



“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.”

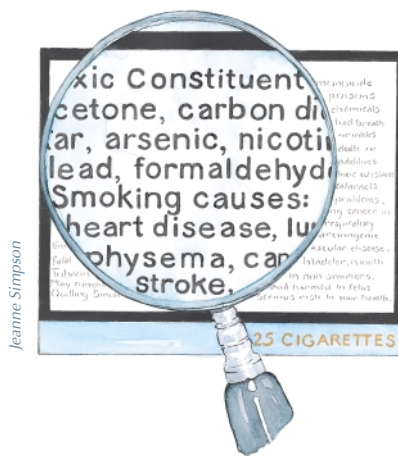
Although the proposed measures greatly exceed federal labelling requirements, Health Canada has confirmed that BC is free to pursue its own legislation. Currently, federal regulations only require that tar, nicotine and carbon monoxide

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



Jeanne Simpson

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-