pain Strategy and a National Elder Abuse Prevention Strategy should be developed and implemented as “Canada still falls short of quality end-of-life care for all,” a Parliamentary committee says. Estimating that just 16%–30% of Canadians who need palliative care are receiving it, that at least 10 Canadians die by suicide daily, that “millions of Canadians suffer from unmanaged and undermanaged pain both chronic and acute,” and that 4%–10% of seniors experience some form of abuse, the Parliamentary Committee on Palliative and Compassionate Care says in its final report, *Not to be Forgotten: Care of Vulnerable Canadians*, that “our health care system is good at short term acute care but less so at dealing with people with chronic conditions, with serious pain, with mental health concerns, or with the psycho-social and spiritual needs of patients and their families surrounding the dying process” (<http://pcpcc-cpspsc.com/wp-content/uploads/2011/11/ReportEN.pdf>). — Wayne Kondro, *CMAJ*

**New hospital standards:** Single patient rooms and more natural lighting should become the norm for all new hospitals built in Canada, advises the nation’s nonprofit standard-setting association. The former would reduce hospital-acquired infections, while the latter promotes healing, CSA Standards argued while unveiling Canada’s first *Health Care Facilities Standard*. “This standard contains measures that will help improve workflow in health care facilities, reduce the spread of infection, plan for pandemics and large-scale emergencies, address the complexities of moving and caring for obese patients, improve security surrounding newborns and provide better care for the elderly and those with dementia,” Bonnie Rose, president of

CSA Standards said in a press release ([www.csa.ca/cm/ca/en/news/article/csa-writes-prescription-for-design-and-construction-of-hospitals-and-health-care-facilities](http://www.csa.ca/cm/ca/en/news/article/csa-writes-prescription-for-design-and-construction-of-hospitals-and-health-care-facilities)). The voluntary standard is available for sale online at ([http://shop.csa.ca/en/canada/landing-pages/z8000-canadian-health-care-facilities/page/z8000/?utm\\_source=csa.ca&utm\\_medium=website&utm\\_term=z8000-11&utm\\_content=news-release&utm\\_campaign=health&utm\\_language=en](http://shop.csa.ca/en/canada/landing-pages/z8000-canadian-health-care-facilities/page/z8000/?utm_source=csa.ca&utm_medium=website&utm_term=z8000-11&utm_content=news-release&utm_campaign=health&utm_language=en)). — Wayne Kondro, *CMAJ*

**Background checks:** About 1 in 15 health professionals in Australia has a criminal record (exclusive of driving offences), according to the Australian Health Practitioner Regulatory Agency. The agency requested 52 445 criminal record checks in 2010–11 as it launched national criminal record checking of doctors, nurses, dentists and other health professionals, and discovered that “2,992 (6%) of results indicated that the applicant had a criminal history. Of these, 449 (15%) were assessed as having the potential to affect registration” ([www.ahpra.gov.au/News/AHPRA-Report/November-2011.aspx#spotlight](http://www.ahpra.gov.au/News/AHPRA-Report/November-2011.aspx#spotlight)). The agency’s *Annual Report 2010–11* adds that “after consideration by a National Board, 40 (9%) of the 449 assessed as having the potential to affect registration, led to action on applications, as follows: one application refused: psychology; six applications withdrawn: two medical, two psychology, one dental, one pharmacy; 31 conditions or undertakings imposed on registration: 16 nursing and midwifery, eight medical, four pharmacy, two psychology, one physiotherapy; (and) two practitioners had conditions imposed on registration at renewal: one nursing and midwifery, one pharmacy.” — Wayne Kondro, *CMAJ*

