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other, and this holds major implications for Canadian physicians. "One of the messages to medical students should be that any fever requires these 3 questions: Have you travelled? When did you travel? Have you had visitors from abroad? Travel history is as important as anything else doctors ask."

The patient in Hamilton, who had arrived in Canada from Ethiopia Feb. 3, was released from hospital Mar. 2 after making a complete recovery. By mid-March the medical sleuths responsible for her case were still attempting to discover what illness she had developed. "As someone who is interested in epidemiology, I would really like to know," MacPherson says. "But we may never know. It could be a totally new organism, or we may not be applying the right test. It could be an old organism that has undergone modification. In all these things, medical technology is always chasing to catch up."

"In terms of international mobile health surveillance, it really causes you to prick your ears up. Much of this is gumshoe epidemiology, and we all have a responsibility to be alert." — *Ken Kilpatrick*, Hamilton

## Hong Kong considers medical savings accounts

As Hong Kong approaches the fourth anniversary of its return to Chinese sovereignty, its government is refining proposals for reforming the region's publicly funded health care system.

In a discussion paper released in December, Health and Welfare Secretary Yeoh Eng-Kiong outlined a wide-ranging series of proposals for revamping Hong Kong's system of public hospitals and medical clinics. Among the most controversial are plans to introduce individual medical savings accounts to help pay for postretirement medical needs and to establish an office within the health department to investigate complaints about public health care.



Dr. Lai Kang-yiu: least harmful option

Currently, patients using Hong Kong's public hospitals pay approximately HK\$68 (Cdn\$13) per day for accommodation and medical services. The discussion paper proposes a comprehensive review of this fee structure and suggests the establishment of a compulsory contribution scheme under which Hong Kong residents aged between 40 and 64 contribute 1% to 2% of their salaries to a personal "health protection account." The money would be available only to fund medical or dental expenses or to purchase medical or dental insurance.

Reaction has been mixed. Dr. Lai Kang-yiu, president of the Hong Kong Public Doctors Association, says the proposals on mandatory health care savings are the "least harmful" option available, particularly when compared with earlier proposals for reform that would have set much higher levels of compulsory contribution. Over the long term, however, he feels that setting fees for public medical services that more closely reflect actual costs will help take pressure off the public system.

"The real solution is to narrow the price gap between the public and private sector and let citizens buy their own private insurance once they have anticipated their future needs," says Lai. — *Bob Neufeld*, Ottawa

Bob Neufeld, former editor of MD Management's *Strategy* magazine, won the 2000 Dateline Hong Kong Fellowship sponsored by the Canadian Association of Journalists and the Hong Kong Trade Office. This article was written after a visit to Hong Kong funded by that fellowship.

## Canada's 17th medical school to be in northern BC?

Canada may soon have another medical school, albeit a small one. If the plan reaches fruition, the University of Northern British Columbia in Prince George will collaborate with the much larger University of British Columbia to launch a Northern Medical Program (NMP). Annual enrolment would be 15 to 20 students.

Part of an attempt to ease BC's chronic shortage of rural physicians, this plan is itself part of a proposed expansion of the UBC medical school's undergraduate and residency rural training programs. Under the Provincial Medical Education Plan (PMEP), undergraduate enrolment would increase from 120 to 200 students by 2006, with a corresponding increase in the number of residency positions.

The UBC medical school already has a "very successful" residency program in Prince George, and Dean John Cairns says many of its graduates stay in the North. Under the proposed NMP, students would complete about half of their medical education at the northern university and the remainder at UBC; they would graduate with a UBC medical degree.

The hope is that the northern program — slated to start by the fall of 2004 — would attract Aboriginal and other rural students who would be more likely to stay and practise in these underserved areas. "I see this as a bold step in medical education in Canada," says UNBC President Charles Jago, who studied similar programs in Scandinavia, Australia and the US.

UNBC already has nursing and master's degree programs in community health and is launching a health sciences program. Jago hopes the outcome of the new program will be similar to what he saw in Australia, where educators are focusing on making rural practice "an exciting and preferred form of practice for students entering medical school." Residents and medical students will be tracked to see where they ultimately practise. — *Heather Kent*, Vancouver