



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*



crowded public sector. In that country, government plans to eliminate a subsidy worth about US\$50 million to private health insurers have sparked fierce criticism from opposition parties and the companies themselves, but government supporters in Congress still hope the measures will pass.

During this year's state-of-the-nation speech, Chilean President Eduardo Frei announced he would eliminate the subsidy, which allows workers access to private insurance programs. The Chilean health care system, like Canada's, is modelled after Britain's National Health Service.

Widely available public health insurance pays for care in public hospitals and a network of primary care clinics. However, the military government that ruled from 1973 to 1990 cut spending on the public system and at the same time created private health insurers, which now cover the wealthiest 25% of Chile's 14 million people.

Because the economy grew steadily over the past decade, health problems have shifted away from the traditional ones that dog underdeveloped nations toward the pathologies North Americans are familiar with: stress-related addictions and depres-

sion, cancer, AIDS, ulcers and back and cardiac problems.

But economic growth has not brought benefits to everyone. According to the World Bank, the UN's Economic Commission and other authorities, Chile has the worst income distribution on the continent after Brazil, and poverty remains a pressing problem for almost 1 in 4 Chileans.

The country's private clinics often offer state-of-the-art technology and catering worthy of a 5-star hotel, but many of those who, in theory, are covered by private insurance use public services when they're ill be-

Students get gritty introduction to reality of HIV/AIDS

A summer pilot project that brought AIDS patients together with nursing, pharmacy and second-year medical students from the University of British Columbia "had a huge impact" on the undergraduates, says Dr. Andrew Chalmers, the university's associate dean of undergraduate education. "I'm quite proud that we accomplished something as unique as that." The program's success means that a new interdisciplinary course is being planned at UBC for next winter.

The students spent 3 weeks getting a firsthand look at the complex issues surrounding HIV and AIDS. The research took them to 5 hospital and community clinics in Vancouver, ranging from the Palliative Care Centre at St. Paul's Hospital to the Oak Tree Clinic for women and children.

Project coordinator Paul Perchal, the director of education at AIDS Vancouver, says "learning breakthroughs" occurred in several areas

as students were introduced to issues such as the predicament of women in poverty and the impact of new drug treatments. Chalmers says exposure to the seamy Downtown Eastside, with its mix of sex-trade workers and intravenous drug users,



Medical student Cam Bowman: exposure to a different world

helped the students understand "the broad social determinants surrounding HIV/AIDS, the role of addiction and the need for sexual counselling." It also resulted in their "overwhelming frustration with the system," he says. [The Downtown Eastside is a ripe breeding ground for disease. It

is estimated that 25% of intravenous drug users in the area are HIV positive. — Ed.]

Cam Bowman, one of the medical students, says the summer program provided "a really great grounding in the scope of HIV/AIDS." Bowman, who continues to work at a downtown clinic once a week, says many of the area's patients "just don't care anymore. If they don't care, none of [the education and clinics] really matter."

UBC's new course will be a 4-to-6 week elective for nursing, pharmacy, nutritional sciences, social work and theology students, and second- to fourth-year medical students. Chalmers says HIV/AIDS "provides an excellent model" for teaching about delivery of health care by a team and addressing real-life issues, such as reasons why some people feel marginalized. He considers the course a prototype for a series of interprofessional electives being developed at the university. — © Heather Kent



cause of the high costs of private treatment.

The military's health care model has left both public hospitals and the national insurance plan, FONASA, badly underfinanced. Today's public-health budget, which is supposed to cover the needs of 75% of Chileans, equals about US\$1.9 billion annually, while private insurance companies have budgets totalling about US\$1.8 billion annually. The cutbacks combined with rising costs to eat away at the system, and no one is quite sure where to find the financing to improve it.

Alex Figueroa, the health minister, says the government's bid to recover the subsidy would provide money to cut through lengthy waiting lists for surgery and to upgrade facilities and improve service in the public system. Opposition leaders say that if the subsidy is cut up to a million people could be forced out of the private

system and back into the public system, causing it to collapse. Proponents deny this, saying the number will not exceed 113 000. If the bill passes the government will gradually eliminate the subsidy, starting in 1998. — © *Lake Sagaris*

Physician member of hit team, paper says

A physician participated in a well-publicized assassination attempt in Jordan that prompted Canada to recall its ambassador from Israel. The *New York Times* reports that the bungled attempt to kill a leader of Hamas, a radical Palestinian group tied to a string of suicide bombings in Israel, involved 8 agents from Mossad, the Israeli secret service. At least 2 carried forged Canadian passports, a move that prompted an angry backlash from the federal government. The *Times* says 1 of the

agents was a physician, who carried an antidote, naloxone, which would be used in case of an accident involving the drug that was to be used to kill the Hamas leader, fentanyl. He survived the assassination attempt, and 2 Israeli agents who had been posing as Canadian tourists were captured.

Remembrance Day event focuses on women

The Canadian Society for International Health marked Remembrance Day during its fourth annual Canadian Conference on International Health. In a special plenary session held Nov. 11, speakers focused on "peace-building" and war's impact on women. Participants at one workshop discussed how land mines as a development issue, while another looked at the priorities facing women who want to work for peace.

Research Update • *Le point sur la recherche*

Antibiotic treatment shows promise in preventing MIs

As reported in a previous issue (Catching a culprit in the act. *Can Med Assoc J* 1997;156:341), Canadian researchers have shown that infection with a common respiratory bacterium, *Chlamydia pneumoniae*, can cause atherosclerotic lesions to form in the aortas of rabbits.

Now researchers in England have used antibiotic drugs to treat patients who have had a myocardial infarction and have high titres of antibody to *C. pneumoniae* (*Circulation* 1997;96[2]:404-7). Patients treated with azithromycin had a fivefold lower incidence of subsequent cardiovascular events (death, unstable angina or myocardial in-

farction, or coronary angioplasty or urgent coronary artery bypass grafting) than patients who didn't receive the treatment.

There is clearly a link between *C. pneumoniae* infection and coronary heart disease, but the nature of the link and the way in which the infection affects the arteries are still unclear, according to Dr. Sandeep Gupta of St. George's Hospital Medical School in London, principal author of the study. "We cannot explain about 40% to 50% of the differing prevalence and severity of heart disease through traditional risk factors such as smoking and cholesterol levels," he explained. "Of the proposed infective risk factors, *Chlamydia pneumoniae* is the most likely candidate. However, no one knows exactly whether the in-

fection is a primary factor or a perpetuating factor."

In other work presented at the American College of Cardiology meeting in March 1997, Gupta looked at the immunologic effects of high titres of antibody to *C. pneumoniae* and of lowering the antibody level. He hypothesizes that infection could lead to heart disease directly, through endothelial damage to arteries, or indirectly, by activating monocytes, which causes a cascade of events involving an inflammatory and prothrombotic response. Antibiotic treatment lowered levels of markers of inflammation and led to clinical benefits for patients recovering from a myocardial infarction. In many of the patients studied, said Gupta, *C. pneumoniae* infection appeared to have a