

conditions. The agency warned that people who suffer any botulism symptoms, like difficulty swallowing or breathing, slurred speech, muscle weakness or difficulty holding up their heads, should seek immediate medical treatment.

Dial 911: Shortcomings appear the norm in weighing the capacity of most physician-owned specialty hospitals in America to handle emergency care, according to a report by US Department of Health and Human Resources Inspector General Daniel Levinson (www.oig.hhs.gov) Among the findings: that 34% of the hospitals dial 911 to obtain emergency care; that fewer than one-third have a physician on site at all times; that only 55% of 109 hospitals had emergency departments and the majority of those had only 1 bed; and that 7% failed to have a registered

nurse on duty at all times or a doctor on call if none was in the hospital.

Virtual exams: The Quebec City, Quebec-based firm Myca will launch a new “doctor Web” service in June that will allow patients to chat with physicians about medical woes, for a fee. Patients will have to cough up \$10 monthly and \$50 per virtual visit. The province is investigating whether such charges are legal, while the Quebec medical association expressed concern that advice dispensed without a physical examination might lack a measure of validity.

Rural obesity: Neighbourhoods can affect children’s weight, says a new study released in BMC (BioMed Central) Public Health. Children living in poor or rural neighbourhoods gained more weight than those living in middle-income ar-

reas. “Less healthy food supply, limited access to recreation facilities and increased safety concerns” are cited as possible culprits although the study says more research is needed. — Sneh Dugal, Ottawa, Ont.

DOI:10.1503/cmaj.080291

cmaj.ca Afghanistan blog

Get a glimpse of life at the Kandahar, Afghanistan, Multinational Medical Unit at a new cmaj.ca blog. Beginning March 20, 2008, Dr. Peter Sherk, a critical care physician from Victoria, British Columbia, will be posting his observations while on his second deployment in as many years. The blog will run until about April 10, 2008.

DISPATCH FROM THE MEDICAL FRONT

Weak and Waning in the Wards

A dizzying number of women lie weakly in the hospital wards with incomplete abortions. As abortion is illegal in Kenya, many women seek out dubiously trained sources for the procedure. A Kenyan doctor tells me razors and blades are commonly used, resulting frequently in infection or death.

The botched jobs on survivors who seek hospital help are completed with an extremely painful procedure: a manual vacuum aspiration. I recall most women receiving no analgesic before vaginal suction scraped products of conception from the uterus.

In the manual vacuum aspiration room, I have held the hands of countless women pounding the examination table in agony. Images of women writhing in pain, some with tears streaming from their eyes, and sounds of their wails ... these are seared into my memory.

Rounding on patients, the attending flips through a chart, irritated: Nurse, this patient needs this antibiotic 3



Alice Han

The rundown wards, prevalence of death and gaping health inequities come as an ontological shock.

times a day. Why is she getting it only once? The nurse tugs at her uniform, flustered: Doctor, we don’t have enough of it in the hospital. We need to save it, give little by little. Both sigh heavily, frustrated.

The atmosphere is sombre here in the hospital. Unlike in Canadian hospitals, death arrives unceremoniously, often in hand with futility as physicians look on wearily, unable to curb its steady march.

After just 5 minutes in the wards, a newborn baby dies in front of her devastated mother’s eyes. To my left, 2 lifeless bodies are wheeled to the mortuary.

I have acclimatized to the stench of urine that heavily hangs in the air, I no longer feel shivers when meeting the hollow gazes of the patients packed 2 or 3 to a bed. The casual reactions of the hospital staff to the frequent deaths are no longer strange for me.

I see tired looks in the eyes of the physicians. They work tirelessly but poverty and inadequate resources render them impotent. I see the gaping chasm between resources available in Canada and in Kenya. I feel powerless and small, and incredulous at the grossly gaping health inequities that mock human dignity. — Alice Han MSc, Toronto, Ont.

DOI:10.1503/cmaj.080288

CMAJ invites contributions to Dispatches from the medical front, in which physicians and other health care providers offer eyewitness glimpses of medical frontiers, whether defined by location or intervention. The frequency of the section will be conditional on submissions, which must run a maximum 350 words or be subject to our ruthless editorial pencils. Forward submissions to: wayne.kondro@cmaj.ca