

ing as stewards over the process and keeping the integrity of it together as a national match.”

The CFMS and CAIR also argue that anything less than guaranteed spots for Canadian grads is untenable and a waste of taxpayer dollars, given

“Anything less than guaranteed spots for Canadian grads is untenable.”

existing subsidization of medical education. They say the plan would limit interprovincial mobility and student flexibility to obtain specialty training if a program is not offered in their province and compromise the quality of education by constraining exposure to different professors and pedagogical techniques. In addition, it would exacerbate pressures on medical faculty, who are already overwhelmed by increased enrolments and would be hard-pressed to provide even more administrative and cultural instruction if there was a further influx of IMGs, thus compromising the amount of individual instruction any resident might receive.

The uncertainties have left students apoplectic, says Bernard, who accepted an anesthesia residency at Dalhousie in last year’s match. “It’s entirely frustrating for us to be sort of the guinea pigs of this process, when we have the most legitimate stake, because we’re all co-creators of Canada’s health care system in the future.”

It’s vital the issue be resolved to prevent fragmentation of the residency match, as well as ensure there’s a “balance” in the rights of Canadian grads and IMGs, says Canadian Medical Association President Dr. Ruth Collins-Nakai. “We need to get this right. The future of all our young physicians and for that matter, the future of our profession, is at stake.”

If a parallel match is adopted to ease access for IMGs, it’s equally important that “additional slots” be established to handle the anticipated influx, she adds. The provinces say they haven’t the resources to create those slots, so the CMA is urging that the federal govern-

ment create and fund a 1-time program to establish residency spots for 200 IMGs over the next few years.

Many of those spots could take the form of “visa buy backs” of slots now purchased by foreign governments on behalf of students being trained in

Canada, Collins-Nakai says. “We recommend a hold on the visa trainee positions, that the federal government buys those positions at the foreign government level in the different schools in order to accommodate some of the IMGs already in the country. So we’re not recruiting from other countries. But we do have people in the country and we felt if we could get them into the system, it would help alleviate some of the shortages, especially of family physicians.” — Wayne Kondro, *CMAJ*

DOI:10.1503/cmaj.060771

Mental health moves up the agenda

Canadian organizations representing mental health consumers and health professionals applaud the 118 recommendations in a new Senate report, and are optimistic that the federal government will act on its key recommendations by autumn.

The Senate Committee on Social Affairs, Science and Technology report, *Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada*, reflects a powerful need, committee’s Chairman Senator Michael Kirby, told *CMAJ*. “We managed to ignore the issue of mental health for a very long time. If you look at the services on the ground, they are hugely fragmented. There is no cohesive, patient-oriented system. Mental health has not been at the top of the political agenda. The overwhelming rea-

son for that is the stigma of mental health, which is the reason it has never had the kind of public support that other health issues, such as cancer, have had. The second reason is that services for the mentally ill do not fall under a single department — some aspects address health, others relate to housing or training.”

“Other countries have made a start to overcome the stigma surrounding mental health. Canada is the only remaining G8 country without a national mental health strategy.” Mental illness affects 1 in 5 Canadians during their lifetime.

The report calls for the establishment of a National Mental Health Commission by fall to pave the way for a national action plan. During the federal election, the Conservatives agreed to set up such a commission. According to Phil Upshall, national executive director of the Canadian Alliance on Mental Illness and Mental Health, which represents 18 national organizations, such a strategy is “a very important step in recognizing the significant personal costs and economic burden of mental illness in this country.”

Upshall said the committee’s recommendation for targeted transfer payments to the provinces and territories will pay for a community-based approach to service delivery that will “be the key to ensuring that services are delivered where, when and how they’re needed.”

Connie McKnight, executive director of the National Network for Mental Health, a national consumer coalition, was especially pleased with the importance the report placed on the ability of people with mental illness to retain employment, and that community programs be put in place to support this goal. She also noted that, since the report came out, Canada Revenue Agency has decided to revisit its disability tax credit to “make it more user friendly, so that persons with mental illness can access it.”

