



## Palliative care to move to front burner?

Federal Health Minister Allan Rock was to announce a major palliative care initiative in late December or early January, which was to mark the largest-ever joint project linking Health Canada and the private sector. The Canadian Palliative Care Initiative (CPCI) was proposed by Drs. David Kuhl, Harvey Chochinov and Gerri Fragerthe on behalf of the Canadian Palliative Care Association; it was a response to recommendations from the Special Senate Committee on Euthanasia and Assisted Suicide, which recommended that

palliative care programs be given high priority. (Canada is behind the United Kingdom, Australia and New Zealand in establishing palliative care as a recognized medical discipline.)

The initiative is being driven, at least in part, by demographics: Canada will have 4 million residents older than 75 by 2036, and this means the debate on euthanasia and assisted suicide will likely gain momentum. Growing numbers of studies suggest that many people requesting assisted death do so because of poor management of pain and other symptoms; the desire to die often decreases when these issues are addressed.

The CPCI proposal states that “educational deficiencies” are part of the problem. A 1996 survey of Canadian medical schools found that the average time allocated to palliative care at the undergraduate level was 10 hours, and no school included mandatory contact with terminally ill patients.

The triple prongs of the CPCI are faculty scholarships, studentships and grants programs, which are supposed to create a community of committed clinicians and researchers. Research priorities include symptom management in end-of-life care, delivery issues such as home care and pharmaceutical, and vulnerable populations.

## Organic cigarettes new fad for “health-conscious” smokers

Next time you’re stocking up on granola at the health food store, you may find another unadulterated product that is becoming popular in Canada and the US — organically grown American Spirit cigarettes manufactured by New Mexico’s Santa Fe Natural Tobacco Company. They are currently available at more than a dozen sites across Canada.

Robin Sommers, Santa Fe’s president and CEO, says the New Age smokes are made from whole-leaf tobacco and contain no chemical additives, preservatives, reconstituted sheet tobacco, stems, flavourings, moisteners or burning agents. In contrast, popular American-blend cigarettes contain only 60% of shred cut from tobacco lamina. Although they have higher levels of nicotine and tar than conventional smokes, the all-natural cigarettes contain none of the many substances that major tobacco com-

panies have disclosed are added to their products. Sommers stops short of claiming his American Spirit cigarettes are healthy, but disingenuously notes that no studies have



been done on them. A health-conscious runner, he doesn’t smoke.

The premium-price cigarettes are available in regular filter, menthol filter, unfiltered and “Pow Wow Blend”; the latter is a combination of tobacco and herbs like red willow bark and sage, as well as organic pouch tobacco. Sold under the com-

pany’s thunderbird icon, packages feature a silhouette of an Indian in a feathered headdress puffing on a long-stemmed peace pipe. The politically correct products are advertised in alternative magazines such as *Mother Earth News*, *Vegetarian Times* and the *Utne Reader*.

No sales figures are released for the privately owned company, but industry analysts estimate that its 1997 sales will top US\$55 million. Sales are especially brisk in San Francisco and Seattle and in college towns like Madison, Wis. Overseas markets are also being considered.

The company’s success in riding the 1990s’ lust for natural products has spurred several major cigarette manufacturers to begin marketing their own “microsmokes.” The Philip Morris Co. has introduced Dave’s, while R.J. Reynolds created its Moonlight Tobacco subsidiary to market products with names like Sedona and Planet. — © Gil Kezwer



The studentship program will take from 80% to 100% of a student's time for up to 2 years of clinical research, during which the study of pain

management and breathlessness will be high priorities. The grants program aims to use evidence-based research on medications used to treat

these symptoms to develop equitable, cost-effective access to drugs across the country. Faculty scholarships lasting up to 2 years will be open to a wide range of education professionals.

The CPCI will be administered at arm's length from government by the newly created Palliative Care Foundation of Canada. It will cost \$19.5 million over 5 years, with \$9.75 million coming from Health Canada and the balance from the drug industry, other private sources and fund-raising. — © Heather Kent

## What does it cost to live with HIV?

The annual British Columbia HIV/AIDS conference marked its 10th birthday this fall, and the anniversary arrived at a critical time because BC now claims one of the highest incidence rates for HIV infection in the developed world.

A unique Canadian project discussed at the 1997 conference has been investigating the cost and economic impact of HIV and AIDS. The goal of the Community Health Resource Project is to define direct and indirect costs associated with HIV/AIDS and, conversely, to explore the economic value of life. The project evolved after discussions with community groups to determine where gaps existed in current cost-related research. "What is missing most notably in other studies is the cost to partners, volunteers and community agencies," said Dr. Robin Hanvelt of UBC, the study's principal investigator.

Current direct-cost estimates per lifetime episode of AIDS are as high as \$180 000, whereas indirect costs representing lost income because of death and debilitation may reach almost \$1 million per case.

This is the only Canadian study to specify the cost of retroviral therapy (57% of participants are taking drug combinations that cost about \$12 000 per year, and protease inhibitors cost close to \$6000 annually). It also includes a wide range of costs, including the price

tag attached to volunteer support, and contains a large sample from "emerging groups" affected by the disease, such as women and natives.

A functional health-status component, which describes people's perception of their health, is considered a crucial component. As well, participants are asked to record in a diary unmet needs involving basic items such as food and clothing.



Evin Jones of the BC Persons with AIDS Society said patients' dependence on welfare benefits is her agency's "central dilemma." Affordable housing is needed, because even though average rent in downtown Vancouver is \$740 per

month, the maximum shelter allowance for those receiving welfare is \$325 a month. This forces many people to live in decrepit hotels. The requirement that Canada Pension Plan disability benefits be deducted from welfare cheques also causes financial problems, said Jones.

The research project, launched in September 1996, now has 550 participants; 175 are natives, and native leaders play an active role in the project. Data are currently being analysed and results will be disseminated widely in the AIDS community. Hanvelt and his coinvestigator, UBC economist David Schneider, "hope the data will be used in ways that we never anticipated." — © Heather Kent

## WHO condemns broad use of antibiotics on farms

Humans are in danger because of the growing use of antimicrobial drugs in raising farm animals, the World Health Organization (WHO) says. Following an October meeting, WHO reported that public health consequences of excessive use of antimicrobial products in livestock include the emergence of resistant microbes, which can be transferred to humans through the food chain. Researchers attending the meeting received evidence that antibiotic use in animals leads to resistant salmonella infections.

## Manitoba MDs say *Nein* to German physicians

Manitoba's health minister never dreamed that his plan to hire German doctors to work in remote parts of the province would degenerate into an acrimonious debate between the government's official opposition, the College of Physicians and Surgeons of Manitoba and the Association of Foreign Medical Graduates of Manitoba Inc.

During a recent trip to Germany, Health Minister Darren Praznik scoured the country for 40 replacement doctors to serve in areas with chronic physician shortages. However, his initiative caused a storm of