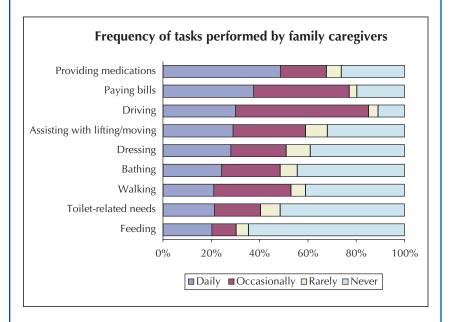
PULSE

Burden of home care borne by women

A recent survey found that about 4% of adult Canadians currently care for a family member who is frail, chronically ill or has a physical or mental disability. More than three-quarters (77%) of these family caregivers are women, and 48% are aged 55 or more. Thirty-one percent of family caregivers are retired, and another 16% are full-time homemakers; 47% are employed or seeking work. One-fifth of caregivers have been providing care for 11 years or more, and an additional 17% have been doing it for 6 to 10 years.

Recipients of family care are most likely to be a spouse/partner (38%) or parent (33%) of the caregiver, while 17% are children of the caregiver. More than half (57%) of the recipients of care are 65 and older, while 9% are under 18. Forty-three percent of care recipients require assistance because of physical disability, 21% because of mental disability and 18% because of a combination of physical and mental disability (18% of respondents did not specify).



The large majority of caregivers (83%) say they have the necessary skills to handle their care-giving activities, although many say they could use help for a variety of activities, either to provide respite care (15%), bathing (10%), general in-home care (10%) and cleaning or housework (7%). While 43% of caregivers say they are coping very well with their responsibilities and another 49% say they are generally coping, more than two-thirds (70%) indicate that providing care has been difficult or stressful. Among those reporting stress, 77% say they have had problems with their own emotional health, 54% with personal finances and 50% with physical health.

The National Profile of Family Caregivers in Canada — 2002: Final Report is available at www.hc-sc.gc.ca/english/care/nat_profile02/1.html. — Shelley Martin, Senior Analyst, CMA Research, Policy and Planning Directorate

Number of countries with nationwide smoking restrictions growing

Norway has joined a growing list of countries by implementing national antismoking measures. In April, the Norwegian parliament voted to outlaw smoking in bars and restaurants beginning in spring 2004. In Canada, restrictions vary across the country because they are not a federal responsibility.

"We have 1 message: employees in restaurants and bars should have the same protection against passive smoking as other employees," says Ellen Juul Andersen of the Norwegian Medical Association. Andersen, vice-president of Tobacco-Free, helped lead the lobbying drive.

"We can see that it can be a little bit difficult for some bars to become smokefree, but ... there will be educational programs," Andersen told *CMA7*.

Bans on smoking in public places have been — or will be — implemented in Ireland (January 2002), Zimbabwe (October 2002), Thailand and Pakistan (November 2002), Romania (December 2002), Iran (sometime in 2003), and Uganda and Sweden (2004).

Greece, where 45% of the adult population smokes, banned smoking in many public places last September. Fines were introduced in December for cafés, bars and restaurants in which owners failed to allocate at least half the space to nonsmokers.

In April, a Labour MP in the United Kingdom introduced a private member's bill to ban smoking in cafés and restaurants. It will receive second reading in July. And Bhutan, a country of 2.1 million people nestled between India and China, aims to become the first nation to ban tobacco use entirely. According Health Minister Sangay Ngedup, "The great saint who brought us Buddhism ... said smoking was bad and no follower of Lord Buddha should smoke. He may have been referring to opium, but we feel very comfortable extending his concerns to tobacco." As of January, 18 of Bhutan's 20 districts had banned tobacco sales.

Japan implemented a smoking ban in sections of central Tokyo in November 2002, but it was a response to the number of people being burned on the crowded streets, not to concerns about second-hand smoke. — *Barbara Sibbald*, CMAJ