

Briefly

Death row risk: The United States Food and Drug Administration has filed notice of appeal in the US District Court for the District of Columbia regarding a judicial order banning the importation of sodium thiopental and its use in state-sanctioned executions. US District Court Judge Richard Leon had issued an injunction against the importation and use of sodium thiopental by such states as Arizona, California, South Carolina, Georgia and Tennessee in their lethal injection protocols on the grounds that it was a “misbranded” and “unapproved” drug (https://ecf.dcd.uscourts.gov/cgi-bin/show_public_doc?2011cv0289-24). “Simply stating that the FDA decided it would be best not to expend resources to ensure illegal foreign shipments of thiopental were not admitted into the United States is not a reasoned explanation for disregarding the FDA’s regulations, its longstanding practices, or the purpose of the FDCA [Federal Food, Drug, and Cosmetic Act],” Leon ruled (https://ecf.dcd.uscourts.gov/cgi-bin/show_public_doc?2011cv0289-23). Use of thiopental put death row inmates at “unnecessary risk that they will not be anesthetized properly prior to execution.” — Wayne Kondro, *CMAJ*

Fitness to practice: The United Kingdom’s General Medical Council has formally handed decision-making authority over a doctor’s fitness to practice to the Medical Practitioners Tribunal Service (MPTS). The service, which will be headed by His Honour Judge David Pearl, formerly a commissioner on the Judicial Appointments Commission, which selects judges in England and Wales, was established by the British Parliament in 2011 to ensure that “evidence-based, impartial decisions” occurred with respect to fitness to practice decisions (www.fsrh.org/pdfs/MPTSintroduction.pdf). But the General Medical Council will retain

total authority over investigation of complaints against a physician and is seeking Parliamentary approval for the right to appeal MPTS decisions. “The launch of the MPTS is the biggest change to doctors’ fitness to practise hearings for more than 150 years,” Niall Dickson, the council’s chief executive, stated in a press release (www.gmc-uk.org/news/13286.asp). “It represents a key part of our reforms and delivers a clear separation between investigations and the decisions made about a doctor’s fitness to practise. Although panels already make their decisions independently, it is important that their autonomy is clear and that the oversight of their work is quite separate from our investigatory activity. We hope that the MPTS will strengthen professional and public confidence that our hearings are impartial, fair and transparent — the fact that the service is led by a judicial figure who has a direct line to Parliament should provide that assurance.” — Wayne Kondro, *CMAJ*

Child survival: Pneumonia and diarrhea annually account for 29% of deaths among children under age five and about half of those are occurring in five nations: India, Nigeria, Democratic Republic of Congo, Pakistan and Ethiopia, according to report by the United Nations Children’s Fund. “By 2015 more than 2 million child deaths could be averted if national coverage of cost effective interventions for pneumonia and diarrhea were raised to the level of the richest 20 per cent in the highest mortality countries,” states the report, *Pneumonia and diarrhea: Tackling the deadliest diseases for the world’s poorest children* (www.unicef.org/media/files/UNICEF_P_D_complete_0604.pdf). “We know what works against pneumonia and diarrhoea — the two illnesses that hit the poorest hardest,” said Anthony Lake, executive director of UNICEF states in a press release (www.unicef.org/media/media_62592

[.html](#)). “Scaling up simple interventions could overcome two of the biggest obstacles to increasing child survival, help give every child a fair chance to grow and thrive.” Those interventions include improving vaccination rates; “exclusive” breastfeeding; expanding access to safe drinking water and sanitation; “hand-washing with soap; and disseminating oral rehydration salts to children with diarrhoea and antibiotics to children with bacterial pneumonia.” — Wayne Kondro, *CMAJ*

