Abuse against women a public health issue: MD

Domestic violence against women is an "epidemic and . . . a public health issue," the medical officer of health for Ontario's London-Middlesex region says. And Dr. Graham Pollett has responded by establishing a Task Force on the Health Effects of Woman Abuse, which has brought together physicians, lawyers, the police and other professionals in a search for solutions.

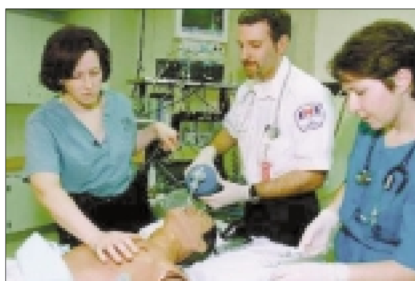
Statistics indicate that 1 in 4 Canadian women has been abused by her partner and that 30% of women who seek emergency room treatment for traumatic injuries received the injuries through domestic violence. A recent report from the Johns Hopkins University School of Public Health found that many women have health problems because of violence. The researchers synthesized information from more than 500 independent surveys worldwide and found that these women are at higher risk for chronic pain, drug and alcohol abuse, depression and suicide attempts. London's task force "is a natural extension of what we do in public health," says Pollett. "The issue can't wait any longer."

The Task Force is chaired by Marion Boyd, a former Ontario attorney general who held several cabinet positions when the New Democrats were in power from 1990 to 1995. She is also past director of London's Battered Women's Advocacy Centre.

London has pioneered numerous domestic-violence initiatives over the past 3 decades, making it the "obvious place" for the task force, says Boyd, who thinks there is a gap in the city's highly integrated network of services for abused women. Physicians and emergency room personnel are usually responsive when physical symptoms of domestic abuse are observed, says Boyd, but the patients are often referred solely to other physicians and not to specialist agencies as well. The group aims to improve links between health care and community services and to develop a universal woman-abuse screening tool for physicians. This would encompass a series of questions to help physicians identify abuse early. Because physicians are busy, Boyd wants "to make sure this is a user-friendly tool for them."

Although the task force's focus is local, Boyd sees potential for its model and outcomes to be adopted across the country. — *Lynne Swanson*, London, Ont.

The dummy's guide to medical training



The Queen Elizabeth II Health Sciences Centre in Halifax has a real dummy on staff, and it should help Nova Scotia doctors become better trained. The patient simulator, which uses technology developed by the space industry, is connected to a computer that models the cardiovascular system, charts vital signs and mimics common emergency conditions. It has a simulated air-entry system, a running IV and can even answer questions. The dummy will spend most of its time at the Atlantic Health Training and Simulation Centre at the QE II, but it will also motor around Atlantic Canada in a specially equipped ambulance to provide continuing education to health professionals throughout the region. — *Donalee Moulton*, Halifax

Adopt-a-Student Program paying off in Saskatchewan

Saskatchewan's efforts to recruit and retain as many of its medical school and residency graduates as possible appear to be paying off. In 1998, 86% of University of Saskatchewan family practice residency graduates stayed in the province. In recent years, comparable figures have drooped as low as 50%.

The recruitment efforts begin in medical school with the Adopt-a-Student Program that links first-year students with 32 health districts throughout the province. Participants in the 3-year-old program spend 2 weeks each spring in a health district, sampling the variety offered by rural practice.

Dale Schmeichel, CEO of the South Country Health District south of Moose Jaw, says this is a "very rural" area with 12 000 residents scattered throughout ranching and farming country and small villages. He says that students travel with local FPs to satellite clinics in small villages, go out with public health nurses and soak up the cultural life. Four of the 6 family physicians in Assiniboine, the region's largest town, practise obstetrics, so the students gain experience in that specialty too. "We show them the rural advantage — lower overheads, and as a family practitioner you get to do more things." Students, he says, "literally babble about the range of things that family practitioners in a rural setting do."

With the first-year medical students already experienced in rural practice, he says, "roll the clock ahead 6 years, and [think] how much easier it's going to be to do a selling job on those residents when three-quarters of them have actually been out here through the Adopt-a-Student Program and had ongoing contact with us." — *Heather Kent*, Vancouver