

Briefly

MUHC rising: Developers of the new McGill University Health Centre in Montréal, Quebec, are touting its “accordion design” emergency department as the basis for a major advance in efficiency because it features “a single channel that can be expanded or contracted according to needs, such as changes in the number of patients and staff over time.” The design will “improve patient flow, as well as maximize privacy and help provide a sense of calm to patients and their family members,” Dr. Harley Eisman, director of the Montreal Children’s Hospital Emergency Department, stated in a press release (<http://muhc.ca/new-muhc/article/cutting-edge-design-makes-cutting-edge-emergency-departments-glen>). The new superhospital, being built at the former Glen Railyards, is being constructed as a public-private partnership (www.cmaj.ca/lookup/doi/10.1503/cmaj.081540). It was originally projected to cost less than \$1 billion but the bill now tops \$2.355 billion and observers expect that to continue to rise. — Wayne Kondro, *CMAJ*

Heavy hitters: The Canadian Institute for Advanced Research (CIFAR) has announced that Dr. Alan Bernstein will replace Chaviva Hošek as the institute’s new president and CEO. “I have long admired CIFAR’s focus on identifying and supporting research that drives change and has the potential to improve human health, the environment, societies, technology and our understanding of the universe. For the past 30 years, CIFAR has been one of Canada’s leading global research assets. I am honoured to be selected to succeed Chaviva Hošek as its next president and CEO,” Bernstein stated in a press release (www.cifar.ca/cifar-announces-dr-alan-bernstein-oc-as-new-president-and-ceo). Bernstein, the inaugural president of the Canadian Institutes of Health Research and until recently, the executive director of



Dr. Ken Fiegel

The new McGill University Health Centre is being built at the former Glen Railyards in Montréal, Quebec.

Global HIV Vaccine Enterprise, based in New York City, New York, will assume the helm on May 1. — Wayne Kondro, *CMAJ*

Sour wine: The University of Connecticut Health Center has announced that an internal review of research on beneficial properties of red wine conducted by Dipak K. Das, a tenured professor in the school’s Department of Surgery and director of its Cardiovascular Research Center, discovered 145 instances of “fabrication and falsification of data.” The university indicated that it has sent letters of notification of its review findings to the 11 scientific journals which have published Das’ research (http://today.uconn.edu/blog/2012/01/scientific-journals-notified-following-research-misconduct-investigation/?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+uconn-today+%28UConn+

Today%29). The results have been forwarded to the United States Office of Research Integrity, which is conducting its own investigation into activities at Das’ lab. “We have a responsibility to correct the scientific record and inform peer researchers across the country,” Philip Austin, interim vice president for health affairs, said in the press release. — Wayne Kondro, *CMAJ*

Patient-centred care: Canadians overwhelmingly support the proposition that the health care system should become more focused on patient needs, according to a poll conducted for the Canadian Medical Association. “Almost all (95%) Canadians ‘agree’ (69% strongly/27% somewhat) that they would encourage their premier to ‘adopt a series of principles that make the healthcare system more concentrated on the needs of patients’ — with Albertans (76%) being most

likely to strongly agree, followed by those living in Quebec (72%), Ontario (69%), Atlantic Canada (69%), Saskatchewan and Manitoba (63%) and British Columbia (59%),” according to the telephone survey of 1000 adults, conducted by IPSOS Reid (www.ipsos-na.com/news-polls/press-release.aspx?id=5469). “Moreover, eight in ten (77%) Canadians, overall, ‘agree’ (38% strongly/39% somewhat) that their province could ‘put in place efficiencies to better manage the healthcare system if it decided to do so’. This sentiment is particularly strong in Quebec (83%) and Manitoba/Saskatchewan (82%) when compared to those living in Alberta (77%), Atlantic Canada (75%), British Columbia (75%), and Ontario (74%).” — Wayne Kondro, *CMAJ*

Dying in America: Heart disease and cancer remain the top killers of Americans, according to the United States Centers for Disease Control and Prevention. “From 2009 to 2010, age-adjusted death rates decreased significantly for 7 of the 15 leading causes of death: Diseases of heart, Malignant neoplasms, Chronic lower respiratory diseases, Cerebrovascular diseases, Accidents (unintentional injuries), Influenza and pneumonia, and Sepsis,” CDC says in its annual report on the causes of death (www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_04.pdf). “Assault (homicide) fell from among the top 15 leading causes of death in 2010, replaced by Pneumonitis due to solids and liquids as the 15th leading cause of death. The age-adjusted death rate increased for 5 leading causes of death: Alzheimer’s disease, Nephritis, nephrotic syndrome and nephrosis, Chronic liver disease and cirrhosis, Parkinson’s disease, and Pneumonitis due to solids and liquids.” — Wayne Kondro, *CMAJ*

Traditional Chinese medicine: Federal Health Minister Leona Aglukkaq has announced the creation of a national advisory committee on Traditional Chinese Medicines (TCMs) to provide direction to the department’s Natural Health Products Program Directorate on developments in the

field. “Since a growing number of Canadians are using traditional Chinese and other natural health products, I’m looking forward to learning more about how we can help ensure Canadians have access to a wide range of safe and effective options,” Aglukkaq stated in a press release (www.hc-sc.gc.ca/ahc-asc/media/nr-cp/_2012/2012-03-eng.php). The committee will provide advice on such issues as “the importation, sale, and use of TCMs in Canada; the practice of TCM in Canada, recognizing this is subject to provincial jurisdiction; and novel TCMs,” Health Canada stated in a background document (www.hc-sc.gc.ca/ahc-asc/media/nr-cp/_2012/2012-03bk-eng.php). The department also indicated there are now more than 1400 traditional Chinese medicines available for sale in Canada. — Wayne Kondro, *CMAJ*

