They include increasing medical school enrolment; offering incentives to retain physicians and rural doctors; temporarily increasing the number of fully qualified international medical graduates; and eliminating physician billing caps and regulations mandating forced retirement. — Laura Eggertson, *CMAJ*

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Tsunami donations help worldwide

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MSF

A mental health survey of displaced people in Aceh found 83% were affected by severe emotional distress.

A year after the tsunami that devastated Southeast Asia, Médecins Sans Frontières (MSF) reports that donors' generosity helped not only victims of that disaster, but other crises worldwide.

Donors gave $150 million to MSF's 19 branches worldwide, including $2.7 million to MSF Canada for emergency aid after the tsunami. It was the largest financial support the organization has received in its 30-year history, said Patrice Pagé, then executive director of MSF Canada.

Less than 2 weeks after the tsunami struck on Dec. 26, 2004, MSF made the "controversial" decision to tell donors it had received enough money — $25 million at that point — to finance its tsunami relief operations.

Instead of refusing further donations, MSF asked for unrestricted funds to go to other emergencies, including nutritional crises in Africa.

The experiment worked; less than 1% of donors insisted that their money be used only for tsunami relief and the rest allowed it to go into MSF's emergency relief fund.

MSF's decision to tell donors early on that they had enough for tsunami aid was "a good idea," says Dane Rowlands, associate director of the Norman Patterson School of International Development at Ottawa's Carleton University. "It allows them enough flexibility that hopefully they will be able to make a resource allocation to less public, but high areas of need."

MSF channelled $1.9 million of the Canadian tsunami donations to its emergency fund. That money enabled the organization to set up operations 48 hours after an earthquake devastated the Kashmir region of Pakistan on Oct. 8. MSF Canada spent just under $2 million responding to the earthquake and $1.6 million in providing emergency assistance in the Congo. The organization also sent teams and assistance to Darfur, Sudan, to Chad, and to Niger, where by the end of the year MSF expects to have treated more than 50 000 undernourished children.

MSF's account of how it spent its money was also important, says Rowlands. Over the years, NGOs have demanded that other institutions be more transparent, now that demand is being made of them.

In responding to the tsunami, which killed an estimated 300 000 people, MSF focused its efforts in Aceh, Indonesia. By the end of 2006, the organization will have spent $800 000 of the Canadian contributions on its Aceh operations.

Initially, MSF concentrated on primary health care, including vaccinations and tetanus shots, and supplied nurses and other medical staff to the public health structure to replace hundreds of health workers who died.

Now the organization is concentrating on mental health consultations.

"People are still deeply affected, not only by the consequences of the tsunami, but also because of the consequences of the [civil] conflict there," says Pagé. — Laura Eggertson, *CMAJ*

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Wait-time benchmarks fall short

New wait-time benchmarks announced Dec. 12 by the federal government were both lauded as a major shift in health care delivery and criticized for failing to set deadlines for implementation.

The announcement fulfils a promise made in the September 2004 federal/provincial health accord to establish "evidence-based wait-time benchmarks" in 5 areas of care. The benchmark targets in all jurisdictions (except Quebec, which will develop its own plan) include: cancer radiation treatment within 4 weeks, hip fracture repair within 48 hours, hip and knee replacement surgery within 6 months, cataract surgery within 4 months for high-risk patients, breast cancer screening for women 50 to 69 every 2 years, cervical cancer screening for women 18 to 69 every 3 years; and cardiac bypass surgery within 2 to 6 weeks for those at high risk.

The announcement gives provincial governments another 2 years to set out their targets for implementing the guidelines. CMA President Dr. Ruth Collins-Nakai and spokesperson for the Wait Time Alliance (WTA) of Canada, said this deadline needs "revisiting." In June 2004, the Supreme Court of Canada struck down a Quebec law prohibiting private health insurance coverage (the Chaoulli decision) for procedures the public system offers. A stay on that ruling will be lifted in June, and new wait times, says Collins-Nakai, must be in place to avoid re-opening the debate.

The WTA, which was set up by the CMA and 6 specialists' organizations, released benchmarks in August 2005 that are more ambitious in some areas than the new federal guidelines. For example, the WTA included a wait of no more than 10 days for cancer radiation therapy and stipulated a maximum wait time of 30 days for MRIs and CAT scans. Both of these diagnostic procedures were left out of the new federal guidelines, leaving a big hole, according to Normand Laberge, president of the Canadian Association of Radiologists, who points out that you can't have treatment without a diagnosis.