Drug misuse: A pan-Canadian strategy to reduce prescription drug misuse, completely with priorities for action and “evidence-informed recommendations” will be developed and then released in 2013, according to the Canadian Centre on Substance Abuse (CCSA). The strategy will be developed in conjunction with several provincial organizations under the eye of a national advisory council, the CCSA states in a press release (www.ccsa.ca/2012%20CCSA%20Documents/PDM-Press-Release-2012-June-11-en.pdf). “This pan-Canadian strategy will consolidate and build on the many activities underway across the country to address the current prescription drug crisis,” stated Michel Perron, CEO of the CCSA. “We will work with all those involved to put in place a system that strikes the right balance between appropriate therapeutic use of these drugs, while also preventing their misuse.” A pan-Canadian approach was first urged over a decade ago (www.nationalframework-cadrenational.ca/detail_e.php?mod=1&id_sub=35&id_top_sub=1) and over the past decade, a host of national gatherings have been held in furtherance of that objective, including a 2006 Health Canada national workshop on preventing misuse of psychotropic drugs (www.nationalframework-cadrenational.ca/uploads/files/TWS_PsychoPharma/Sproule_RX_Abuse_National_Workshop_march20_06_EN

.pdf), and most recently, a CCSA “national dialogue” which concluded that there is a “consensus that a pan-Canadian strategy on prescription drug misuse is needed.” — Wayne Kondro, *CMAJ*

Neglected still: The standard array of obstacles continue to plague the so-called 17 “neglected” diseases of the world, including inadequate drug supply, a shortage of rapid diagnostic tests, pharmaceutical industry indifference and unstable political will, according to a Médecins Sans Frontières (MSF) report. There’s also a need for “radical changes” in the public health and research & development policies through the creation of a binding international convention governing investments addressed at the health needs of developing nations, states the report, *Fighting Neglect: Finding ways to manage and control visceral leishmaniasis, human African trypanosomiasis and Chagas disease* (www.msf.es/fighting-neglect/Fighting%20Neglect_ENG.pdf). “Such an instrument can ensure that four fundamental questions for neglected disease R&D are addressed: how to ensure sufficient, sustainable funding; how to set R&D priorities; how to coordinate this research globally; and how to support incentives to spur innovation driven by health needs.” In sum, “the challenges are many,” Dr. Unni Karunakara, MSF’s international president, wrote in the report’s foreword. “To cite just one: patients are hard to reach because many live in isolated or insecure environments, so screening is incomplete, surveillance is shoddy, and follow up care is limited.” — Wayne Kondro, *CMAJ*

Insurance of the last resort: Whether facing a cash crunch because of the economy or pressed by employers to choose the cost-effective option, an increasing number of Americans find themselves with health insurance coverage with high-deductibles, often on the order of US\$10 000. The number of health savings account/high-deductible health plans (HSA/HDHPs), which were first authorized in 2003, grew to 13.5 million as of January, 2012, from 1 million in 2005, the America’s Health

Insurance Plans Center for Policy and Research states in its annual census of the market (www.ahip.org/HSA2012/). Although the data do not include enrolment in health reimbursement arrangements (which are similar to HAS/HDHPs but are generally offered only by very large employers), it indicates that the percentage of individuals covered by employer plans which have high deductibles has risen from 36% in 2005 to 82% in 2012. — Wayne Kondro, *CMAJ*

Carcinogenic exhaust: There is sufficient evidence to link diesel engine exhaust to lung cancer and to classify it as carcinogenic to humans, according to the International Agency for Research on Cancer (IARC). Though tighter emission standards have resulted in new exhaust control technologies and engines that burn diesel more efficiently, many people are still daily exposed to diesel exhaust from motor vehicles, trains, ships and power generators. In addition, the IARC working group classified gasoline engine exhaust as “possibly carcinogenic to humans” (<http://download.thelancet.com/flatcontentassets/pdfs/S1470204512702802.pdf>). While the IARC is “remit is to establish the evidence-base for regulatory decisions at national and international level, today’s conclusion sends a strong signal that public health action is warranted,” IARC Director Dr. Christopher Wild stated in a press release (http://press.iarc.fr/pr213_E.pdf). “This emphasis is needed globally, including among the more vulnerable populations in developing countries where new technology and protective measures may otherwise take many years to be adopted.” — Roger Collier, *CMAJ*

