



“Building better patients” in BC

In November 12 000 households in southern Vancouver Island received a detailed book in the mail as part of pilot project to assess whether information helps families manage health problems better.

“Our aim is to build a better patient — one who is informed, confident and better able to recognize and assess health needs,” says Andrew Hume, project comanager for the Partnerships for Better Health cam-

paign, a joint project of the British Columbia Ministry of Health and Victoria’s Capital Health Region.

There’s another goal, too: to reduce the number of unnecessary visits to doctors’ offices and emergency wards in the Victoria region. US studies show that 70% to 80% of visits to family doctors are for self-limiting diseases or minor injuries, most of which can be dealt with at home, Hume says.

Written in straightforward English at a Grade 9 literacy level, the 330-page *Healthwise Handbook* con-

tains information on more than 180 ailments and health concerns, along with tips on illness prevention, talking with doctors and making the most out of medical visits. The book, already popular with health maintenance organizations in the US, has been rewritten for a Canadian audience and vetted by a panel of Canadian physicians and health care professionals.

Along with the book, participants are given access to a toll-free number that can be called between 3 pm and 11 pm Monday to Friday to discuss

Cigarette packs to become antismoking billboards?

British Columbia Health Minister Joy MacPhail has announced ambitious plans to force tobacco companies to list some of the estimated 4000 toxic substances found in cigarette smoke on their packaging, along with the accompanying health hazards. If implemented this spring, BC cigarettes may carry the strongest warnings in the country. “People can’t make an informed choice if the tobacco industry is allowed to keep its toxic recipes secret,” said MacPhail. “People might think twice about putting cigarettes in their mouths if they knew what was actually in them.” Dr. Frederic Bass, who leads the British Columbia Medical Association’s stop-smoking efforts, agrees: “This is a remarkably toxic product and [yet] it is excluded from the Hazardous Products Act.”

Although the proposed measures greatly exceed federal labelling requirements, Health Canada has confirmed that BC is free to pursue its own legislation. Currently, federal regulations only require that tar, nicotine and carbon monoxide

appear on packaging. In the US, Massachusetts now forces the tobacco industry to provide an annual list of ingredients. Just how many of the toxins will be selected by the BC government is unclear. Dr. John

ings about other cancers and conditions, such as cataracts, that have been linked to smoking.

The tobacco industry is sceptical of the impact new labelling will have on the number of smokers. It argues that other government-mandated warnings have failed to affect consumption, and it may be right. The BC government says Health Canada’s recent surveys support “rewording current warnings, as some are not remembered or have little perceived effect.” Bass puts it this way: “Addiction happens in the mid-brain, not in the frontal lobes.”

Millar, who says it will be “very important” to evaluate the effectiveness of new labelling, is worried that BC is still not implementing evidence-based measures for smoking prevention. He suggests that routine tracking of smokers and enhanced stop-smoking programs must be put in place as well. Bass also endorses cessation programs. “Most smokers want to stop and most smokers are addicted,” he says. — © Heather Kent



Millar, provincial health officer, says that the “more dramatic” toxins could be included. The ministry mentions acetone, lead, formaldehyde and arsenic, as well as several other chemicals. MacPhail also wants the labelling to include warn-



health concerns with trained registered nurses. Over the next 2 years participants' attitudes, knowledge and behaviour will be followed through questionnaires, interviews and tracking of their use of health services. Patterns of use will then be compared with those of a similarly matched group in Kelowna, BC, that did not receive the book. "US studies have shown that every dollar you spend on patient education you get a return of between \$3 and \$4 dollars in reduced utilization," Hume says.

Participant reaction has been positive. "I think it's great," says Michael McEvoy. He and his wife has already consulted the book twice about viruses affecting their 2 children, and both times they decided not to visit the doctor. "It just made us feel more confident that we should manage these things at home."

Reaction to the project among the region's 450 doctors has been mixed, with some criticizing the \$600 000 price tag as another example of government waste. "Maybe I am cynical, but I don't think it will work — in fact they may find that the number of visits increases," says Dr. Stephen Roome, a family physician whose comments echo those of many area doctors. "I don't think there was a need for it. There are already dozens of health books that people can buy if they are interested."

However, some of his colleagues have been pleasantly surprised. "I read through it with a jaded eye, looking for things to criticize," says Dr. Glen Lowther, chief of emergency medicine for the Capital Health Region. "But to be honest, I couldn't find anything. I think it is an excellent information source."

Dr. Brian Winsby, a Victoria physician who chairs the project's steering committee, says that despite some doctors' negative response, the program was launched because of requests from physicians. During fee negotiations with the government, physicians complained that increased utilization was unfairly being blamed on doctors. "They asked for a patient-education component, and this is the result," says Winsby. — © Anne Mullens

Clinical assessment program launched in Newfoundland

A new program to assess and upgrade family physicians was announced during Newfoundland and Labrador's 1997 Rural Health Forum, held at Memorial University. The program will be aimed primar-

CMA thinks it has right recipe with new cookbook

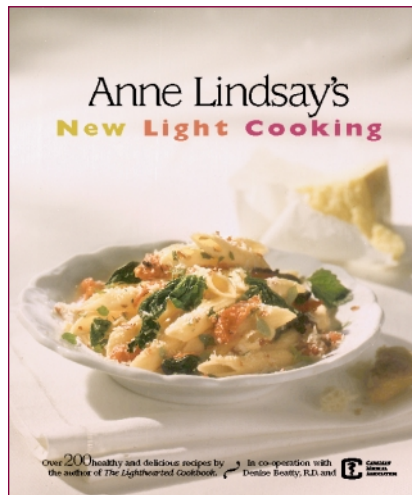
Anne Lindsay, Canada's doyenne of healthy cooking, has collaborated with the CMA to produce a new cookbook in which the emphasis is divided between recipes and detailed nutritional information.

She says the goal of *Anne Lindsay's New Light Cooking* was to publish a cookbook that not only contained attractive recipes but also helped readers eat a more healthy selection of foods. Each recipe includes a detailed analysis of its nutritional content and Canada Food Guide recommendations on how many servings the recipe contributes to a person's recommended daily total.

"For years I have tried to find ways to make healthy foods tasty," said Lindsay. "So I was delighted when the CMA asked me to work with it to produce a book that was sound in scientific research and also dispelled the myth that healthy

foods had to be bland and boring."

The book, which is being released this month to coincide with National Nutrition Month, is Lind-



say's fifth dealing with the light-cooking theme. The previous 4 have sold more than 1.5 million copies.

Lindsay said part of the appeal of

her books is that the recipes are quick, easy to prepare and use ingredients that can be found easily. She said the new book takes that convenience one step further by providing answers to commonly asked questions about healthy eating for people with conditions such as hypertension and cardiovascular disease.

Lindsay wrote the book and created the recipes with the assistance of registered dietitian Denise Beatty, while a CMA-appointed advisory board verified the nutrition-related health information. It is available to CMA members for \$20.95, plus \$3 shipping and handling; the nonmember price is \$25.95, plus \$3. Related taxes — the HST in New Brunswick, Nova Scotia and Newfoundland and the GST everywhere else — also apply. It can be ordered by calling 800 663-7336 x2307. — Steven Wharry