

Briefly

Potassium iodide warning: Canadian officials have stockpiled the drug near the Bruce power plant in the event of nuclear mishap. American officials are distributing it to United States personnel and their families in Japan or other areas affected by events at the earthquake-hit Fukushima Daiichi nuclear power complex, while residents of western US states have made such a purchasing run on the over-the-counter drug at pharmacies that shelves are empty. But the Professional Compounding Centers of America is cautioning that unless consumers face imminent threat of exposure to nuclear radiation, they should avoid the use of potassium iodide, which is believed to reduce the effects of radiation exposure on the thyroid gland, because of side effects. “Taken inappropriately — as with any drug or supplement — potassium iodide will do more harm than good,” Gus Bassani, the association’s vice president of consulting, R&D and formulation, said in a press release (www.pccarx.com/pdf%20files/PCCA_PotassiumIodide_03-23-11.pdf). “When misused, potassium iodide can cause iodine toxicity — with symptoms ranging from relatively mild, such as a metallic taste and sore gums and teeth, all the way to negative effects on the thyroid itself.” — Wayne Kondro, *CMAJ*

Salt app: The Canadian Stroke Network has unveiled an iPhone application designed to allow consumers to easily determine whether they are staying within recommended daily salt intakes. The free application, Sodium 101 for iPhone, allows consumers to compare and track sodium content in more than 2000 takeout foods available at takeout food chains, as well to enter and track sodium content levels in packaged foods (www.sodium101.ca/app/). Other features include: “a handy converter that allows you to calculate the amount of sodium in any amount of salt; simulated salt shaker to count salt added to food; recipe converter that allows you to track

the salt added to food while cooking, and calculates the sodium content based on serving size; track your daily progress at a glance with the handy sodium thermometer; start fresh each day by clearing your daily sodium diary; [and] share your daily sodium totals on Facebook and Twitter.” — Wayne Kondro, *CMAJ*

TB funding shortfall: The World Health Organization says “severe bottlenecks,” including high drug costs, drug shortages and shortfalls in funding contributions from the developed world are inhibiting efforts to diagnose and treat one million people with multidrug-resistant tuberculosis (MDR-TB) between 2011–2015. “Only 10% (24 511/250 000) of the estimated MDR-TB cases among notified TB cases in 2009 in the high MDR-TB countries, and 11% (30 475/280 000) globally were enrolled on treatment. Some countries are making progress by implementing policy changes that rationalize the use of hospitals, such as South Africa, or treating patients through community-based models of care, such as the Philippines. However, diagnostic capacity remains limited. Furthermore, the price of some quality-assured second-line drugs has not fallen, and shortages of drugs still occur. Overall, there is recognition that the response to MDR-TB must be built across health systems, and corresponding plans have been made. Human and financial resources are grossly insufficient and frequently inadequate,” the WHO says in a new report, *Towards universal access to diagnosis and treatment of multidrug-resistant and extensively drug-resistant tuberculosis by 2015: WHO Progress Report 2011* (http://whqlibdoc.who.int/publications/2011/9789241501330_eng.pdf). — Wayne Kondro, *CMAJ*

Former health minister to weigh in on wait list deaths: The Health Quality Council of Alberta has named a former federal minister of health, among other

heavy-hitters, to advise an investigation into a spate of deaths and bad outcomes among provincial residents who waited for lung surgery and emergency care (www.hqca.ca/assets/pdf/News%20Releases/2011/HQCA_news_release_March_23_2011_Final.pdf). Anne McLellan, former Liberal Party deputy prime minister and minister of health, is one of five experts who will provide counsel to a team investigating whether the deaths of 250 people between 2003 and 2006 were caused by long waits for lung surgery. The team will also review 330 cases of bad outcomes among patients who waited too long for care in Alberta emergency rooms. Allan Wachowich, former Court of Queen’s Bench chief justice in Alberta, and Dr. Zaheer Lakhani, cardiologist and Order of Canada recipient, will also join the advisory panel, as will Art Price, CEO of Calgary-based Axia NetMedia Corporation, and Dr. Simon Sutcliffe, president of the International Network for Cancer Treatment and Research. — Lauren Vogel, *CMAJ*

Voters rank health care their top concern: Health care remains the number one issue on the minds of Canadian voters, according to a new Nanos research poll (www.nanosresearch.com/election2011/20110329-IssueE.pdf). Some 28.5% of voters listed health care as their top priority, followed by jobs and the economy at 19.5%, Nanos reported in its running daily poll. — Lauren Vogel, *CMAJ*

Liberals unveil pension policy: A Liberal government will implement measures to enhance Canada’s public pension system, including increased support for seniors, party leader Michael Ignatieff announced (<http://us1.campaign-arc.hive1.com/?u=b71b47a81da6e7d67dc2f2074&id=06053e1247&e=0714dfe2b0>). Ignatieff pledged to gradually expand the benefits provided by the Canada Pension Plan and grant a \$700-million annual

boost to the Guaranteed Income Supplement to reduce poverty among seniors, particularly those with disabilities, should Canadians elect him prime minister May 2. — Lauren Vogel, *CMAJ*

