

Community Health, which has been given until March 2009 to establish a program for registering users, who will be restricted to 2.5 ounces of marijuana and 12 plants, which must be kept within locked facilities.

“This represents a thundering rejection of the draconian and unscientific policies of the last 10 years,” says Bruce Mirken, director of communications for the Marijuana Policy Project, a Washington, District of Columbia advocacy group for marijuana use. “One in 4 Americans now lives in a state that approves medical marijuana.”

The other states that have passed such laws are Alaska, California, Colorado, Hawaii, Maine, Maryland, Montana, Nevada, New Mexico, Oregon, Rhode Island, Vermont and Washington. — Lesley Ananny, Ottawa, Ont.

Bamako call to action

National governments have been urged to allocate 2% of the budgets of their health ministries to research under a “call to action” issued by the Global Ministerial Forum on Research for Health held in Bamako, Mali, from Nov. 17–19, 2008.

In a bid to establish targets for increasing investment in health research, representatives from 53 of the 69 participating nations that inked the Call to Action in Bamako, Mali, also urged that at least 5% of all health-related

developmental assistance funding should be ticketed for health research, (www.tropika.net/svc/specials/bamako2008/call-for-action/call).

Signatories to the call to action also urged that the research investments should be “determined by national and regional agendas and priorities, with due attention to gender and equity considerations” and that more attention be paid to research that “addresses the health challenges that disproportionately affect, the

poor, marginalized and disadvantaged.”

Among other measures urged was the establishment of Nov. 18 each year as a “World Day of Research for Health” and ministerial gatherings every 4 years to discuss progress. A similar Call for Action was issued from the Global Ministerial Summit on Health Research held in Mexico in 2004. — Wayne Kondro, *CMAJ*

DOI:10.1503/cmaj.081939



Reuters / Daniel Flynn

An elderly man sits inside his hut near Bamako, Mali, where international agencies recently issued a call for more health research related to conditions that afflict the poor and disadvantaged.

Briefly

Detailing: The United States Court of Appeals for the First Circuit has upheld the rights of states to prohibit the sale of computerized data showing which doctors prescribe what drugs. The purchase of such prescription data, based on information gathered from pharmacies and companies that manage drug benefits for employers, has become a highly lucrative industry as pharmaceutical firms seek any kind of edge that might indicate which doctors are more receptive to company sales pitches. In rejecting a bid from data-mining companies to block implementation of a New Hampshire law that prohibits the

sale of such information, US Court of Appeals Judge Bruce Marshall Selya wrote that it was entirely reasonable to constrain “overzealous prescription of more costly brand-name drugs regardless of both the public health consequences and the probable outcome of a sensible cost/benefit analysis,” (*IMS Health Inc. and Verispan, LLC v. Kelly A. Ayotte, New Hampshire Attorney General*, available at www.ca1.uscourts.gov/).

Denial: Ousted South Africa President Thabo Mbeki’s refusal to acknowledge the viral cause of AIDS and the usefulness of antiretroviral drugs in treating the disease caused the premature deaths

of more than 330 000 people between 2000–2005, according to modelling by Harvard researchers (*Acquir Immune Defic Syndr* 2008;49:410-5). The study also estimates 35 000 babies were born with HIV as a consequence of Mbeki’s policies, which promoted the use of alternative remedies such as lemon juice, beetroot and garlic.

Death with dignity: The state of Washington will become the second American jurisdiction to adopt an assisted-suicide law after approving a ballot proposition (by a 59% to 41% margin) known as Initiative 1000, which permits terminally ill, competent adults who are predicted to have fewer than 6 months

to live to request and self-administer lethal medication prescribed by a physician. Oregon was the first state to adopt such a law, in 1997. Some 341 residents used it to hasten their deaths in 2007. Unlike Canada, the Netherlands, Belgium and Switzerland have decriminalized assisted suicide.