Cycling safety: Mandatory helmets for adult cyclists, a “one-meter” rule for vehicles when passing cyclists, the removal of taxes from bicycle helmets to promote usage, and a community-based “complete streets” approach toward cycling are among measures recommended by a coroner’s review of 129 deaths that occurred on Ontario’s roads between 2006–2011. Most of those deaths were in conditions with

clear visibility and a “significant” number were caused when a driver was passing a cyclist from behind, a review team, headed by Deputy Chief Coroner–Investigations Dan Cass, stated in its report, *Cycling Death Review* (www.mcscs.jus.gov.on.ca/stellent/groups/public/@mcscs/@www/@com/documents/webasset/ec159773.pdf). “Often, the driver attempted to pass the cyclist without waiting for a gap in traffic in the adjacent or oncoming lane such that it would allow the driver to move to the left in order to afford the cyclist a safe distance when passing. In order to support and emphasize the need for drivers to allow of a safe distance when passing a cyclist, the OCCO [Office of the Chief Coroner for Ontario] recommends the introduction of a one-meter/three-foot passing rule.” A complete streets approach would include “cycling networks (segregated or non-segregated bike lanes; bike paths), and other means to permit safe access for all road users, including vulnerable road users such as cyclists and pedestrians. Other strategies include low-speed “community safety zones” in residential areas with increased fines for speeding.” — Siobhan Deshauer, Ottawa, Ont.

Mental deficit: Though nearly half of all ill health among people under age 65 in the United Kingdom is due to mental illness, only a quarter of those with a mental illness are receiving treatment. This is true despite the low costs of psychological therapy and the potential savings through reduced disability benefits, according to *How Mental Illness Loses Out in the NHS*, a report by the Centre for Economic Performance’s Mental Health Policy Group (<http://cep.lse.ac.uk/pubs/download/special/cepsp26.pdf>). “It is a real scandal that we have 6,000,000 people with depression or crippling anxiety conditions and 700,000 children with problem behaviours, anxiety or depression. Yet three quarters of each group get no treatment,” states the report, which suggests the 13% of health expenditures the National Health Service dedicates to mental illness has resulted in undertreatment amounting

to “the most glaring case of health inequality in our country.” — Roger Collier, *CMAJ*

Insuring errors: Private health insurers in the United States made half as many payment errors in 2012 than in 2011, though they still pay the wrong amount for nearly 10% of medical claims. Error rates dropped from 19.3% in 2011 to 9.5% in 2012, according to the American Medical Association’s (AMA) National Health Insurer Report Card (www.ama-assn.org/resources/doc/psa/2012-nhirc-results.pdf). The reduction in administration work to fix errors produced savings of US\$8 billion, and US\$7 billion more could be saved if insurers consistently paid medical claims correctly, according to the AMA. “The AMA has been working constructively with insurers, and we are encouraged by their response to our concerns regarding errors, inefficiency and waste that take a heavy toll on patients and physicians,” AMA Board Chair Dr. Robert Wah said in a press release (www.ama-assn.org/ama/pub/news/news/2012-06-18-national-health-insurer-report-card.page). “Paying medical claims accurately the first time is good business practice for insurance companies that saves precious health care dollars and frees physicians from needless administrative tasks that take time away from patient care.” — Roger Collier, *CMAJ*

Substandard implants: Though Poly Implant Prothese (PIP) breast implants appear to pose no significant risk to human health, they rupture significantly more often than other types of implants. There is no evidence that the silicone gel used in Poly Implant Prothese implants is toxic or carcinogenic, but the implants are more likely to rupture or leak by a factor of around 2–6, according to the final report by an expert group for the United Kingdom’s National Health Service (www.dh.gov.uk/en/Publication-sandstatistics/Publications/Publication-sPolicyAndGuidance/DH_134624). “In sum, PIP implants are clearly substandard although there is no evidence of a significant increased risk of clinical problems in the absence of rupture,” states the report, which recommends that all

providers of breast implant surgery contact patients with Poly Implant Prothese implants and offer to check if they are still intact and discuss options, including follow-up appointments and possible removal of the implants, whether or not rupture has occurred. — Roger Collier, *CMAJ*

