



give the [results] to radiologists. That way the money would have stayed there.”

The province doesn't appear keen on the concept. A spokesperson in the health department didn't think that type of arrangement is feasible, although the province has arranged with a Winnipeg-based clinic to help reduce waiting lists for bone-density testing.

“As the minister mentioned when he announced additional funding to reduce the wait for bone-density testing, this was the first of many announcements on waiting lists,” said Roger Matas.

Anticipation of shorter lists doesn't appear to be resolving frustrations about delays. “The minister has talked about improving diagnostic services, but we're not seeing any coming on stream rapidly enough,” White said.

Judging by the number of phone calls Sveningson has received from north of the border, Manitobans appear to agree with White's analysis. However, the centre only accepts physician referrals. If enough patients pressure their physicians for such a referral, the Grafton centre may stay in business for some time. Patients who go there will be paying from their own pocket. Although travel time isn't onerous, the cost may deter some visitors. A CT scan costs between (US)\$385 and \$425, while the bill for an MRI is between (US)\$400 and \$690. An ultrasound costs from (US)\$115 to \$300.

In the meantime, DMS Imaging in Grafton remains open for business. CT scans are available 4 days a week, ultrasounds twice a week and MRIs weekly. The company specializes in mobile diagnostic services, travelling to different rural communities in North Dakota every week. Its new fixed site in Grafton was created to assess Canadian demand, although it also serves local patients.

— © Jane Stewart

## Mystery surrounds death of Canadian MD in US

More questions are being asked than answered following the mysterious shooting death of a former Manitoba doctor in his Oklahoma medical clinic. Police made no arrests following the June 24 death of Dr. Dale Johnson, 45, who worked in Pinawa, Man., for 13 years before moving to Midwest City, Okla., in 1992 to start a family practice. A 1976 graduate of the University of Manitoba, Johnson was accompanied to Oklahoma by his wife and teenaged daughter.

According to police, Beverly Johnson claims that 2 armed men stormed into her husband's clinic during the evening of June 24 and fatally shot him when he refused to give them prescription drugs. She told police she hid in an examining room and didn't see the suspects. She didn't come out until they had fled and her husband of 24 years was dead.

However, police investigators have doubts about the armed-robbery story and now consider Johnson's wife their prime suspect. They say she has refused requests to provide a written statement detailing what she witnessed. She responded by hiring a lawyer from the same law firm that defended Oklahoma City bomber Timothy McVeigh.

The investigation has stalled as police wait for a grand jury to subpoena Johnson and question her under oath. The grand jury is currently hearing an appeal concerning McVeigh's death sentence. Johnson's lawyer accuses the police of harassment and won't say if his client will speak to the grand jury or invoke her right to remain silent. “She is not a suspect,” said Robert Wyatt. “She is a victim in this crime and we are frustrated that police are treating her in a capacity other than a victim.”

Several revelations have caused police to consider Johnson a potential

suspect. Her husband had life insurance policies worth \$4 million that named his wife as lone beneficiary. As well, they allege that Dale Johnson owned 4 guns, and only 3 have been recovered. Coworkers said Johnson always carried a gun and it matches the description of the weapon that killed him. Police have been unable to find it.

Johnson claims that her husband had only 3 guns and she knows nothing of the missing weapon. Her husband's briefcase is also missing, and she told police her father discarded it while cleaning out her husband's van just days after the shooting. Coworkers said it was unusual for Johnson to be at the clinic, although she claims she was there to help her husband with his paperwork.

Another allegation involves 1 of Dale Johnson's former patients, who told police she broke off a 7-year affair with him in April. Peggy Tomsons, who now lives in Ottawa, said Johnson became suicidal after the breakup. She received an email message from him the day he died that said “I YES.” Neither Tomsons nor the police know what it meant. Beverly Johnson told police she knew nothing about an affair, although Tomsons and several of Johnson's close friends and coworkers claim it was common knowledge.

