Plight of Iraqi children shocks Canadian MD

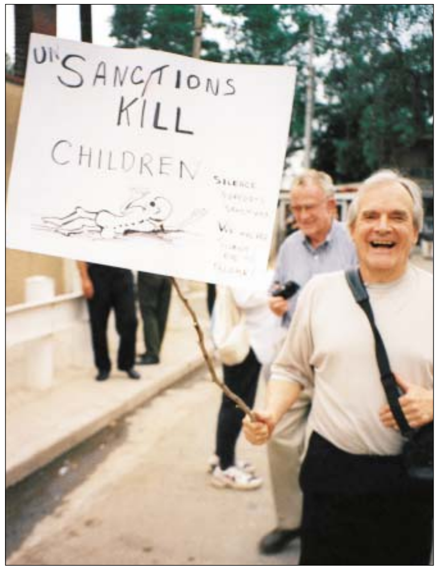
A Vancouver physician who recently returned from a visit to Iraq says a "medical emergency" exists there because of sanctions imposed by the United Nations following the 1991 Gulf war. Dr. Allan Connolly, who is active with Physicians for Global Survival, recently travelled to the Middle East with the New York-based UN Sanctions Challenge organization to distribute medical supplies.

Connolly visited 4 hospitals in Baghdad and Basra, a city close to the Kuwaiti border that was heavily damaged during both the Iran–Iraq and Gulf wars. He took 450 kg of donated medical supplies from Canada on the 8-hour bus trip from the capital to Basra, where he saw "children dying in front of my eyes" in hospitals without staff or electricity. The children's mothers provided care as best they could.

At one hospital the only physician on duty showed Connolly around wards where about 30 children were suffering from severe malnourishment and "other preventable diseases." The experience had a "searing impact" on Connolly, who cites the combination of toxic water, air pollution, depleted uranium and a lack of medicine and food as the major public-health challenges facing Iraq. Before the Gulf war the country imported 80% of its food, says Connolly, and availability has gone "downhill ever since."

Although conditions were better at hospitals in Baghdad, Connolly says health problems there have been worsened because the city's population has tripled since the Gulf war ended. Connolly is also concerned about increasing cancer rates in Iraqi children. Acute lymphocytic and acute myelogenous leukemia are the most common forms, he says, and the hospitals lack the dollars and drugs to treat them. The number of surgical procedures being performed annually is now 25% of the 1989 total.

Although the UN sanctions are supposed to allow humanitarian aid into the country, Connolly says only about 5% of the medical supplies the country needs is getting in. He would like Canadian physicians to become involved by sending medical journals to Iraqi doctors and sending research teams to study the impact of depleted uranium on cancer rates. "We need to reach out to our colleagues in Iraq," he says. "This is a specific place for medicine to act." — © *Heather Kent*



Dr. Allan Connolly protests UN sanctions against Iraq

Several nominations expected for surprise presidential election

Delegates attending this month's CMA annual meeting in Whitehorse, who were already facing major decisions surrounding the access-to-care issue and the CMA's physicians' charter and privacy code, have been given another big job. Following the mid-August resignation of Dr. Allon Reddoch as president-elect, the 220 General Council delegates will also be charged with selecting the CMA's leader for the next year.

Reddoch, who resigned for personal reasons, had been tabbed as the next president during last year's annual meeting in Victoria. The Whitehorse family physician has been heavily involved with the CMA for almost 2 decades, and spent 11 years as president of the Yukon Medical Association.

This type of situation is provided for in the CMA bylaws. Section 12.3(f) states that nominations for the presidency can be submitted in writing by any division or by any 50 members of the association. These are then considered by the Committee on Nominations. Nominations are also permitted from the floor of General Council.

Several physicians were expected to contest the post, which will be filled following a secret ballot by General Council delegates on Sept. 8. The winner will then assume the presidency until the August 1999 meeting in Ottawa.

Even without the election, General Council had plenty on its plate. The CMA **Charter for Physicians**, 2 years in the making, will receive final consideration during the Whitehorse meeting. Some physicians consider it a manifesto for professional freedom. "This charter defines [physicians'] rights and may be used as a benchmark for physicians when [their]

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Your Editorial Board: Dr. Nicholas Anthonisen

This year *CMAJ* appointed its first-ever Editorial Board. As Editor-in-Chief John Hoey explained in an editorial (158:70), the move was made because of growing complexity within the world of medical science. "We need the advice of folks who are at the forefront of Canadian science, research and publishing," he wrote.

With this issue we start introducing readers to these folks. Presented first is Dr. Nicholas Anthonisen, dean of medicine at the University of Manitoba and a medical scientist who specializes in pulmonary medicine.

Who was your most influential teacher?
Dr. S. Marsh Tenney, my postdoctoral supervisor. He imparted the joys of creative scientific thinking and gave me the confidence to try it myself.

What aspect of your work gives you the most pleasure?
Having something "work," whether it's a therapy, an experiment or an administrative ploy.

What research paper has had the most influence on your career?
The classic work of Fenn, Rahn and Otis from Rochester, who described the pulmonary gas exchange in an exquisitely quantitative way. It was my bible for years, and still serves as an example of originality and rigour.

What is your favourite pastime?
Fishing.

What book did you last read?
Full House, by Stephen Jay Gould.

What alternative profession would you have liked to pursue?
My first choice would have been to play professional baseball, ideally for the Boston Red Sox.

What illness do you fear most?
Alzheimer's disease.

What complementary therapies have you tried?
None besides wishful thinking.

What advice would you give to a young physician?
Do what you want to do, what gives you the most pleasure. Do not make "practical" decisions. Our profession has an enormous capacity to reward us.

What was your biggest mistake?
Not to pursue thoughts regarding studying the strength and endurance of the respiratory muscles.

What was your biggest achievement?
Having the wit to marry Barbara.

What make and year of car do you drive?
A Toyota Previa van, bought new in 1991.

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essential freedoms are threatened or denied," observed Dr. Dan MacCarthy of British Columbia, vice-chair of the CMA's Political Action Committee.

Delegates will also debate a **privacy code** that received final approval from the Board of Directors in August. The code, which deals with the many issues surrounding patient privacy, was created with broad input from outside bodies, and has received extravagant praise from Bruce Phillips, Canada's privacy commissioner.

The final issue, **access to care**, may receive the most attention because Allan Rock will address the meeting. At last year's annual meeting the federal health minister challenged the CMA to provide evidence of a crisis within health care. In June, the CMA responded by presenting him with 5 binders of information chronicling the problems being experienced from coast to coast. However, its main effort on the access front is a wide-ranging project aimed at devising scientifically rigorous ways to identify and assess access problems within the health care system.

The CMA wants Rock to leave Whitehorse with a simple message for the federal cabinet: make health care the focus of the 1999 budget next February.