Meaningful use: The majority of California physicians have electronic medical record systems but less than a third are using them in a manner consistent with “meaningful use” provisions as set out by the United States government. Though 71% of doctors use electronic records, only 30% meet “meaningful use” criteria under a US\$27 billion, 10-year program aimed at ushering physician and hospital into the electronic age, according to a survey released by the California HealthCare Foundation (www.chcf.org/~media/MEDIA%20LIBRARY%20Files/PDF/R/PDF%20RoadMeaningfulUseEHRsPhysicians.pdf). For example, only 40% of responding physicians had systems that provided patients with access to their electronic medical records. About a quarter of doctors claimed to be either “very dissatisfied” or “somewhat dissatisfied” with their electronic health record system. The survey also indicated that the doctors least likely to use electronic medical records are solo practitioners, rural physicians and those based in offices rather than hospitals. The “meaningful use” program awards incentive payments to physicians if they implement electronic medical records and meet certain criteria (www.cmaj.ca/cgi/doi/10.1503/cmaj.109-3361). To get a stage one incentive payment, doctors and hospitals have to demonstrate that over the course of a continuous 90-day period within a calendar year they are achieving 15 mandatory objectives, such as “recording clinical summaries within three business days for more than 50% of all office visits” (www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf). — Roger Collier, *CMAJ*

Treatment gap: Drug use disorders are largely ignored and untreated globally,

while just 82 of 147 countries included in a new World Health Organization (WHO) information system offer some manner of special health services for drug dependent people. “The availability of drug dependence treatment lags well behind treatment and care offered for other diseases according to our data,” Dr. Vladimir Poznyak, coordinator of the Management of Substance Use team at WHO, stated in a press release (www.who.int/mediacentre/news/notes/2012/drug_use_20120626/en/index.html). “For example, only 45% of the assessed countries are able to provide essential medicines to treat the dependence on heroin and other opiates and in almost half of the countries where treatment is available not more than one in 5 persons with drug use disorders benefits from the services. A quarter of the countries which identify opiates as the main drug problem do not offer the range of medications recommended by WHO.” — Wayne Kondro, *CMAJ*

Deep freeze Down Under: Australians interested in being preserved in a cocktail of cryoprotectant chemicals such as dimethylsulfoxide, ethylene glycol, propylene glycol and glycerol after their deaths will have a local option, as the nonprofit organization Stasis Systems Australia says it will open a cryonics facility in the near future Down Under. “There are more than two hundred and fifty people cryonically preserved around the world, and close to two thousand more have signed contracts with overseas providers. The technology required to revive the cryonically preserved is still being developed, but sixty-one scientists have written an open letter (available online) expressing their view that it is ‘a legitimate science-based endeavor’ with ‘a credible possibility’ of working,” the organization stated in a press release (http://stasissystemsaustralia.com/assets/static/Stasis_Systems_Australia_press_release_19-06-2012.pdf). The facility would join the Alcor Life Extension Foundation in Scottsdale, Arizona, and the Cryonics Institute, located in a regional township of the state of Michigan, as facilities which store corpses in hopes of subsequent revival (www

.cmaj.ca/lookup/doi/10.1503/cmaj.109-4144) once science has found a cure for their ailments (www.cmaj.ca/lookup/doi/10.1503/cmaj.109-4145). — Michael Monette, *CMAJ*

Surveillance plan: Canadian Doctors for Refugee Care have announced they'll endeavor to create a nationwide monitoring system "to track and analyze instances of adverse health outcomes on refugees" that result from the government move to restrict services to those that are of an urgent or essential nature. "We are not giving up," Dr. Philip Berger, chief of family and community medicine at St. Michael's Hospital in Toronto, Ontario, stated in a press release (www.doctorsforrefugeecare.ca/further-reading-survey.html). "If the government will not track the consequences of these changes physicians will. Perhaps when the government sees, quite literally, the devastating and lethal impact of these cuts it will do the right thing and restore basic health coverage to all refugees." The government's move to restrict medical services to refugee claimants and protected persons (www.cmaj.ca/lookup/doi/10.1503/cmaj.109-4203), was justified by a desire to dissuade "bogus" refugee claims, public envy over the level of health care that asylum seekers receive, and cost savings, argued Minister of Citizenship, Immigration and Multiculturalism Jason Kenney (www.cmaj.ca/lookup/doi/10.1503/cmaj.109-4208). — Wayne Kondro, *CMAJ*

Latino disparities: A host of barriers to mental health services are preventing the Latino population in California from receiving the care it desperately needs. These barriers include stigma, cultural standards, expectations of masculinity, lack of awareness about treatments and too few bilingual mental health care workers, according to Community-Defined Solutions For Latino Mental Health Care Disparities, a two-year study from the UC (University of California) Davis Center for Reducing Health Disparities (www.ucdmc.ucdavis.edu/newsroom/pdf/latino_disparities.pdf). Mental health problems such as depression, anxiety disorders and substance abuse are the most prevalent in

the Latino population. Possible solutions proposed by study participants include community-based and culturally appropriate services, health retreats for farmworkers and introducing LGBTQ (lesbian, gay, bisexual, transgender and questioning) issues to churches and spiritual leaders. — Roger Collier, *CMAJ*

