

Ten health stories that mattered: Feb. 17–21

- Fetal ultrasound should not be used for “entertainment” purposes, such as learning gender or taking pictures of fetuses for nonmedical reasons, according to a joint policy statement from the Society of Obstetricians and Gynaecologists of Canada and the Canadian Association of Radiologists. Though there is no definitive evidence of harmful effects, states the document, ultrasound involves “targeted energy exposure” that poses a “theoretical risk” to fetal development.
- Reviews of deaths from natural causes in prisons are inadequate and can take up to two years to complete, states a report released this week by the Correctional Investigator of Canada. Recommendations in the report include convening an investigation panel within 15 working days of a sudden death, ensuring doctors lead all reviews of prison deaths and identifying measures to reduce or prevent deaths from natural causes in prisons.
- Solutions are needed to address “the troubling number” of doctors who are unemployed or underemployed, according to a joint statement from the National Summit on Physician Employment, held this week in Ottawa, Ontario. The summit, hosted by the Royal College of Physicians and Surgeons of Canada, brought together more than 100 stakeholders to discuss the employment problems highlighted in the college’s recent study that found that 16% of medical specialists are unemployed.
- A study of team-based health care will receive \$6.5 million from the federal government, announced Health Canada. The research, to be conducted at McMaster University in Hamilton, Ontario, will explore how team-based care can improve patient outcomes and cost-effectiveness.
- The federal medical marijuana program is being abused for personal gain, according to the Royal Canadian Mounted Police. The temptation to supplement personal income by illegally trafficking marijuana is “overwhelming,” says the RCMP, and has led to theft of the drug and the involvement of organized crime.
- Health premiums and tobacco taxes will increase in British Columbia to cover the expected \$1.3-billion rise in health care spending in the province over the next three years, announced BC Finance Minister Mike de Jong at the provincial budget lockup. By 2017, according to the minister, health costs in BC will reach \$19.6 billion, accounting for 42% of government expenses.
- All-day clinics without doctors would reduce long wait times for minor injuries and illnesses in Quebec, according to the province’s federation of nurses’ unions. The federation is proposing 24-hour clinics staffed by nurses and other health care professionals, but not doctors, to lessen the pressure on the province’s health care system.
- The Ontario government plans to introduce legislation to control the compensation for senior health care executives in the province, Health Minister Deb Matthews told the *Toronto Star*. Raises for some senior executives at Community Care Access Centres were greater than 50% over a three-year period, reports the *Star*.
- A safe-injection site in British Columbia has applied for a federal exemption to drug laws. The Dr. Peter Centre has operated without an exemption for 12 years, providing services to people with HIV and AIDS, but would like to now operate legally.
- The New Brunswick Medical Society missed its target of signing up 500 of the province’s 1600 doctors for its new electronic patient record system by the end of 2013, reports CBC News. The province has experienced a number of setbacks related to electronic health records, including unauthorized extra spending and conflicts of interest. — Roger Collier, *CMAJ*

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