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New price tag put on liver transplants

The estimated average cost of a liver transplant in Ontario, including follow-up costs, is \$121 732, but the range varies widely — from \$30 505 to \$690 431 — because of factors such as disease severity, post-transplant infection and biliary complications. The figure is based on 1998 data, with allowances for inflation.

The study, conducted by physicians from the universities of Manitoba and Toronto and published in the *Canadian Journal of Surgery* (2002;45[6]:425-34), noted that the affordability of organ transplantation has been questioned but few data on the cost of liver transplantation are available, even though 1 procedure a day — 350 annually — is performed at Canada's 5 liver transplant centres. The authors say that performing procedures earlier will reduce costs. As well, elimination or reduction of the incidence of cytomegalovirus infection will help cut costs by reducing drug costs and the length of stay in hospital.

The new price tag is 42% higher than a 1998 estimate by an Ontario working group, mainly because that group did not include some fees and estimated the length of hospital stay at only 16 days. The new study found that the mean length of stay for these patients is 43 days, including 9 days in the intensive care unit. — *Patrick Sullivan, CMAJ*

After Alberta MD slain by colleague, sister spreads warning about professional conflict

Hazel Magnussen's voice wavers when she talks about the events that led to the death of her brother, Dr. Doug Snider, but her resolve to continue publicizing his cause does not.

"Our family continues to grieve the loss of a precious loved one, but it is especially difficult to accept that my brother's life was taken by a medical colleague whom he should have been able to trust," says Magnussen, a nurse in Delta, BC.

Snider, a family physician from Fairview, Alta., was involved in an on-going battle of wills with another local FP, Abraham Cooper. In 2000 Cooper was convicted of manslaughter for killing Snider, whose body has never been found. Snider disappeared after going to meet Cooper in May 1999.



Magnussen (front) during the trial of Dr. Abraham Cooper, who killed her brother

At his trial, Cooper was alleged to have been "disruptive and detrimental" to the functioning of the Fairview Hospital. Witnesses also said that he had been "rude, antagonistic and abusive" toward other doctors.

The battle between the physicians simmered for years, fuelled by the revocation of Cooper's hospital privileges in 1993 and by a \$3.2-million civil suit he had filed, which alleged that Snider and 2 other physicians were conspiring against him.

Magnussen said Snider was frustrated that, as a recovering alcoholic who had sought treatment, his behaviour was being monitored by the College of Physicians and Surgeons of Alberta (CPSA) but that of a potentially dangerous colleague was not.

Magnussen has prepared recommendations to improve the way cases involving "disruptive" physicians are handled, and hopes to discuss them with the college. Her proposals include providing support for those who are targets of physical and verbal threats from colleagues. "The college has been open to her suggestions and several of the initiatives she suggests are already in use," CPSA Registrar Bob Burns told *CMAJ*. "Where they are not, there can certainly be some discussion about what kinds of improvement can occur."

Magnussen made her comments during a session on physician conflict presented at the CMA-cosponsored International Conference on Physician Health, held in Vancouver last fall. — *Steve Wharry, CMAJ*

New Brunswick promises Canada's first health charter

New Brunswick has promised to produce Canada's first Health Charter of Rights and Responsibilities, but details about the form it will take remain few and far between.

In fact, details were so scarce after the announcement was made during the Speech from the Throne that the New Brunswick Medical Society reserved judgement on the initiative. The announcement followed a recommenda-

tion from the Premier's Health Quality Council early last year, which called for a charter covering 5 broad categories of rights: access, decision-making, communication and information, personal consideration and respect, and complaints and questions. The government says it plans to introduce the legislation before summer.

The only concrete initiative announced during the throne speech was

the creation of a position to ease patients' access to services, a move that was also recommended by the premier's council. The council's report also called for appointment of a public trustee to protect patients who are incapable of making decisions about their own care. It is not known if the government will adopt all of the report's recommendations in the new charter. — *Tracey Thorne, Fredericton*