Obese Down Under: The majority of Australians consider themselves to be healthy but the country's climbing obesity rate tells a different story. One in four adults are obese and the rate of diabetes has more than doubled in the past two decades, yet 83% of the population say their health is good, very good or excellent, according to Australia's Health 2012, a report from the Australian Institute of Health and Welfare (www.aihw.gov.au/publication-detail/?id=10737422172). Poor eating habits — only half of the population consumes two servings of fruit a day, and only 10% eat five servings of vegetables — combined with inactive lifestyles has resulted in the world's second highest obesity rate for men and the fifth highest for women. There is good news, though. Australia boasts high life expectancies (79.5 years for males, 84 years for females), smoking is on the decline, childhood immunization rates are high and deaths due to heart attacks and some cancers are decreasing. — Roger Collier, *CMAJ*

Curbing bingeing: A dozen Australian sports organizations will shun sponsorship that promotes the consumption of alcoholic beverages as part of a government effort to curb binge drinking and the influence of alcohol promotion on young people. On board are national associations for soccer, basketball, netball, swimming, cycling, hockey, athletics, skateboarding, volleyball, equestrian, triathlon and canoeing, all of whom will receive money from a AUD\$25-million government sponsorship deal funded under the National Binge Drinking Strategy. The sports organizations can still serve alcohol, but must also promote safe drinking in various ways, including through advertising, and uniform branding. "Sport is a really important part of young peoples'

lives and it's terrific that our elite athletes have come on board to promote a healthy sporting lifestyle in the lead up to the Olympics," Kate Lundy, Federal Minister for Sports, announced in a press release (www.katelundy.com.au/2012/06/23/australian-sport-tackles-binge-drinking/). "This campaign is about tapping into the positive influence sporting clubs have on young people while promoting responsible drinking." — Roger Collier, *CMAJ*

NHS performance: The United Kingdom's National Health Service is reducing hospital-acquired infections, keeping wait times low and improving access to drugs. These were among the health indicators highlighted in the National Health Service and Public Health Service in England: Secretary of State's Annual Report 2011/2012, released July 4 (www.dh.gov.uk/health/files/2012/07/Secretary-of-State%E2%80%99s-Annual-Report-2011-2012.pdf). The report notes that over 90% of admitted and 95% of nonadmitted patients were treated within 18 weeks of referral, cases of *Methicillin-resistant Staphylococcus aureus* and *Clostridium difficile* are at the lowest levels since the introduction of mandatory surveillance, and 12 500 patients had gained access to cancer drugs that were previously denied them. "Whilst the 2011/12 performance data has undoubtedly been positive, we face a number of significant challenges," Health Secretary Andrew Lansley stated in the report's foreword. "Compared to other countries we continue to lag on performance on some key outcomes including life expectancy for women, cancer survival, and conditions related to obesity." — Roger Collier, *CMAJ*

Rating hospitals: The same resource many people use to research the quality of vehicles and electronics is now rating the safety of hospitals. Consumer Reports, a popular resource among savvy consumers, has rated 1150 hospitals for safety in 44 states in the United States (www.consumerreports.org/health/doctors-hospitals/hospital-ratings.htm). The ratings focused on six areas: infections, readmissions,

communication, computed tomography scanning, complications and mortality. Among the findings: bad things happen in all hospitals but some perform particularly poorly; there is room for improvement in even the best hospitals; and some well-known hospitals aren't very safe despite their reputations. The ratings, based on informa-

tion from the government and independent sources, still only include 18% of US hospitals. "Hospitals that volunteer safety information, regardless of their score, deserve credit, since the first step in safety is accountability," Dr. John Santa, director of the Consumer Reports Health Ratings Center, stated in an article on the Consumer Reports

website (www.consumerreports.org/cro/magazine/2012/08/how-safe-is-your-hospital/index.htm). "But the fact that consumers can't get a full picture of most hospitals in the U.S. underscores the need for more public reporting." — Roger Collier, *CMAJ*

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