**Illegal marketing:** United States pharmaceutical giant Merck, Sharp & Dohne has pleaded guilty to illegal pro-

motion and marketing of the painkiller rofecoxib and agreed to pay a US\$321 million criminal fine and US\$628 million to resolve a civil claim regarding off-label marketing and false safety claims, the US Department of Justice has announced. The criminal pleas “relates to misbranding of Vioxx® by promoting the drug for treating rheumatoid arthritis, before that use was approved by the Food and Drug Administration,” the Justice department stated in a press release ([www.justice.gov/opa/pr/2011/November/11-civ-1524.html](http://www.justice.gov/opa/pr/2011/November/11-civ-1524.html)). The settlement “reflects the severity of Merck’s conduct; it is yet another reminder that the United States will not tolerate misconduct by drug companies that bends the rules and puts patient safety at risk,” Carmen M. Ortiz, US attorney for the District of Massachusetts stated in the release. “Any marketing activity that ignores the importance of FDA approval, or that makes unsupported safety claims about a drug is unacceptable, and will be pursued vigorously in both the criminal and civil arena.” — Wayne Kondro, *CMAJ*

**Global Fund cutback:** The primary source of funding for AIDS treatment in the developing world has announced that it will discontinue funding new grants for the next two years because of shortfalls in contributions from donor nations. The board of the Global Fund to Fight AIDS, Tuberculosis and Malaria announced that it had no option but to only finance “essential services for on-going programs” ([www.theglobalfund.org/en/mediacenter/pressreleases/2011-11-23\\_The\\_Global\\_Fund\\_adopts\\_new\\_strategy\\_to\\_save\\_10\\_million\\_lives\\_by\\_2016/](http://www.theglobalfund.org/en/mediacenter/pressreleases/2011-11-23_The_Global_Fund_adopts_new_strategy_to_save_10_million_lives_by_2016/)). “It is deeply worrisome that inadvertently, the millions of people fighting with deadly diseases are in danger of paying the price for the global financial crisis,” Michel Kazatchkine, the Global Fund’s executive director, said in the press release. “There are millions of people dependent on Global

Fund resources to stay alive and healthy, and the Global Fund will redouble its efforts to increase the available funding to continue to scale up HIV, TB and malaria interventions.” — Wayne Kondro, *CMAJ*

**AIDS plateau:** While the rate of new HIV infections per year is falling and the number of AIDS-related deaths is decreasing annually, the number of people receiving treatment for the first time is still lagging behind the number of newly infected, according to UNAIDS’ annual report. An estimated 34 million people were living with HIV in 2010, while AIDS-related deaths decreased to 1.8 million in 2010 from 2.2 million in 2005, states the report, *How to Get to Zero: Faster. Smarter. Better.* ([www.unaids.org/en/media/unaids/contentassets/documents/unaids\\_publication/2011/JC2216\\_WorldAIDS\\_day\\_report\\_2011\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaids_publication/2011/JC2216_WorldAIDS_day_report_2011_en.pdf)). There were a projected 2.7 million new HIV infections in 2010, including an estimated 390 000 children, while 1.35 million people were placed on antiretroviral therapy for the first time. — Wayne Kondro, *CMAJ*

**Health care choices:** United States residents and their employers paid an average US\$13 871 in health insurance premiums for a family in 2010 and are on pace to pay \$23 793 per family for health coverage by 2020, according to a Commonwealth Fund report. The employee share of that hefty bill was an average US\$3721, ranging from an average \$2988 in the five states with the lowest premiums (Michigan, Montana, Vermont, Pennsylvania and Kentucky) to an average US\$4479 in five states with the highest premiums (Delaware, Maine, Virginia, Texas and Florida), the research organization states in a report, *State Trends in Premiums and Deductibles, 2003–2010: The Need for Action to Address Rising Costs* ([www.commonwealthfund.org/~media/Files/Publications/Issue%20Brief/2011/Nov/State%20Trends/1561\\_Schoen\\_state\\_trends\\_premiums\\_deductibles\\_2003\\_2010.pdf](http://www.commonwealthfund.org/~media/Files/Publications/Issue%20Brief/2011/Nov/State%20Trends/1561_Schoen_state_trends_premiums_deductibles_2003_2010.pdf)). The report also confirms an ongoing trend toward shifting health costs onto employees and notes that there is a direct correla-

tion between the level of premiums and the level of deductible, with states having lower employee premiums typically requiring people to absorb more of the costs out-of-pocket. In several states, including California, New York and Oregon, premiums now exceed 20% of median incomes. — Wayne Kondro, *CMAJ*