If Dale Johnson committed suicide, police wonder where the weapon went. “Things just don't add up,” said Detective Al Mason. — © Mike McIntyre, *Winnipeg Sun*

## Prion discoverer receives Nobel Prize

The 15-year-old discovery of prions, the strange little proteins implicated in the development of bovine spongiform encephalopathy, has resulted in the Nobel Prize in medicine for an American physician. Prions, which are discussed in 4 articles in this issue of *CMAJ*, were discovered in 1982 by Dr. Stanley Prusiner, a professor of



biochemistry at the University of California at San Francisco. Awareness of his work grew when prions were blamed for causing the variant of Creutzfeldt–Jakob disease that killed several people in England. That outbreak was tied to meat taken from cattle that had developed BSE, popularly known as mad cow disease.

## Canada–China hospital being developed

Canadians are playing a key role in developing China's first joint-venture hospital. Interhealth Canada China Inc., an Ontario company, is majority owner of the development, known as

the Beijing/Toronto International Hospital Project. Construction of the first 80-bed phase is to begin this month, with the hospital expected to open late in 1998. Eventually it will have 250 beds.

Unlike most foreign-run hospitals in China, which employ British or American managers, the Beijing hospital will be run by Canadians. Fifty staff members, including a medical director, are currently being recruited. Forty percent of medical staff will be Canadian, with the first 15 Canadian doctors being recruited next summer. Initially, all Chinese physicians employed at the hospital will be foreign trained; Chinese doc-

tors hired later will be given additional training at the hospital. The first Canadians on staff will move to Beijing about March.

The hospital will be aimed at the foreign-expatriate market, although it may also be available to Chinese employees of multinational corporations and entrepreneurs. Wilson Parasiuk, chair of Interhealth Canada China Inc., says there are 160 000 expatriates in China and the hospital will fill a growing demand for in-country treatment. Today, most foreign patients with a serious illness are evacuated. The new hospital hopes to receive Canadian accreditation within 2 years of opening.

## New health clinic for Asian women

Vancouver's Asian Women's Health Clinic, which was established in 1994 to increase the rate of cervical- and breast-cancer screening among Chinese women, has had to expand to meet growing demand. It is now located at Mount Saint Joseph Hospital, a major centre for multicultural facilities, and has tripled the number of hours it is open because of the area's continuing influx of immigrants.

The clinic addresses language and cultural barriers that make women leery of seeking gynecologic and breast examinations by employing only female doctors who speak Mandarin and Cantonese. Dr. Lorna Sent, the medical director, says male physicians, even those who speak a Chinese dialect, present the major cultural barrier to these women. There are still relatively few female physicians of Chinese descent living in BC's Lower Mainland. More than 40% of women using the clinic for the first time had never had a breast examination.

As well, studies indicate a far

higher incidence of cervical cancer in Asian women than Caucasian women. Asian women generally consider gynecologic care separate from the other health issues that



**Dr. Lorna Sent: Male MDs a barrier for female Asian patients?**

bring them to a family doctor's office, explains Sent. Educational material on Pap smears and breast

health has been developed at the clinic, and women undergo screening mammography on site.

Regina Li of SUCCESS, a Chinese community agency, says the clinic has been "very successful." Because of its word-of-mouth popularity, the agency no longer needs to promote the facility. Li says most of its clients have immigrated to Canada within the last 3 years and are attracted to it because of its female physicians. Only about half require their doctor to speak Chinese, since they possess adequate English.

Dr. Lois Yelland, medical health officer for Vancouver's East Health Unit, says the sheer numbers of Asian women needing service prompted the decision to open a clinic dedicated to them. Other clinics have taken a different approach. The Bridge Clinic, which is also at Mount St. Joseph Hospital, attracts women from diverse ethnic backgrounds. Its goal is to help women adapt to the Canadian health care system by encouraging them to seek care from their own family doctors. © — Heather Kent