



## More bad news from CMPA

The Canadian Medical Protective Association says massive financial awards affecting a few high-risk specialties are placing the affordability of medicolegal protection in doubt. The statement follows the Oct. 30 announcement that Canadian obstetricians face a 24.5% increase in their 1998 CMPA dues, which will now cost \$29 280. Overall, physicians face an average increase of 11.5%.

In a strikingly blunt statement, CMPA President Bill Thomas, a CMA past president, said obstetrics is the key problem area. "It is not more people suing doctors, or more cases being lost — those numbers have stayed fairly constant through the

1990s. It is the higher awards that must be paid on the same relatively small number of cases. The amount we must now set aside to meet our potential liability in these types of cases is beginning to overwhelm the whole system of legal protection. . . . A framework of laws that has been overtaken by events and needs reform threatens us all."

The CMPA now sets aside \$600 million to cover potential liability resulting from unresolved cases involving babies severely injured at birth who now require life-long support and care. This amounts to almost half of the association's total reserves of \$1.3 billion, which must cover all potential claims. Awards involving babies have increased from an average

of \$1 million in 1989 to more than \$2 million in 1996.

The CMPA says it is responding to the current crisis by joining with the CMA and its provincial divisions to form a joint working group that will refine specific proposals for tort reform. The association also offered one breath of good news — 58% of members face fee increases of only 2%.

## Incontinence a hidden medical problem, study finds

About 45% of people who experience urinary incontinence have never consulted a health care professional about the problem, a recent survey conducted by the Canadian Conti-

## McCrae's war medals stay in Canada

An Alberta physician was among scores of Canadians who became actively involved in attempts to keep the wartime service medals of one of Canada's most famous physicians in Canada. The medals of Dr. John McCrae, the Guelph, Ont., physician who penned *In Flanders Fields* in 1915, are staying here following an October bidding war that surprised buyers and seller alike. The medals are now stored safely in a Canadian museum thanks to the "unprecedented generosity" of Toronto clothing manufacturer Arthur Lee, who paid \$400 000 for medals that had been expected to fetch \$20 000 to \$30 000. He promptly donated them to McCrae House in Guelph. McCrae's poem, the most famous written by a Canadian, is still heard every year as Remembrance Day approaches.

Among those leading the fight to

keep the medals here was Dr. Mark Brown of High Level, Alta., who arranged for the Bank of Montreal



to take donations to support the purchase. Dr. Robert Burns, executive director of the Alberta Medical Association, said Brown's activities also stirred the AMA to action. He said

the AMA was prepared to make a substantial donation to the cause because of fears that McCrae's 4 medals from the Boer War and World War I would be sold either to a private collector or foreign buyer.

"I'm glad we had Mr. Lee," said Burns. "My thoughts on hearing that a first-generation Canadian — hell, any Canadian — would display such generosity of spirit were actually mixtures of amazement, awe, relief and not a little unease that I, a first-generation Canadian born in England, might not have demonstrated such philanthropy — even if I had the wherewithal! I'm glad we had Mr. Lee."

Lee said he bought them as a patriotic gesture. "They will stay in Canada as long as Canada exists," he said. McCrae, a surgeon, died of pneumonia Jan. 28, 1918.



nence Foundation indicates. The foundation says the problem affects more than a million Canadians of all ages.

“Patients are shy and doctors are shy,” says Dr. Sender Herschorn, chief of urology at Toronto’s Sunnybrook Health Science Centre. “Awareness is the first step because, most of the time, something can be done to improve the quality of life.”

Herschorn says incontinence is often overlooked because it is not a high-profile, life-or-death health matter. As a result, many physicians simply aren’t aware of the quality-of-life issues raised by the problem.

It holds particularly cruel implications for elderly patients. Incontinence creates too much work for home caregivers to cope with, so patients who lose bladder control are often sent to nursing homes, at huge expense.

Obesity, stroke, Parkinson’s disease, diabetes, multiple sclerosis, arthritis, benign prostatic hypertrophy, the loss of estrogen after menopause and radical or vaginal hysterectomy can contribute to urinary incontinence. Stress incontinence, which is largely related to labour and delivery, affects 10% to 30% of women. It is not as prevalent in men, although it is becoming more common in younger males who have had radical prostatectomies.

Herschorn suggests that questions about bladder function should be part of routine physical examinations. “It is easy and inoffensive to say: ‘Do you have any problem with your bladder? Do you ever leak? Do you have to wear pads? Do you always make it to the bathroom in time?’”

Once the problem has been recognized, patients can often be educated to help themselves through dietary

management. The advice can be as simple as encouraging them to forgo beverages with caffeine. “These non-invasive measures can be applied to a large number of patients at no cost,” says Herschorn.

When the simple measures don’t work, urodynamic tests can help diagnose the problem; pharmaceutical treatment is available for different types of problems, although surgery remains the most effective treatment for female stress incontinence. —

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### Private-insurance debate moves to Chile

Here’s a twist. As Canadians continue to debate whether to develop a parallel private health care system to take pressure off the public system, Chile is moving to take money away from the private sector to boost its over-

## Disabled doctor takes to the mountains

“It’s off the bell curve,” is the way Dr. Paul Malon describes his unconventional form of mountaineering. Malon, who has congenital partial paralysis, likes to escape the stresses of his gritty work in Vancouver by taking a helicopter to remote mountain ranges and living alone for weeks at a time.

He describes the hobby as both the “ultimate self-indulgence” and a necessary survival strategy. His medical work is done in the heart of Vancouver’s Downtown Eastside “in the middle of a drug supermarket.” In the mountains, he says, “my misanthropic tendencies dissipate.”

Malon’s most recent explorations have taken him to BC’s Coastal

Mountains. Last year he had to convince staff at a Yukon park that he had sufficient self-rescue skills before they would let him in for a 10-week solitary stay. Malon says the main



Dr. Paul Malon: solitary man

dangers he faces are attacks by bears and falls down crevasses, but aside

from that he remains unconcerned about his safety. He brings along bear spray, bear bangers and a large medical kit, and the helicopter is a radio call away. Getting around on a toboggan, he reads “kilos” of books and spends a couple of hours a day photographing his surroundings.

Malon’s affinity for the mountains began when he visited the West Coast when he was 12. He practised medicine in the Eastern Arctic for a year after graduating from McGill University in 1989, and moved to Vancouver 4 years ago.

Malon’s future plans include exploring a BC glacier and snorkelling in Belize. — © *Heather Kent*