For the record

Double curses and lost revenues

Armed a with new study indicating that wait times for 4 medical treatments drained the economy of $14.8 billion in productivity and government coffers of $4.4 billion in 2007, the Canadian Medical Association last month launched a national "More Doctors, More Care" campaign aimed at compelling politicians to resolve the physician shortage.

"Waiting for care is a double curse. A curse on patients who suffer and deteriorate while waiting. And a curse on the economy of our country," CMA President Dr. Brian Day told the Economic Club of Toronto Jan. 15 while announcing the campaign and releasing the economic study.

The campaign aims to put health care issues like physician supply back on the political agenda before the next federal election, with an eye towards expanding capacity at medical schools and repatriating young Canadians who get their medical education abroad, Day added. It will include national advertising, online ads and a postcard-writing blitz.

The economic impact study, conducted by the Winnipeg-based Centre for Spatial Economics, calculated the effect on gross domestic product of patient waits (from the moment a specialist advised treatment) beyond the medically recommended maximum in 4 of the 5 priority areas targeted for wait times reductions as part of the 2004 First Ministers Health Accord.

The projected impact was highest for joint replacement surgery, at $26 400 per patient, followed by MRIs $20 000, coronary artery bypass graft surgery $19 400 and cataract surgery at $2900. The study says the variations are primarily a function of length of wait and the extent to which the patient's condition limits his ability to work.

Among factors included in the assessment were "patient costs" such as an inability to work while waiting and decreased production of goods and services; informal "caregiver costs" as a result of people giving up work to care for the patient; and "health care system costs" such as additional drug and medical treatments required as a result of the wait. — Wayne Kondro, *CMAJ*

Panel urges "signature" project in Afghanistan

Erstwhile hopes that Canada might adopt the troubled Mirwais Hospital in Khandahar (*CMAJ* 2007;177[8]:837-9) received a small boost from the report of the 5-member, blue-ribbon panel, led by former Liberal cabinet minister John Manley, which had been struck by the federal government to review Canada's future role in Afghanistan.

Senlis Council

External view of the Mirwais Hospital in Khandahar, Afghanistan.

While recommending that the Canadian military remain in Afghanistan beyond the current deadline of February 2009, on the condition of additional equipment and more North Atlantic Treaty Organization support, the panel also urged revisions in Canadian reconstruction aid. "Canada's civilian reconstruction and development engagement in Afghanistan should concentrate more on aid that will directly benefit the Afghan people," the panel said in its Jan. 22 report. "This calls for more emphasis on project assistance, including at least one 'signature' project (a hospital, for example, or a major irrigation project) identified with Canada and led by Canadians. Projects of this sort should address urgent needs as defined by Afghan community leaders, generating local employment and other benefits. This project assistance should be intensified alongside longer-term projects to build the capacity of Afghan communities and institutions. CIDA's [Canadian International Development Agency] internal procedures should be altered as necessary to facilitate this shift in emphasis. The Government should conduct a full-scale review of the performance of the Canadian civilian aid program."

Although the panel did not specifically mention Mirwais, the Senlis Council argued Mirwais is a logical choice as a "signature" project. "Because the virtual absence of health care in Khandahar is one of the locals' chief grievances, the refurbishment of Khandahar City's Mirwais Hospital would go a long way towards rebuilding local support for the Canadian Mission in Khandahar," said the Paris-based international development security policy research group.

Prime Minister Stephen Harper expressed "broad" support for the report's recommendations. — Wayne Kondro, *CMAJ*

US follows Canadian lead

Rarely has Health Canada been ahead of United States Food and Drug Administration on consumer health advisories. Children's cold medications, though, proved the exception as Canada issued an Oct. 11, 2007, advisory and it took the FDA more than 3 months to follow suit on Jan. 17, 2008. Though rare, unintentional overdoses of infants' cold medications have led to serious complications, including death. Health Canada's studies on the effects of such over-the-counter medications on children aged 2–11 are currently underway.

Both agencies emphasize that caregivers should never give a child under age 2 cold or fever medication — even those manufactured for infants — unless directed to do so by a doctor. Caregivers are also reminded to follow instructions exactly. If the child is taking more than 1 type of medication, there may be a repeat ingredient, such as an antihistamine, resulting in overdose. — Nicole Chatelain, Ottawa, Ont.

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