Steven Wharry

Iron poisoning and the birth of a sibling

The perinatal period, in addition to being a time when women are likely to be taking daily iron supplements, is a particularly busy time for many families. David Juurlink and colleagues hypothesized that the perinatal period may be a risky one for a mother's other young children, because of increased access to iron tablets and thus an increased risk of accidental poisoning. The authors compared health care records for mothers of children less than 3 years old admitted to hospital for iron poisoning with those for mothers of age- and sex-matched control children without iron poisoning to assess whether the birth of a sibling was associated with iron poisoning. Children whose mothers had given birth to a sibling were almost twice as likely as those whose mothers had not given birth to a sibling to be admitted for iron poisoning within 6 months of the sibling's birth. The risk was consistently elevated during the postpartum period, with an almost 4-fold increase in the first postpartum month.

See page 1539

Poor infant health and poverty

Although the link between poor health and low income has been established, the reasons for this association are complex. Parental level of education and negative lifestyle behaviours and neonatal health problems are commonly cited as important reasons. Relatively few studies have addressed the direct link between poverty and infant health while controlling for neonatal health problems and the sociodemographic characteristics of the mothers. Louise Séguin and colleagues compared the health of 5-month-old infants in Quebec households that had sufficient incomes with the health of those in lower-income households. They found that, even after adjusting for factors known to influence infant health, babies from poorer families were more likely than those in households with sufficient incomes to be judged by their mothers as being in less than excellent health and to have been admitted to hospital.

See page 1533

How many doctors will we need in 2030? (Hint: population aging matters less than you think)

Much has been written in the lay press about the increased health requirements of our aging Canadian population and how these might lead to shortages of qualifed health care personnel. Frank Denton and coauthors challenge the notion that population aging is the largest consideration in determining physician supply needs. Using Ontario Health Insurance Plan payments to fee-for-service physicians, they determined an approximation of how, and with whom, physicians spend most of their time. They then combined these profiles with past and projected population numbers to assess the effects of population change on physician requirements. In doing so, they found that overall requirements are likely to increase less in the future than in the past as a result of population change alone and that population growth seems a more important factor than population aging in determining requirements.

See page 1545

Emergency medicine in Canada

Emergency medicine was recognized as a free-standing specialty relatively recently in Canada, with the first Royal College of Physicians and Surgeons of Canada residency program being established in 1980. At the same time, the College of Family Physicians of Canada created a 1-year certificate (CCFP-EM) intended to provide general practitioners with specific emergency skills. Since then, emergency care has been provided by a heterogeneous group of physicians. In 2 related commentaries, an emergency physican from each training program discusses patterns of emergency practice and training, where this relatively new specialty is headed and how the 2 training programs lead to satisfying, yet different, careers.

See pages 1548 and 1549

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