**Lofty goals:** “Putting patients at the centre of decision making in preparing for an outcomes approach to service delivery, whilst improving dignity and service to patients and meeting essential standards of care,” are among a series of stated objectives for the United Kingdom’s National Health Service in fiscal 2012/13. *The Operating Framework for the NHS in England 2012/13* also proposes that health trusts maintain “a strong grip on service and financial performance, including ensuring that the NHS Constitution right to treatment within 18 weeks is met” ([www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_131428.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131428.pdf)). “The NHS is moving to a system where quality and outcomes drive everything we do. Our model of delivery needs to be overhauled and 2012/13 is the year to make that change happen. The NHS Outcomes Framework will act as a catalyst for driving quality improvements and outcome measurement throughout the NHS. It defines and supports a focus on clinical outcomes, including the reduction of health inequalities, to drive a change in culture, behaviour and the way we deliver clinical services,” the document states. — Wayne Kondro, *CMAJ*

**The cesarean option:** Women who want to deliver their babies by cesarean section (CS) should be given that option even if the sole reason for the request is anxiety over childbirth, the United Kingdom’s National Institute for Health and Clinical Excellence recommends in new guidelines for CS. “For women requesting a CS, if after discussion and offer of support (including perinatal mental health support for women with anxiety about childbirth), a vaginal birth is still not an acceptable option, offer a planned CS,” states the new guidance

([www.nice.org.uk/nicemedia/live/13620/57163/57163.pdf](http://www.nice.org.uk/nicemedia/live/13620/57163/57163.pdf)). Other recommended changes to CS guidelines include one to offer women prophylactic antibiotics in advance of the operation. “Inform them that this reduces the risk of maternal infection more than prophylactic antibiotics given after skin incision, and that no effect on the baby has been demonstrated.” — Wayne Kondro, *CMAJ*

**Productivity challenges:** The rate of return for investment in research and development by the world’s 12 largest pharmaceutical firms dropped to 8.4% in 2011 from 11.8% in 2010 as several experimental drugs failed to deliver on their promise or were rejected by regulators, according to the consulting firm Deloitte LLP and Thomson Reuters. In their annual review of the industry, *Measuring the Return from Innovation: Is R&D Earning its Investment?*, the firms also say the number of drugs in a late stage of development for the top 12 companies declined to 18 from 23 in 2010. On the brighter side, the firms conclude that a one-year decline does not a disaster make and that in the case of some firms, the reduction in rate of return “conceals product commercialization achievements.” — Wayne Kondro, *CMAJ*

**The immunization stick:** In a bid to increase immunization rates, the Australian government has announced that it will commence withholding an annual A\$726 tax benefit from parents whose children fail to receive primary vaccinations and subsequent booster shots. The penalty would apply at three specified age checkpoints, so a parent could stand to lose over A\$2100 if they failed to have a child immunized, as required, at the ages of one, two and five (<http://immunise.health.gov.au/internet/immunise/publishing.nsf/Content/fact-sheet-strengthening-immunisation>). The government also indicated that as of July 1, 2013, it would be adding meningococcal C, pneumococcal and varicella vaccines to the list of required vaccines. The new vaccination schedule will also require that children aged 18 months receive a combination vaccine for measles, mumps, rubella and varicella. — Wayne Kondro, *CMAJ*

**Psychoactive trends:** Some 41 new illicit psychoactive drugs, primarily synthetic cathinones or synthetic cannabinoids, were detected on the market by Europe's early warning system in 2010, according to the European Monitoring Centre for Drugs and Drug Addiction. "The list of newly notified substances also contains a diverse group of chemicals, including a synthetic cocaine derivative, a natural precursor and various synthetic psychoactive substances. Derivatives of phencyclidine (PCP) and ketamine, two established drugs used now or in the past in human or veterinary medicine, were reported for the first time in 2010" the centre states in its annual report, *The State of the Drugs Problem in Europe* ([www.emcdda.europa.eu/attachements.cfm/att\\_143743\\_EN EMCDDA\\_AR2011\\_EN.pdf](http://www.emcdda.europa.eu/attachements.cfm/att_143743_EN EMCDDA_AR2011_EN.pdf)). The report also states that "polydrug use, including the combination of illicit drugs with alcohol, and sometimes, medicines and non-controlled substances, has become the dominant pattern of drug use in Europe." — Wayne Kondro, *CMAJ*

