BC court wades into medical-necessity debate over autism treatment

The British Columbia Court of Appeal has upheld a ruling that the province violated the Canadian Charter of Rights and Freedoms by refusing to fund an early-intervention treatment program for autistic children. The treatment costs about about $60 000 per child per year (*CMAJ* 2000;163[9]:1181).

Parents of autistic children filed their suit in 1998, and 2 years later a BC Supreme Court judge declared the treatment — Lovaas therapy — medically necessary. The province appealed, but last month's unanimous appeal court ruling concluded that autism "is a medical disability just as cancer is, and both require treatment." The court rejected the government's claim that it was unable to pay for the treatment and also changed the maximum age for eligibility from 6 years to 19 years. It is estimated that there are 1400 autistic children under age 19 living in BC.

Michael Lewis of the BC Autism Society praised the court for a "very, very strong judgement." Sabrina Freeman of Families for Early Autism Treatment of British Columbia says that group is "extremely happy" with the judges' assertion that intensive behavioural therapy is "the only effective treatment for autism." Freeman says the judgement has important national implications because Alberta, Quebec, Nova Scotia, New Brunswick and Ontario are currently involved in litigation regarding autism treatment. Only Prince Edward Island funds Lovaas treatment to age 19.

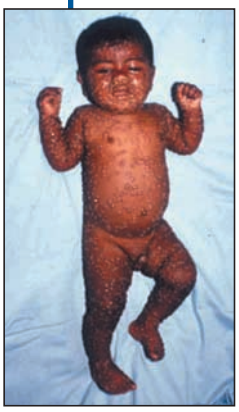
Freeman remains skeptical about whether the government will comply with the decision. "I firmly believe that it will be appealed to the Supreme Court of Canada," she says. The province has not confirmed this.

Although the province appealed the 2000 ruling, it did begin providing parents of 500 autistic children under age 6 with $20 000 each in annual funding, says Freeman. Under that program, parents become eligible for funding if they have 2 letters from a family doctor, pediatrician or psychologist. They then have to hire a Lovaas therapy consultant, who creates a treatment program and trains a team of about 5 therapists to work with the child for 4 to 9 hours weekly. The therapy involves intensive work in language, socialization and behaviour.

Dr. Melvin De Levie, a Vancouver pediatrician who diagnoses about 30 cases of autism a year, says parents "still have to scramble" in a patchwork system once a diagnosis is made. Although he is pleased with the "very decisive" court decision, he says BC faces a problem because it has no education program for Lovaas therapists: "We need to develop our own resources." — *Heather Kent*, Vancouver

WHO marks 25th anniversary of last naturally acquired smallpox case

On Oct. 26, 1977, the world's last case of naturally acquired smallpox was reported in Somalia. Three years later, the World Health Organization declared the world free of naturally occurring smallpox. Eradication of the disease, a campaign that began in 1966, was considered an unprecedented accomplishment. In Canada, an average of 2263 cases of smallpox were reported yearly between 1924 and 1929, and the last endemic cases occurred in 1946. The last case of smallpox imported to Canada was reported in 1962.



WHO

Smallpox: Canada's last outbreak occurred in 1946

Smallpox (see *CMAJ* 2001;165[10]:1380) is transmitted via person-to-person contact, mainly through airborne respiratory droplets. It can also be transmitted through contact with infected clothing or bedding. The mortality rate for the most virulent strains is about 30%.

Until the disease was eradicated, each infected person infected approximately 5 other people. The cessation of vaccination programs means the infection rate in today's population, particularly among those under age 35, could be much higher.

In light of the potential use of the smallpox virus as a bioterrorism agent, the possibility of vaccination programs is being discussed for the first time in 31 years. In 2001, the federal government had 365 000 doses of the vaccine on hand. — *CMAJ*

WHO publishes world's first formulary for essential drugs

The World Health Organization (WHO) has marked the 25th anniversary of the publication of its *Essential Drugs* list by creating the world's first authoritative model formulary.

The *WHO Model Formulary* presents information on the use, dosage, adverse effects, contraindications and warnings for the 325 basic "essential" medicines that WHO believes every country should make available to its citizens. It also crams important information on prescribing and rational drug use into a small blue book that fits easily into a pocket.

Dr. Hans Hogerzeil, team coordinator for policy, access and rational use at the WHO Medicines Strategy in Geneva, says the formulary is "based solely on scientific evidence" and is designed primarily to help developing nations create their own essential drug formularies.

The essential-drugs concept is based on the premise that "a limited range of carefully selected essential medicines leads to better health care, better drug management and lower costs," says Hogerzeil. It is especially useful when humanitarian and emergency aid is needed, and the concept has spread around the world. For developing countries, focusing on specific drugs to ensure access to affordable, "essential" medicines is considered a fundamental mainstay of health care.

The WHO Model Formulary can be viewed at **mednet3.who.int/mf/modelFormulary.asp**. — *Alan Cassels*, Victoria