

- Association reserves now top \$3 billion, with just over \$2 billion listed as liabilities against that total, most of which (\$1.987 billion) is a provision against known, or estimated, outstanding claims.
 - Of the 95 legal actions that went to trial in 2007, only 25 judgments favoured plaintiffs. In total, 312 legal actions were settled, while 575 were dismissed, discontinued or abandoned.
- The association once again took

aim at the policies of some provinces to launch legal actions to recoup expenses for insured health care services in cases of medical negligence (a policy known as subrogation).

The actions “make no sense from a financial perspective,” says Gray, since provinces themselves subsidize the fees that doctors pay to the Canadian Medical Protective Association. For example, in 2007 Ontario’s subsidy to doctors for their malpractice protection was \$127 million, accord-

ing to the Ministry of Health and Long Term Care.

Gray says there have been occasions when the association has settled with the plaintiff but can’t complete the transaction until the province comes to an agreement on their claim, which can take up to a year.

“So there are not just financial costs, but also some emotional costs for plaintiffs.” — Ann Silversides, *CMAJ*

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DISPATCH FROM THE MEDICAL FRONT

Medicine and sorcery in the Republic of Congo

It began with frantic cries from several of the staff. A pickup truck entered the gates of Kindamba Hospital and dropped off a patient. Staff presumed it was the first victim of a rumoured internecine war among the district’s Ninja rebels.

I saw panic on the faces around me as we received a pregnant woman soaked with feces and urine. As her companion informed us, the patient was at term and in labour.

Touching her shoulders, I felt no muscle mass. Her head had a skeletal appearance and her hair was sparse and reddish blond, a sign of severe malnutrition.

We rushed to the operating room to stabilize her and do a cesarean section. The operation was successful. We delivered a boy but the mother’s condition soon deteriorated, with fever and loss of appetite. We ordered a malaria test and the result was negative. She had no antenatal care records.

Her husband had brought her from Kimba, 45 km to the north. There she had been under the care of a sorcerer to chase out evil spirits that took away her first husband, who died 2 years ago from some mysterious disease. She met and married her current husband in Kimba.

The husband added that the family had little to eat back in the village, just river fish, vegetables and manioc [a root consumed like potatoes or ground into flour and baked into a bread]. He



Medical life in the Congo often means dealing with the after-effects of sorcerers and “Ninja” rebels, seen here on the streets of Kinkala wearing their trademark purple scarves.

said they were better off in the hospital until his wife regained sufficient strength to farm.

We offered voluntary counselling and HIV testing, to rule out the possibility that an opportunistic infection could be the cause of the high fever. The patient accepted, and sadly the test result showed her to be HIV positive.

We proposed transferring the mother and child to an antiretroviral treatment centre. But she asked to go back to her village first, to wrap up the sorcery business. Otherwise, the sorcerer could summon up harmful spirits.

Unfortunately, we lost contact with her and still don’t know her whereabouts.

The sorcerer has treated her clients using Jinn spirits, amulets and herbs.

The mind is a powerful thing. I would like to find an anthropologist who can explain how this sorcerer controls the minds of the people. — Dr. Ahmed Alas, Kindamba, Republic of Congo

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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. Submissions, which must run a maximum 400 words, should be forwarded to: wayne.kondro@cma.ca