Collins-Nakai acknowledges that "Challenges certainly remain in some specific areas in the big 5, primarily in diagnostic imaging and certain aspects of sight restoration and cardiac services."

Still she praised the federal and provincial governments "for working together for the sake of patients," and said the benchmarks represent "a fundamental change to a patient-centred approach." — Pauline Comeau, Ottawa

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News @ a glance

SSRI growth: The number of SSRI prescriptions dispensed in Canada jumped from under 9 million in 1999 to 15.6 million in 2003, reveals a new study. Two-thirds of users are women, says the study's author, health-policy researcher Janet Currie. "One has to ask — is there a reason why depression rates have soared so dramatically in the last 15 to 20 years at exactly the same time as SSRIs came onto the market and have been aggressively promoted by drug companies?" she asks. The study, *Marketization of Depression: Prescribing SSRI Antidepressants to Women,* comes from the working group Women and Health Protection, which is funded through the Women's Health Contribution Program, Health Canada.

Death and taxes: Spending on health care in Canada increased by 7.7% from 2004 to 2005. An estimated $142 billion was spent in 2005, according to *National Health Expenditure Trends 1975-2005,* a December release from the Canadian Institute for Health Information. CIHI also reports that in 2005 health expenditure accounted for 10.4% of the national GDP, its highest-ever share. The top 3 spending categories were hospitals, drugs and physician spending, with totals of $42.4 billion, $24.8 billion, and $18.2 billion respectively. In 2001, expenditures on physician services totalled $14 billion. While expenses in the public sector reached $98.8 billion, costs in the private sector grew at a faster rate, seen by the 8.7% increase over last year, compared to a 7.3% raise in the public-sector. With an estimated per capita average health care cost of $4411. — Andréa Ventimiglia, Ottawa

Green goals: Canadian premiers and municipal leaders from the US, Europe and Australia have signed a declaration to combat global warming and promised to meet or exceed the original Kyoto Protocol targets of reducing greenhouse gas emissions by 20% by 2010. During the UN Climate Change Conference in Montréal, Dec. 6, 190 elected officials at municipal, state and provincial levels agreed to aim for a reduction of 30% by 2020. One of the conference's main goals was to move beyond the targets set in the Protocol, which expires in 2012. To date, 157 countries have ratified the Protocol; conference attendees tried to persuade others, notably Australia and the US, to sign on. — Andréa Ventimiglia, Ottawa

Art Explosion

Here's to life: A new study from the US National Center for Health Statistics puts American life expectancy at an all-time high of 77.6 years. In comparison, the latest data from Statistics Canada (2002) shows an average Canadian life expectancy of 79.7 years. Statistics Canada reports that Canada had the second highest rate of population growth among the G8 countries between 1994 and 2004. The Canadian population grew at a rate approaching 1% during that time; the US rate was 1.1%. — Andréa Ventimiglia, Ottawa

Public v. private: Now that the federal election is over, Quebecers should soon see a White Paper outlining policy for the purchase of private medical insurance, as promised by the provincial government. The paper, which is sure to revive the debate over a 2-tier health care system, comes as a result of a June 2005 Supreme Court ruling (the Chaoulli decision) striking down Quebec's ban on buying private insurance for public health care services. Provincial officials say the government delayed release of the paper until after the federal election because it did not want it to become an election issue. But provincial opposition parties say there is now less time for Quebecers to challenge the paper's contents before legislation can be implemented by the Supreme Court's June 9 deadline. — Andréa Ventimiglia, Ottawa

Leprosy treatment: Novartis AG is donating free treatment for leprosy until 2010 through the auspices of the WHO. The company's previous donation between 2000 and 2005 led to the cure of about 4 million patients. Last year, 286 000 cases of leprosy were treated, a fall of 38% from the start of 2004. Leprosy remains a problem in 9 countries: Angola, Central African Republic, Democratic Republic of the Congo, Madagascar, Mozambique, Tanzania, India, Nepal and Brazil. — Compiled by Barbara Sibbald, *CMAJ*

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