

New share program pays MDs to stay in Manitoba

The Manitoba Medical Association (MMA) has dangled a new physician-retention carrot in front of the province's doctors. The plan will see physicians earning a share for each year they practise in the province, and these can earn a substantial payoff after every 5 consecutive years in practice. Shares are weighted according to the number of years practised. The 5-year payouts would range from \$10 500 for physicians who complete their first 5 years of consecutive practice to \$21 000 for doctors who complete their 26th to 30th years. In the former case, MDs would earn a \$2100 share each year, while those in the latter group would earn \$4200. The shares can be cashed in only at the end of each 5-year milestone period and are revoked if the physician leaves before the milestone is reached. John Laplume, CEO at the MMA, told *CMAJ* feedback from members has been positive. The program will receive \$5 million annually from Manitoba Health and will also earn accrued interest. The first 5-year milestone will be reached Mar. 31, 2007. — *CMAJ*

SARS: "a domino effect through entire system"

Dr. Donald Low is blunt when asked about the impact severe acute respiratory syndrome (SARS) has had on health care in Toronto.

"There has been no let-up," said Low, chief of microbiology at Toronto's Mount Sinai Hospital and one of the lead SARS investigators. "Between 6:30 am and 11 pm you were either dealing with phone calls or faxes or email — it was pretty overwhelming. You literally couldn't take enough time to stop and cook something to eat. There were always 2, 3 or 4 calls waiting — it was quite surreal."

Low said one of the primary challenges has been trying to manage and allocate health care staff as the illness forced the quarantine of dozens of SARS-exposed workers. "We're literally learning every day how to manage these things," Low said. "I think during this first phase of the outbreak the primary impact has been borne by health care workers. There are people [with symptoms] who are being taken out [of the workplace] for 4 weeks — that's huge."

Other workers who were exposed to someone who developed SARS symptoms were forced into 10-day house isolation. Low himself entered quarantine Mar. 25 after being in close contact with a public health worker who later displayed symptoms. He was released Apr. 8 after showing no signs of the illness.

Others haven't been as fortunate. Dr. Allison McGeer, director of infection control at Mount Sinai, was under treatment for SARS in April and was expected to be out of action for at least a month. The disease's impact on health workers has forced the health team to look further afield to replace vital specialists.

"As far as within our science group here, the problem is that local people who might have replaced them have other responsibilities in their own hospitals [because of SARS], so you have to look outside of the city for help," Low said. "Luckily, we've had people who have been good enough to come in from Halifax to Vancouver."

Meanwhile, local hospitals had to struggle with the impact of hospital closures on the overall system. For example, the closure of the Scarborough Grace and York Central hospitals was blamed in part for the subsequent closure of the emergency department at nearby Markham-Stouffville Hospital.

"The impact is incredible, because you have to off-load on the nearest hospitals, and that hospital might be having its own difficulties dealing with this already," Low noted. "So it's a domino effect through the whole health care system." — *Brad Mackay*, Toronto

Anthrax vaccine gets cold shoulder from troops

The recent war in Iraq taught the British military that vaccination against anthrax is a tough sell. More than half of British personnel sent to the Persian Gulf refused the vaccine, even though military leaders strongly recommended it because the Iraqis were suspected to have an arsenal of biological weapons.

Their reluctance likely stemmed from fears generated by the "Gulf War syndrome" that emerged a decade earlier. At the time, some military personnel linked vaccines to the mysterious disorder. Vaccination against anthrax is voluntary, and a Ministry of Defence spokesperson said there are no plans to make it compulsory.

Dr. Phil Luton of the Centre for Applied Microbiology and Research at Porton Down, UK — it makes the vaccine for the military — is confident of its safety: "The vaccine has been licensed since 1979 and [we test it] thoroughly for safety and efficacy." It is also tested independently before being released.

Luton said no serious side effects have been reported. "Reactions are uncommon but occasionally a mild rash or swelling at the site of injection or even at the site of an earlier injection may occur, and last for a couple of days. More rarely, swollen glands, mild fever, flu-like symptoms, rash, itching or other allergic reactions may occur. The occurrence of a reaction after a first injection of the vaccine does not necessarily indicate a predisposition to subsequent reactions on further injections. This is based on approximately 40 years of experience with the vaccine."

The safety of the vaccine has also been confirmed in an independent study of Royal Air Force personnel published in March (*Vaccine* 2003;21:1348-54).

A Canadian Forces spokesperson said that if the threat level for biological weapons is considered high, the chief of defence staff can order mandatory vaccinations for all personnel being deployed. However, she said this did not happen for Canadian sailors currently deployed in the Persian Gulf. — *Cathel Kerr*, Fife, Scotland



Sign of the times: SARS clinic at Toronto's Women's College Hospital, Mar. 27, 2003