Chan re-nominated: Dr. Margaret Chan has been nominated by the World Health Organization’s executive board to serve a second term at the agency’s helm. The nomination, which would see Chan serve as WHO’s director-general from July 1 through June 30, 2017, is slated to be ratified by the 65th World Health Assembly to be held in Geneva, Switzerland from May 21–26, WHO stated in a press release (www.who.int/mediacentre/news/releases/2012/dg_20120118/en/index.html). Chan, who was elected director-general in 2006, earned her medical degree from the University of Western Ontario before joining the Hong Kong Department of Health in 1978 and subsequently serving a nine-year stint as the country’s director of health. — Wayne Kondro, *CMAJ*

Information matters: Patients should be given full access to their medical records by 2015, while “universal adoption” of an National Health Service (NHS) number for every patient should be “made a reality by 2013” and the nation’s health information strategy should be overhauled to become relevant to medical practice, according to a prominent health advisory body in the United Kingdom. “The NHS must move to using its IT systems to share data about individual patients and

service users electronically — and develop a consent model that facilitates this — in the interests of high quality care,” states *Information A report from the NHS Future Forum* (www.dh.gov.uk/prod_consum_dh/groups/dh_digital_assets/documents/digitalasset/dh_132086.pdf). “How this is achieved should be for individual providers to decide, but with common goals and standards. The key requirement is interoperability — IT systems talking to each other — not a ‘national programme for IT’. The information strategy must clearly set out what is expected for providers of NHS services, and a challenging deadline for when this must be achieved.” — Wayne Kondro, *CMAJ*

Made in Canada: The Canadian Nurses Association says that a recent decision to have the United States-based National Council of State Boards of Nursing develop a new computer-based registered nurse entry exam will compromise patient safety. “What we ultimately need from Canada’s RN [registered nurses] regulators is assurance that they will be accountable to these principles,” Canadian Nurses Association President Judith Shamian, the association’s president, stated in a press release (www.cna-aicc.ca/CNA/news/releases/public_release_e.aspx?id=311). “Their function is to set and maintain standards that support the delivery of safe, quality health care to meet the needs of Canadians. It’s not in the best interests of the nursing profession or patient safety to have an exam owned and developed outside our country.” An American exam “raises questions as to such an exam’s applicability to Canada’s health system and nursing standards,” the association adds in a background document. “The concerns with this decision include: 1. How will an American organization offer Canadian RN candidates a culturally appropriate English and French exam that will fairly and accurately assess their ability to provide nursing care in the Canadian health-care system? 2. What will this mean for the Canadian-based curriculum in nursing schools across the country? 3. How do we ensure confidential information about Canadian nursing students and

RNs is not included in any database subject to the USA Patriot Act? 4. How will we ensure that the unique character, qualities, and values of our health system as well as the many specifics of our health services and providers are reflected in an exam developed by users of a very different, predominantly private system?” — Wayne Kondro, *CMAJ*

Global Fund resignation: Embattled Global Fund to Fight AIDS, Tuberculosis and Malaria Executive Director Dr. Michel D. Kazatchine has announced that he will step aside from the position by Mar. 16. Kazatchine cast the decision as a function of the governing board’s decision to appoint a general manager to oversee implementation of a consolidated transformation plan that was unveiled in November, 2011 in the wake of allegations of fraud and mismanagement. “I respect this decision and trust that it was made in the best interests of the Global Fund. I have reflected long and hard on the

implications of this decision for me and for the organization. While I remain fully committed to the Global Fund and its mission, I have concluded that I should not continue as Executive Director in these circumstances,” Kazatchine wrote in a statement to staff (www.theglobalfund.org/en/mediacenter/announcements/2012-01-24_A_message_to_staff_partners_and_friends_from_the_Executive_Director/). In a parallel announcement, the Global Fund appointed Gabriel Jaramillo, former president and CEO of the Sovereign Bank, a Boston, Massachusetts-based wholly owned subsidiary of the Spanish Group Santander, as the general manager who’ll oversee transformation (www.theglobalfund.org/en/mediacenter/pressreleases/2012-01-24_The_Global_Fund_appoints_Gabriel_Jaramillo_as_General_Manager/). — Wayne Kondro, *CMAJ*

Efficiency squabbles: The British government’s overhaul of the National

Health Service undermines a parallel requirement that the service cut spending by £20 billion by 2014–15 without slashing vital medical services, according to the United Kingdom’s (House of) Commons Health Select Committee. “The reorganisation process continues to complicate the push for efficiency gains. Although it may have facilitated savings in some cases, we heard that it more often creates disruption and distraction that hinders the ability of organisations to consider truly effective ways of reforming service delivery and releasing savings,” the committee states in its *Thirteenth Report Public Expenditure* (www.publications.parliament.uk/pa/cm201012/cmselect/cmhealth/1499/149902.htm). UK Health Secretary Andrew Lansley responded by taking to the airwaves in a concerted effort to cast the committee’s conclusions as “unfair” and “out of date.” — Wayne Kondro, *CMAJ*

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