



Features

Chroniques

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The die is cast

Douglas Waugh, MD

There's a bit of the gambler in all of us, and we should accept this as fact not only in our patients but also in ourselves. I'm not referring just to the everyday chances we take in the hope that no ill will come to us — whether crossing the street, boarding an airplane or running for a bus. We also invest in an unpredictable stock market. We spin a tennis racket to see who will serve. We toss a coin to see who will pay for lunch. We spend a loonie or two to buy lottery tickets. Even in medical practice where decisions are supposed to be based on evidence, education and experience, there's always an element of chance that something unexpected will happen.

Our language gives us away. Taking chances, playing the odds, assuming risks, betting, speculating and wagering are among the commonplace expressions we use to exploit the laws of probability either for personal benefit, or perhaps to gain an advantage on someone else.

We don't know where, when or in what form gambling first appeared. Maybe there was betting on chariot races, or perhaps the ancients tried to predict which sides of a pair of cubes would land face up when thrown against a wall. However, we can assume the practice has been around just about as long as people have been living together as social animals. It is an ingrained and widespread feature of the human condition, and a useful fund-raiser even for some churches that used to deplore the practice.

So it comes as little surprise that governments, which have gambled with our tax dollars for years, have decided to get in on the act. They started slowly, with the legitimization of lotteries. Some of the early government-sponsored lotteries raised money for amateur sport, which is surely a worthy cause. Then lotteries became so popular and so socially acceptable that other gambling pursuits grew in favour and fervour. Today we can bet on horses, play bingo day and night, buy scratch-and-win cards and enjoy the convenience of video lottery terminals in corner stores. All this has happened in the last decade or so. I can still remember when gambling in Canada was limited to whispered comments about the Irish Sweepstakes.

Today, the big money is in casinos. Although they have only recently been legalized in Canada, governments love this new cash cow. Attesting to their popularity are the palaces built to accommodate them, the posh restaurants they support and the general atmosphere of carefree opulence with which they assail their patrons. Job creation is often cited as a positive outcome, particularly by the cities that vie for the next licence.

The irony, of course, is that as governments raise incredible sums via legalized gambling, they are being forced to redirect some of the money to combat gambling addiction. Although it has always been a concern for a small portion of the population, gambling addiction probably wasn't a significant practice issue for our family physicians until recently.

The Jan. 15 edition of *CMAJ* reported that Manitoba physicians have mounted a public campaign urging problem gamblers to seek help from physicians. Doctors should advocate low-risk behaviour such as gambling with a buddy or with a predetermined loss limit, said the Manitoba Medical Association, and encourage research on gambling's social and economic impact. So not only has gambling created jobs for the unemployed and revenue for governments, it also has created work for physicians — an unexpected and unwelcome bonus.

During a visit to Italy, where lottery tickets are available on every street corner, I asked a native why lotteries were so popular. "We look on them as a sort of tax on hope," he said, "and we all have hope."

Maybe that's an appropriately fatalistic attitude for easing a nagging conscience. ?