

their favour would make the family eligible for monies from the US Vaccine Compensation Fund, which was created to safeguard manufacturers from lawsuits while ensuring adequate vaccine supply. The burden of proof in the Court of Federal Claims is lower, requiring only that plaintiffs prove that an association is “more likely than not, based on a preponderance of evidence.”

Hip surgery: Senior citizens who have broken hips and are forced to wait longer than 1 day in hospital for surgery are 22% more likely to die than those treated within a day of admission, according to a Canadian Institute for Health Information study. The higher death rate is typically the product of complications such as urinary tract infections or pneumonia resulting from being immobilized and bedridden. There was also a significant variation in the rapidity of treatment relative to size of the hospital. Some 74% of patients admitted to small hospitals received same or next day surgery, compared with 67% in medium and large community hospitals, and 57% in teaching hospitals. The study, which indicated that 25 000 seniors were admitted to hospital because of a broken hip in 2006, is available at www.cihi.ca

Foreign credentials: The federal government has unveiled the first phase of its newly minted Foreign Credentials Referral Office, a \$32.2 million, 5-year initiative created in the 2007 federal budget to help International Medical Graduates and other foreign-trained professionals get readier recognition of their credentials. In addition to online information about potential occupations and job opportunities, the new office will provide immigrants with a dedicated phone service at 320 Service Canada outlets by this fall. — Wayne Kondro, *CMAJ*

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DISPATCH

Canadian dispatches from medical fronts: Whaling

The sun rose slowly as I picked up the pacemaker programmer at my Yellowknife clinic, headed to the airport, and flew north into darkness. As I landed in Inuvik — north of the Arctic Circle — it rose a second time, even more reluctantly. The pacemaker machine and I shared a taxi to the local hospital, where I began a 4-day internal medicine travel clinic.

On Tuesday morning, I saw patients who had flown into Inuvik from the village of Aklavik. Seventy-five-year-old Sarah stumped cheerfully into the examining room, sporting a magnificent parka and trailed by her sister Naomi. They wore matching mukluks of wolf fur — apparently originating from the same animal, and beautifully decorated by hand. “Used to keep wolf warm — now me!” chuckled Sarah. Both weathered Inuit faces were framed in wolverine and wolf furs — the “sunburst” hoods that often adorn calico parkas in the high Arctic.

Sarah stripped off 3 or 4 layers, and I hooked up the machine to check her pacemaker. The battery was getting low and she was entirely pacemaker dependent. I checked the thresholds, reprogrammed a couple of parameters, and noted the absence of underlying rhythm while she chatted to her sister. Then I noticed from her chart that she had missed her last appointment. I tried to summon a frown as I unhooked the leads and mentioned the no-show to Sarah.

“Oh yes, in the summer. Nurse told me to go see doctor in Inuvik. I said, ‘No! I’m going whaling!’ We had really good season at whaling camp, doctor. Lots of good muktuk this year.” Her sister nodded, smiled and raised her eyebrows in agreement. Evidently she enjoyed whaling as well.

“But Sarah, your battery is getting low and your pacemaker could stop working if you miss your appointments to have it checked.”

“Oh, I won’t miss again! I’ll be good this time doctor, I promise — whaling camp is only once a year.”

She was penitent, but still playful as she donned her parka again. She didn’t mind coming to Inuvik in November, when she could replenish her sewing supplies and buy Christmas presents for her family. Both sisters shook my hand, smiled broadly and wished me a happy Christmas as they headed out into the mid-day twilight.

I sighed — at my fondness for Sarah, at my weak attempt to play tough with a wise woman who sets her own priorities.

She was doing her best to cooperate with the young lady doctor from down south (i.e., Yellowknife). I decided I could work around the whales. — Amy Hendricks MDCM, Yellowknife, NWT

CMAJ invites contributions to “Canadian dispatches from medical fronts,” in which physicians and other health care providers can provide eyewitness glimpses of the medical front, whether defined by location or intervention. Without intending to restrict options, the front can be defined as any unique confluence of time and event, whether in developing countries, war zones, inner-city clinics, in the North, or with a novel surgical technique or intervention. The frequency of the section will be conditional on submissions, which must run a maximum 350 words or be subject to our ruthless editorial pencils. Forward submissions to: Wayne.Kondro@cma.ca

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