

Physical inactivity in developing countries

Lear and colleagues¹ observed much stronger relationships between the ownership of household devices and obesity and diabetes in adults from low-income countries compared with those from high- and middle-income countries.

Although these devices were relatively uncommon among participants from low-income countries, ownership may increase with rapid economic development. This transition may have dire consequences for the health systems of low-income countries, which are already struggling with a high prevalence of infectious diseases² and road traffic injuries.³

Evidence suggests that the majority of youth and adults in low-income countries fail to meet current physical activity guidelines.⁴ In sub-Saharan Africa, higher socioeconomic status and living in an urban area were associated with greater engagement in sedentary behaviours (including screen time) among children and youth.⁵ Even more surprising are the relatively low rates of active transportation to and from school observed in population-based samples of youth in many low-income countries in Africa.^{6,7} This suggests that although privately owned cars are relatively scarce in these countries, other forms of motorized travel are routinely used by a large proportion of inhabitants.

The findings of Lear and colleagues¹ underscore the importance of promoting an active lifestyle in low-income countries. The United Nations' political declaration on noncommunicable diseases⁸ is a good step in the right direction, but there remains a clear need for raising the political priority for developing and implementing effective and culturally relevant interventions to prevent noncommunicable diseases in low-income countries.⁹

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Not all patients are the same

Yes, it is time to embrace transparency (long overdue actually)! I've worked in the health care industry since 1982, mainly in the field of health information management, and mostly in acute care hospitals. Over the years, I've had the pleasure of meeting many patients who have a legitimate need to access their personal health information.

These patients aren't necessarily the younger generation either. They come from all demographics. They are curious, and they have a vested interest in understanding more about their medical conditions — more than can be gleaned from the brief 10 minutes their general practitioner can give them. These people are more interested in understanding what their laboratory values mean (in layperson's terms) than what some nurse or doctor said about them in their record.

I have a few health conditions (comes with being in my fifties) and I too, have had to face the hassle of getting access to my personal health information and laboratory work. The privacy rules and non-sense that I have had to endure are so antiquated that I can only imagine the level of frustration the average patient feels.

It's time to change. Not all patients are the same. Some, like me, actually understand medical terminology and its myriad acronyms.

I could care less what some nurse or doctor writes about me. I just want the data, the test results, the evidence. I just want simple, easy access to my own personal health information, when I want it, where I want it and how I want it. It's my information. It's about me. So, what's the hold up?

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Reference

1. Patrick K. Patients and their medical records: it is time to embrace transparency. *CMAJ* 2014;186:811.

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CORRECTION

Omission from a contributors statement

A research article that appeared in the Mar. 3, 2014, issue of *CMAJ* contains an error. The statement, "Vincent Y.F. Su and C.J. Liu contributed equally to this manuscript" was omitted from the contributors statement. *CMAJ* apologizes for this omission.

Reference

1. Su VY, Liu CJ, Wang HK et al. Sleep apnea and risk of pneumonia: a nationwide population-based study. *CMAJ*. 2014;186:415-21.

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