**Physician payments and wait times:** There's little proof that patient access to health services improved as a result of the province's move toward salaried physicians rather than payment to doctors based on fee-for-service, the Auditor General of Ontario says. The move resulted in about 7500 of the province's 12 000 physicians being paid under 17 different forms of alternative funding arrangements and earning an income that, on average, was 25% higher than that garnered by physicians paid through fee-for-service in 2008, Jim McCarter stated in the *2011 Annual Report: Office of the Auditor General of Ontario* ([www.auditor.on.ca/en/reports\\_en/en11/2011ar\\_en.pdf](http://www.auditor.on.ca/en/reports_en/en11/2011ar_en.pdf)). "By 2009/10, the 66% of family physicians who participated in alternate funding arrangements were receiving 76% of the total amount paid to family physicians." But there was no evidence that patient wait times were affected. "Based on a survey it commissioned, the Ministry estimated that various initiatives, including alternate funding arrangements, have resulted in almost 500,000 more Ontarians having a family physician in 2010 than in 2007.

However, the survey also found that patients generally indicated that the wait times to see a physician had not changed significantly. Although more than 40% of patients got in to see their physician within a day, the rest indicated that they had to wait up to a week or longer." — Jordan Fallis, Ottawa, Ont.

**Stem cell donations:** Blood stem-cell donors are entitled to be compensated for their donation, a United States court has ruled. The Court of Appeals for the Ninth Circuit unanimously ruled stem cells extracted from blood do not fall under The National Organ Transplant Act that forbids the compensation of donated organs ([www.ca9.uscourts.gov/datastore/opinions/2011/12/01/10-55643.pdf](http://www.ca9.uscourts.gov/datastore/opinions/2011/12/01/10-55643.pdf)). "When the 'peripheral blood stem cell apheresis' method of 'bone marrow transplantation' is used, it is not a transfer of a 'human organ' or a 'subpart thereof' as defined by the statute and regulation," wrote Judge Andrew J. Kleinfeld. "So the statute does not criminalize compensating the donor." A coalition, including patients needing bone marrow transplants, a doctor from Minnesota who specializes in bone marrow treatments and More-MarrowDonors.org, a California-based nonprofit organization that wants to give donors US\$3000 in scholarships, housing allowances or gifts to charities in exchange for their donations, had filed the suit against the US government in 2009. — Jordan Fallis, Ottawa, Ont.

**Measles outbreak:** Measles is on the rise in Europe as a consequence of declining vaccination rates, according to World Health Organization/Europe. There were more than 26 000 cases of measles across 36 countries from January to October 2011, including 14 000 cases in France alone, the agency says in its most recent review of the incidence of measles ([www.who.int/wer/2011/wer8649.pdf](http://www.who.int/wer/2011/wer8649.pdf)). "Eliminating measles by 2015 will require that (i) the demand for vaccination is increased in order to achieve and sustain ≥95% coverage with 2 doses of measles containing vaccine (MCV) across a wide age range, (ii) effective outbreak control measures are implemented, and (iii) surveillance is further strengthened to

ensure the timely identification of cases and outbreaks, and to validate elimination in the future." — Jordan Fallis, Ottawa, Ont.