Liberals pledge support for childcare: Liberal leader Michael Ignatieff has promised to increase support for early childhood care through a new fund, should his party win the upcoming federal election, citing access to childcare as a social determinant of health. “Giving our kids the strongest possible start boosts their development throughout childhood and increases their chances of a healthy and successful life,” he said in a news release (<http://us1.campaign-archive2.com/?u=b71b47a81da6e7d67dc2f2074&id=b0a0369da0&e=0714dfe2b0>). Ignatieff pledged to allocate \$500 million in his first year as prime minister, and up to \$1 billion annually over four years, to a new federal-provincial cost-sharing fund to open up new childcare spaces across the country. — Lauren Vogel, *CMAJ*

Fitness tax credit: Prime Minister Stephen Harper says a re-elected Conservative government would create a fitness tax credit for adults and double an existing fitness tax credit for children (www.conservative.ca/press/news_releases/harper_announces_new_adult_fitness_tax_credit.) The adult credit of \$500 would be introduced once the budget is balanced, which the Conservatives project will occur in fiscal 2015/16. The increase in the children’s credit, to \$1000 from \$500, would be implemented during the next Conservative mandate. The Tories claim the changes will encourage adults to exercise more and thereby help prevent chronic diseases, such as type 2 diabetes and hypertension, and save a projected \$2.5 billion in health care costs over the next 20 years. Implementing the adult tax credit will cost an estimated \$275 million annually. Doubling the children’s tax credit, established in 2007, will increase annual costs by \$30 million, bringing the total to \$145 million per year. — Roger Collier, *CMAJ*

More doctors and nurses: Party leader Jack Layton says a New Democratic government would provide funding to

hire 1200 more doctors and 6000 nurses to “bolster front-line health services,” across Canada (www.ndp.ca/press/layton-s-plan-will-mean-thousands-more-doctors-nurses). If elected, the party would also create a fund to attract 300 Canadian doctors working abroad, streamline the accreditation process for foreign-trained doctors, provide support for health professionals in rural areas and forgive loans for medical professionals who work in family medicine for at least 10 years. Layton estimated the cost of the health measures at \$165 million. — Roger Collier, *CMAJ*

Loan forgiveness for rural doctors and nurses: A re-elected Conservative government would forgive a portion of the student debt of new family physicians, nurse practitioners and nurses who agree to practise in underserved communities, Prime Minister Stephen Harper announced Apr. 5 (www.conservative.ca/press/news_releases/harper_to_strengthen_essential_services_in_rural_canada). Under the scheme, which was first proposed in the federal budget (www.cmaj.ca/cgi/doi/10.1503/cmaj.109-3845), family physicians will be eligible for federal Canada Student Loan forgiveness of up to \$8000 a year for each year they practice in a rural community, to a maximum of \$40 000. Nurse practitioners and nurses will be eligible for forgiveness up to \$4000 per year, to a maximum of \$20 000. — Lauren Vogel, *CMAJ*

Foreign credential recognition: If re-elected, a Conservative government will create new loans to help foreign-trained workers pay for tuition and other training costs associated with the foreign credential recognition process, Prime Minister Stephen Harper announced (www.conservative.ca/press/news_releases/harper_proposes_new_loans_to_assist_with_foreign_credential_recognition). He also pledged to add doctors, licensed practical nurses, medical radiation technologist and dentists, among other occupations, to a fast-track process for foreign credential recognition by 2012. — Lauren Vogel, *CMAJ*

Health care debate needed sooner than later: Canada’s federal political

parties need to share their plans for the country’s health care system before voters head to the polls, argued a coalition of 35 national health organizations representing health providers, regions, institutions and facilities, in a news release (<http://newswire.ca/en/releases/archive/April2011/06/c9844.html>). With the expiration of the 2004 Health Accord in 2014, the Health Action Lobby said discussion and debate is required now in order for Canadians to understand the respective parties’ visions for health care and make an informed decision. — Lauren Vogel, *CMAJ*

World Medical Association elects new chair: Australian general practitioner Dr. Mukesh Haikerwal has been elected the new chair of the World Medical Association. Haikerwal, who was elected unopposed on Apr. 7 during the association’s annual general meeting, is a former president of the Australian Medical Association, a commissioner to the country’s National Health and Hospitals Reform Commission and professor of medicine at Flinders University in Adelaide, Australia (www.wma.net/en/40news/20archives/2011/2011_03/index.html). — Wayne Kondro, *CMAJ*

Pharmacare urged: It’s time for Canada’s political parties and governments to “step up to the plate” and commit to the development and implementation of a universal drug coverage plan, according to a coalition of health advocacy groups led by the Canadian Treatment Action Council. It is unacceptable and a disgrace that, in Canada, many individuals spend exorbitant sums, often selling homes or going into debt, in order to pay for prescription medicines,” Louise Binder, chair of the council, said in a press release (www.ctac.ca/files/Media_Release_UCDC_Apl_2011_Final.pdf). A universal plan must be publicly legislated, appropriately funded and “available to Canadian residents without adequate private or public coverage all required prescription drugs, biologic medicines, medical devices and other treatments prescribed by a regulated health care professional.” — Samia Madwar, Ottawa, Ont.

CMAJ 2011, DOI:10.1503/cmaj.109-3873