

## BSE fears continue in UK

New cases of variant Creutzfeldt-Jakob disease (vCJD) in the United Kingdom and Western Europe have prompted the European Parliament to implement more stringent measures to protect consumers. The European Commission is now monitoring its 15 member countries for compliance, and countries that fail to implement safeguards face fines.

### Change approach to illicit drug use: CMA

Canada is spending too much trying to apprehend those who use illicit drugs and not enough trying to treat them, the CMA says.

In a Mar. 11 appearance before the Special Senate Committee on Illegal Drugs, CMA President Henry Haddad called for a national strategy that promotes awareness and prevention and emphasizes treatment, not law enforcement. If the strategy is developed and the shift in resources takes place, says the CMA, the possession of small amounts of marijuana could then be decriminalized, with criminal sanctions replaced by fines.

“Drug abuse and dependency is a chronic, relapsing disease for which there are effective treatments,” said Haddad, “and whenever possible, individuals suffering from drug dependency should be diverted from the criminal justice system into treatment and rehabilitation.”

Haddad made the presentation with Dr. William Campbell, president of the Canadian Society of Addiction Medicine.

The Senate committee has heard from a range of experts, including Swiss officials who explained their continuing attempts to battle drug use. The Swiss have used a collaborative and flexible approach that focuses on bringing users to treatment centres instead of jails.

The committee, struck a year ago, was charged primarily with studying Canada’s policies on cannabis use. It is scheduled to table its final report in August. — *Steven Wharry, CMAJ*

VCJD, the human form of bovine spongiform encephalopathy (BSE), had killed 109 people in the UK by March 2002, with 5 of the deaths occurring this year. There have also been 4 deaths in France and 1 in Italy.

Meanwhile, countries struggle to control the risk. Britain’s Food Standards Agency said in January that meat from the offspring of a cow that developed BSE had been sold to consumers. Although scientists are uncertain whether vertical transmission can occur, all calves born to cows with BSE are supposed to be destroyed as a precaution. A spokesperson for the agency said there is a backlog of these calves.

*The Guardian* says 2 new cases of BSE are still being identified daily in British cattle, including 13 in cattle born after feed regulations were tightened in 1996. That same year, authorities announced that meat from infected cattle was the likely cause of the disease in humans, but other modes of transmission are still being investigated. British officials issued guidelines for the decontamination of surgical instruments after experts identified them as a theoretical source of vCJD infection. They



Canapress

Despite mass slaughters like this one in Germany, the risk of vCJD persists.

have already examined and graded decontamination procedures at 182 acute care hospitals.

Another theoretical risk is infection caused by the UK’s 40 million sheep. In January the government extended a program to eradicate scrapie amid speculation that it could cause vCJD in humans. — *Mary Helen Spooner, West Sussex, UK*

## US insurance helps MDs counter frivolous suits

An insurance policy designed to help physicians hit back at lawyers who launch frivolous lawsuits has been created by a Florida-based legal services firm.

Dr. Jeffrey Segal, a former neurosurgeon who now heads a biotech company headquartered in North Carolina, developed Medical Justice to provide physicians with the resources they need to counter-sue for time lost preparing for court and restoring their reputations.

US Legal Services, the Florida firm administering Medical Justice, considers Segal’s concept a potential deterrent to rampant medical malpractice suits in the US. So does the Florida Medical Association, whose board has endorsed the new insurance.

To join, physicians pay a flat annual fee of between \$500 and \$1000, according to the level of medicolegal risk within their specialty. If the physician is sued unsuccessfully, an independent attorney then assesses the case to determine if it was filed maliciously and whether the doctor is likely to win a malicious prosecution case. The insurance then covers the cost of any resulting countersuits against plaintiffs and their lawyers and expert witnesses.

The Canadian Medical Protective Association (CMPA) discourages countersuits, largely because they are rarely successful in Canada. “In legal actions where the defendant physician is successful, the courts, at their discretion, may award costs to the defendant,” says Dr. John Gray, the CEO. However, if a member decides to pursue a countersuit, “the CMPA does not assist.” — *Milan Korcok, Florida*