**No lights:** Dismissing recommendations from the Australian Medical Association and several public health groups, Australian Health Minister Nicola Roxon and Parliamentary Secretary for Health Catherine King have sided with the food industry and announced that the government will not introduce so-called "traffic-light food labels" as a consumer information tool aimed at reducing obesity and the consumption of fats, sugar and salt. "There's currently no evidence on any of the front-of-pack labelling systems that it actually affects the purchasing that consumers make, and then the consumption that consumers make, so obviously from a public policy point of view, if what we're wanting to do is provide consumers with information so that they then eat less unhealthy foods, and more healthy foods, there's just no evidence internationally that any of the front-of-pack labelling systems that are around currently, actually do that," King told a press conference ([www.health.gov.au/internet/ministers/publishing.nsf/Content/tr-yr11-nr-nrsp301111.htm](http://www.health.gov.au/internet/ministers/publishing.nsf/Content/tr-yr11-nr-nrsp301111.htm)). Advocates of the United Kingdom's voluntary colour-coding system for composite processed foods that uses traffic-lights argue that consumers find it very valuable ([www.cmaj.ca/lookup/doi/10.1503/cmaj.081755](http://www.cmaj.ca/lookup/doi/10.1503/cmaj.081755)). — Wayne Kondro, *CMAJ*

**Helmet law:** Skiers and snowboarders of all ages will have to wear a helmet under proposed new legislation in Nova Scotia. "Wearing a helmet greatly reduces the risk of suffering a traumatic brain injury and could be the one thing on the hill that saves a life," Minister of Health and Wellness Maureen MacDonald said in a press release ([www.gov.ns.ca/news/details.asp?id=20111206004](http://www.gov.ns.ca/news/details.asp?id=20111206004)). The Nova Scotia Health ministry estimates that there have been 11 traumatic brain injuries since 2000 related to skiing or snowboarding without a helmet. The law, which will come effect in November, 2012, would impose a \$250 fine

on those caught not wearing a helmet.  
— Julia Sisler, Ottawa, Ont.

**Health care obstacles:** Financial barriers prevent many chronically ill Canadians from filling prescriptions or seeing a doctor, according to a survey conducted by the Health Council of Canada. Some 23% of people with chronic diseases (more than double the general population) said they skipped a dose or did not fill a prescription, while 12% said they did not visit a doctor because of travel or child care costs, as compared with 4% of the general population, according to the survey, *How do Sicker Canadians with Chronic Disease Rate the Health Care System?* ([www.healthcouncilcanada.ca/docs/rpts/2011/Commonwealth6/HCC\\_CW6\\_EN\\_120911.pdf](http://www.healthcouncilcanada.ca/docs/rpts/2011/Commonwealth6/HCC_CW6_EN_120911.pdf)). The respondents also indicated dissatisfaction with the health care system, with many reporting that they

did not understand instruction from their physicians or did not feel they had enough time with their doctor. “Canadians with chronic conditions and in fair or poor health have lower confidence in the system, compared to the general public, and are less likely to feel they have received high-quality care,” the report states. Among solutions proposed is better use of electronic medical records. — Julia Sisler, Ottawa, Ont.

**Mandatory HIV testing:** “Universal testing” for HIV should be implemented for all people who visit sexual health clinics, and “in areas” where prevalence of HIV is high,” it should be made compulsory for all new visitors to a general practitioner and all patients admitted to a hospital, the United Kingdom’s Health Protection Authority (HPA) recommends. “Research by the HPA has shown that

routine and universal testing is feasible to undertake and acceptable to patients. Increased testing and greater access will help reduce the number of people who are unaware of their HIV status and increase the chances of early diagnosis, when treatment is more successful,” Dr. Valerie Delpech, head of HIV surveillance at the HPA, said in a press release ([www.hpa.org.uk/NewsCentre/NationalPressReleases/2011PressReleases/111129HIVintheUK2011/](http://www.hpa.org.uk/NewsCentre/NationalPressReleases/2011PressReleases/111129HIVintheUK2011/)). The agency’s *HIV in the United Kingdom: 2011* report indicated that there were about 91 500 people in the UK living with the disease in 2010, about one-quarter of whom are unaware that they are infected ([www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1317131685847](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317131685847)). — Wayne Kondro, CMAJ

CMAJ 2012. DOI:10.1503/cmaj.109-4071