Canadian Medical Association ©1996 Association médicale canadienne

New Brunswick MDs doing 5% of work for free

The New Brunswick Medical Society (NBMS) says demand for medical attention this winter exceeded the government's fixed limit for physician services and as a result the province's physicians are providing 1 patient visit in 20 for free. "The message being sent to physicians is to treat fewer patients, or accept that they will not be paid for a certain number of medical services," NBMS president Dr. Gordon Mockler said. He added that physicians are responding by reconsidering the number of hours they will be available to see patients and the staff levels they can afford to maintain.

All Quebecers will pay premiums to fund new drug plan

A new "universal and contributory" drug plan that will extend drug coverage to 1.2 million uninsured Quebecers will be functioning by next January, Health Minister Jean Rochon says. The plan (see *Can Med Assoc J* 1996; 154: 1264) is expected to save the province about $200 million a year because of premiums the province will collect. Rochon told the Montreal *Gazette* the details won't be released until later in the spring.

Some 4.5 million Quebecers are currently covered by private drug plans, while another 1.5 million senior citizens and welfare recipients receive free coverage. Rochon told the *Gazette* all Quebec residents will pay income-based premiums to fund the plan.

Ottawa MD seeks meeting with Dingwall over portability issue

An Ottawa physician intends to seek an appointment with David Dingwall, the federal health minister, to remind him of his 1989 statement that Quebec should be forced to comply with portability provisions of the Canada Health Act. The provisions guarantee that health services provided to patients outside their province "must be reimbursed at the rate applicable in the host province."

Dr. Charles Shaver, an internist, says the issue is particularly important in border cities like Ottawa, where many Quebec patients seek treatment. Ottawa doctors usually bill these patients directly at Ontario rates because Quebec's rates are among the lowest in the country. The patients must then seek reimbursement from the province. "Mr. Dingwall is the first federal minister I know of to have made this commitment," said Shaver, referring to a May 24, 1989, news release by Dingwall, then an Opposition member of Parliament. "Why is the federal government letting Quebec get away with this violation, when it was so inflexible on the issue of extra-billing?" Dingwall asked then. "The Canada Health Act forced provinces to ban extra-billing by doctors. If the legislation requires controls, then it's only reasonable to expect them all to be applied equally."

Scholarships, bursaries awarded to aboriginal students

Health Canada's Indian and Inuit Health Careers Program (IIHCP) recently awarded $1000 scholarships to 38 aboriginal students to help them pursue careers in health care. In addition, 54 students were awarded bursaries worth varying amounts for the 1995–96 school year. IIHCP, which was established in 1984 to increase the representation of aboriginal people in the health professions, has awarded bursaries to 319 students. Its scholarship component, introduced in 1988, has provided 175 awards.

Patel, MMA help sell road safety

Dr. Sunil Patel, president of the Manitoba Medical Association (MMA), is featured in an advertising campaign that promotes road safety in Manitoba. *RoadWise*, a safety strategy developed by Manitoba Public Insurance, makes drivers aware of actions that contribute to collisions, such as tailgating and speeding through amber lights.

Patel told reporters that "as a physician I analyse the cause of every collision injury and consider what

← For prescribing information see page 1426

could have been done to prevent it. If everyone becomes roadwise we will save more lives." The MMA has been heavily involved in lobbying and awareness campaigns on issues such as impaired driving, proper use of seat belts and child restraints and bicycle safety.

GRANTS AVAILABLE FOR SIDS RESEARCH

Applications are invited for grants to support research into any discipline concerned with the causes, effects or prevention of sudden infant death syndrome (SIDS). One-year renewable grants are available at the graduate and fellowship levels, and limited funding is available for special projects; all applications undergo peer review. For further information contact the Canadian Foundation for the Study of Infant Deaths, 308 – 586 Eglinton Ave. E., Toronto ON M4P 1P2; 416 488-3260; fax: 416 488-3864.

SOLDIERS BETTER AT COPING WITH HEART DISEASE

Male soldiers appear to do a better job of coping with heart disease than civilians, a Canadian researcher told the American Psychosomatic Society's recent annual meeting. Dr. Robert Swenson, assistant professor of psychiatry at the University of Ottawa, said coronary artery disease (CAD) is a major cause of sickness and death among soldiers, but after diagnosis and treatment "it seems our military patients coped well, with almost all of them returning to their military jobs." Psychological and physical-activity questionnaires given to civilians and soldiers with CAD indicated that more military personnel with the disease were working full time than were civilians, and they were also apt to be more active. Swenson speculated that "perhaps military life attracts people who are able to cope well with any type of problem, although we suspect that the social and economic support found in military life and the cardiac care given to military patients helped them adapt successfully to living with heart disease."

GRANTS TO SUPPORT TEACHING ABOUT MEDICINE'S SPIRITUAL DIMENSIONS

The John Templeton Foundation, a private nonsectarian foundation "dedicated to forging greater links between science and religion," is providing $10 000 grants to five US medical schools, including Johns Hopkins, to support teaching about the religious and spiritual dimensions of medicine. Most of the courses will examine beliefs and practices of numerous faiths, historical and philosophical issues regarding the integration of faith and medicine, and spirituality. A professor at Johns Hopkins told *American Medical News* that religion and spirituality are important elements in positive health care outcomes, and "we're trying to teach a student to be a physician of the body and a physician of the soul." Templeton is highly respected internationally as a mutual-fund adviser.

CANADA'S TUBERCULOSIS STANDARDS UPDATED

Reflecting renewed worldwide concern about the increasing incidence of tuberculosis, the Lung Association has released the fourth edition of *Canadian Tuberculosis Standards*. The document includes specific sections on epidemiology, pathogenesis, transmission and diagnosis, control problems, the Canadian Tuberculosis Reporting System, management of patients with HIV-related TB and management of outbreaks. Copies are available from provincial lung associations or the Canadian Thoracic Society; for information contact the national office of the Lung Association, 613 747-6776; fax: 613 747-7430.

BERMUDA SHORTS, GOLF CLUBS, SCALPEL . . .

Along with pink sand, coral reefs and rum swizzles, the Bermuda experience soon will include esthetic surgery performed by a group of surgeons in a new wing of the island's King Edward VII Memorial Hospital. The members of the Bermuda Ocean Surgical Society (BOSS) will control a modern, fully-equipped operating room in the outpatient surgery clinic, complete with professional support staff, technicians and surgical instrumentation. BOSS surgeons will book operating-room intervals for prearranged times each year — a form of OR time share — and reserve that time for a decade; members may bring fellow surgeons who meet certification requirements to share the costs and mix business with pleasure.

Founded by three American physicians, BOSS promises to augment surgeons' private practices with marketing and patient recruitment aimed at the 90 million people living in the eastern US. Membership will be solicited from surgeons in the US, United Kingdom and Canada. Although the membership fee was not published, BOSS said it provides a full range of optional services at competitive prices, as well as financing plans for surgeon acquisition of operating-room time; patients would be lodged at a luxury hotel. This type of plastic-surgery tourism is already popular in countries like Costa Rica (see *Can Med Assoc J* 1993; 148: 74–76).