Aboriginal curriculum: The Association of Faculties of Medicine of Canada and Indigenous Physicians Association of Canada have unveiled a new Aboriginal health curriculum framework for medical schools (*CMAJ* 2008;178 [13]:1650) that familiarizes physicians with the precepts of “cultural safety, which encompasses concepts of cultural awareness, sensitivity and competence”, as well as “the additional skill of self-reflection,” (www.afmc.ca/social-aboriginal-health-e.php).

Awards: University of Ottawa professor of medicine Dr. Peter Tugwell has been named recipient of the prestigious Canadian Institutes of Health Research Michael Smith Prize as Canada’s 2008



2008 Michael Smith Prize recipient Dr. Peter Tugwell.

Health Researcher of the Year for Health Services and Systems and Population Health Research. Tugwell, who is also chair of the *CMAJ* Oversight Committee, received a medal and a research grant of \$100 000 per year for 5 years. — Wayne Kondro, *CMAJ*

DOI:10.1503/cmaj.081940

Perfect predilections

There’s a glint in her eyes as she talks about the appeal of family practice — daily diversity, pedagogical and international doors opened, and, of course, the opportunity to occasionally perform a bit of surgery.

“That is what I love about family medicine. You can invent yourself in a whole lot of directions,” says Dr. Diane L. Kelsall, recently minted *CMAJ* Deputy Editor, Clinical Practice. “And I just love surgical procedures. If there is anything I can whack out, or fix, on my patients, within my realm, I will do.”

A perfect predilection, particularly if the primary task you’ve been charged with is complete dissection and subsequent reconstruction of *CMAJ*’s Practice section to make it more useful for practitioners.

CMAJ Editor-in-Chief Dr. Paul Hébert says no one is better qualified to undertake the overhaul. “As the former editor of *Canadian Family Physician*, she’s very familiar with the needs of practitioners. Diane’s highly respected in the field of family medicine and will bring that voice to the journal.”

Kelsall envisions an expanded practice section and a host of new online resources for physicians on the *CMAJ* website. “When a physician opens the journal, there has to be something in it that they can look at and say, ‘I can do something about this tomorrow.’”

The plan is to distill the plethora of research that exists on medical conditions, diagnostics and therapies into “practical” chunks. “A practising physician does not have the time to sift through the last 200 research papers on a particular topic. What we’re hoping to do is to do that sifting for them.”

A graduate of the University of Toronto, the 46-year-old contemplated a surgical residency before deciding on family practice. She later completed a family and community medicine fellowship, a Masters of Education and then moved into a series of staff physician positions in Kingston, Ottawa and Edmonton before returning to Toronto, where she’s now on staff at Mount Sinai Hospital and an assistant professor of family and community medicine at her alma mater. She also spent 2 years



Roger Collier

Dr. Diane L. Kelsall is *CMAJ*’s new Deputy Editor, Clinical Practice.

in England (2004–2006) helping establish an international medical charity.

Kelsall caught the editing bug when she was asked to contribute to a church newsletter and soon parlayed her fondness for language into a 10-year stint as editor of the Institute of Clinical Evaluative Science’s quarterly, *informed*. She served as editor of *Canadian Family Physician* from 2006 until joining *CMAJ* in November 2008.

The opportunity to move to a journal with a broader reach was irresistible, says Kelsall. “What is interesting to a family physician or a generalist is interesting across the board. If you’re going to do an article on a topic, whether a subspecialist or a generalist, we need to be informed, broadly. So to me, it was just a marvelous opportunity to work with a larger audience.”

A voracious reader, eager traveller and avid walker — “about 4 miles a day” — Kelsall is married to Carsten Hennings, assistant professor of business at Tyndale University College & Seminary, and the mother of 11-year-old Rachel. The long-time Toronto resident claims she didn’t feel compelled to contact the armed forces when 4 cm of snow fell on Ottawa shortly after her arrival. “I was born in Winnipeg,” she explains. — Wayne Kondro, *CMAJ*

DOI:10.1503/cmaj.081938