The report estimates that as a result of the deinstitutionalization of patients suffering from mental illness, at least 140 000 people do not have adequate housing. According to Penny Marrett, chief executive officer of the Canadian Mental Health Association, “we were thrilled when we saw housing addressed as a key determinant of health in the

committee's report. In the end, if you don't have a roof over your head, how can you have mental health?" The 2006 federal budget set aside approximately \$800 million for affordable housing, in cooperation with the provinces.

Dr. Ruth Collins-Nakai, president of the Canadian Medical Association, called the report a "visionary roadmap" and said that Canada's doctors support the recommendations as being "both practical and strategic." — Margot Andresen, Ottawa

DOI:10.1503/cmaj.060747

Dire warnings redux

Health Canada is considering new, even more graphic images on tobacco products to reinforce the negative health effects of smoking — a move that is being both lauded and criticized.

Cynthia Callard, executive director of Physicians for a Smoke-Free Canada, says the 16 colour pictures that now grace cigarette packages — including images of yellow, rotting teeth, a limp cigarette warning of impotence, a pregnant woman smoking — are powerful, cost-effective tools in the fight against smoking.

Canada led the world in 2001 when it launched the 16 coloured pictures on packages coupled with 16 different warnings inside packages with quitting tips. Brazil and other countries soon followed.

Since then, Canadian smoking rates have declined 2% (from 5.4 million

smokers 15 and older in 2001 to just over 5 million during the first half of 2005). Anyone suggesting this is insignificant, says Callard, is missing the complexity of the equation.

Studies have shown that these pictures and the messages, which must cover 50% of the tobacco package, have registered strongly with smokers and increased motivation to quit, says Callard.

The time has come, however, to replace the now stale images, Callard says.

Evidence from a focus group study conducted by Health Canada last year, and echoed in other studies, indicates that while the old images still get noticed, many smokers now avoid those they dislike (by rejecting certain packages at point of purchase) and rationalizing why the messages don't apply to them (e.g., I'm too young to get sick).

The new images were tested last year on 4 groups of smokers (2 in Halifax, 2 in Montréal) 18 years and older and included photo-shopped images of a pregnant woman and a fetus, both smoking, and a man dying of lung cancer as his wife and daughter sit next to him. A Health Canada spokesperson said the goal was to test basic concepts and reactions. A final decision on new images has not been reached, and new pictures are not expected before late 2007 or 2008.

The Non-Smokers Rights Association, however, is not impressed with Health Canada's new shock ads.

Executive Director Garfield Mahood says the concepts under review focus on individual responsibility instead of the product as the cause of problems. He fears new messages will do little to reduce the 47 000 deaths a year caused by smoking.

"We're dealing with an epidemic, and epidemics require dramatic, aggressive, earth-shaking responses from governments," says Mahood. "And this is not what we're seeing with the latest round of warnings." — Pauline Comeau, Ottawa

DOI:10.1503/cmaj.060723

Full clinical trial disclosure needed: expert

Legislation is required to force pharmaceutical companies to disclose clinical trial information to Canadians, says Dr. Andreas Laupacis of the Canadian Expert Drug Advisory Committee (CEDAC).

Laupacis, who emphasized that he was speaking as an individual, told attendees at a recent Centre for Health Services and Policy Research conference that he is "enormously frustrated" by how long it is taking to bring more transparency to the system.

Pharmaceutical companies don't make complete information about the original trial protocols and outcomes available, he noted. "We see only a few outcome measures from a trial. Are we getting all the information about harm?"

CEDAC is an independent committee of 11 experts in drug therapy and evaluation who review the effectiveness and cost effectiveness of new prescription drugs. It makes recommendations to Common Drug Review members (including all the provinces and territories except Quebec) about which drugs publicly funded drug plans should list in their formularies, thus making them eligible for reimbursement.

"I lose sleep" over some of CEDAC's recommendations, Laupacis told the conference on national pharmaceutical strategies in February.

One such decision involved whether to list a new, very expensive cancer drug. No good randomized controlled trials had been conducted and the evidence to support the drug was based on some evidence of tumour shrinkage, not on patient outcome, he said. They decided not to list it.

These new images are designed to shock smokers