

Romanow vows to heed “health literate” Canadians

Roy Romanow says Canadians are ready to take a hard look at how they use the health system and at the parts of their care that should be covered by public insurance.

Romanow, chair of the Commission on the Future of Health Care in Canada, recently released a report detailing the results of cross-Canada dialogue sessions. It will likely affect his final recommendations, which are due in November.

“Canadians are extremely ‘health literate’ and have a sophisticated understanding of the trade-offs — personal, financial and political — necessary to ensure the health care system they want and expect,” said Romanow. “I would be foolish to ignore [the report].”

Ottawa-based think tank Canadian Policy Research Networks (CPRN) staged 12 day-long public dialogue sessions with a total of 489 people between January and March 2002. Participants were asked to examine 4 scenarios for a potential future health care system and propose their “ideal” system. The new system that emerged during the sessions included an electronic health record stored on “smart cards” and patient rostering to health care “teams.”

“Citizens had to work through the difficult trade-offs and choices required to realize their vision,” said Judith Maxwell, CPRN president. “The result is not a wish list but a pragmatic roadmap consistent with their values.”

Maxwell said those values still jibe with the principles of medicare, such as universal coverage, but the public has developed a growing appetite for accountability on the part of governments, providers and patients.

“Canadians want to know that funds set aside for health care are spent on health care,” said Romanow.

Dialogue session participants seized on a recent CMA recommendation that an auditor general be appointed to monitor and regularly report on the way health care funds are spent.

“Canadians want to preserve the core medicare values of universal coverage,” said Henry Haddad, the CMA president. “They would even accept tax increases provided there is better accountability.”

While not keen on the notion of a parallel private health care system, the participants recognize their preferred system of team-based care will not save money in the short term, but are willing to pay more through higher taxes if there can be long-term improvements in efficiency and service.

“In examining the efficiency of how care is delivered, participants examined

more than the costs to the system and also considered factors such as having to take time off work for appointments during the day,” said Maxwell.

Dialogue session participants dismissed user fees for “basic services” but said they might consider paying for “extra services,” such as second opinions from someone outside their “health care team.” — *Steven Wharry, CMAJ*

US estrogen plus progestin HRT trial stopped due to increased risk of breast cancer, stroke and heart attack

A major trial of the risks and benefits of combined estrogen and progestin in healthy menopausal women has been stopped because long-term use increases the risk of breast cancer by 26%, stroke by 41% and heart attacks by 29%.

The multicentre, Women’s Health Initiative (WHI) trial was stopped July 9 by the National Heart, Lung, and Blood Institute (NHLBI) and the National Institutes of Health. An estimated 6 million postmenopausal American women take estrogen plus progestin hormone replacement therapy.

“The details of these results are of tremendous importance and will certainly influence medical practice for years to come,” Dr. Claude Lenfant, director of the NHLBI, said at a July 9 news conference.

Study participants also had a statistically significant increase in coronary heart disease, stroke and pulmonary embolism. There were benefits to the combined hormone therapy, including fewer cases of hip fractures and colon cancer, but on balance the harms were greater.

The report from the WHI investigators appeared in the July 17 issue of the *Journal of the American Medical Association (JAMA)*. The 8-year study was scheduled to run until 2005 but ended after an average follow-up of 5.2 years. The trial, involving 16 608 women age 50 to 79, was designed to examine the effect of estrogen plus progestin on the prevention of heart disease and hip fractures, and any associated change in risk for breast and colon cancer. Study participants were randomly assigned a daily dose of estrogen plus progestin, or placebo.

In 2000 and again in 2001, WHI investigators, in compliance with a recommendation from the study’s Data and Safety Monitoring Board, informed participants of a small increase in heart attacks, strokes and blood clots among women taking the hormones. The board recommended stopping the trial on May 31.

Study findings for the estrogen plus progestin group compared to placebo include:

- 41% increase in strokes
- 29% increase in heart attacks
- doubling of rates of venous thromboembolism
- 22% increase in total cardiovascular disease
- 26% increase in breast cancer
- 37% reduction in cases of colorectal cancer
- 33% reduction in hip fractures
- 24% reduction in total fractures
- no difference in total mortality (all causes).

— *Barbara Sibbald, CMAJ*