

In the News...

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In this edition of Public Health in the News, articles covering: Aboriginal voter turnout, UN and drugs, mammograms, Ebola in Semen, Polio and Canadian Doctor's Pay.

1) Anger, disenfranchisement behind surge in aboriginal voter turnout - <http://www.theglobeandmail.com/news/national/anger-disenfranchisement-behind-surge-in-aboriginal-voter-turnout/article26966275/>

Conservative Prime Minister Stephen Harper's attempt to disenfranchise aboriginal voters backfired and fuelled turnout so high that some reserves ran out of ballots.

Some aboriginal communities saw voter turnout spike by up to 270 per cent in the Oct. 19 election despite the Fair Elections Act which made it harder for someone to vote without approved identification.

Some say that the turnout was a direct reaction to the divisive tactics of the Harper government. Bringing in Bill C-51 – which many felt criminalized First Nations activists – and cutting funding for aboriginal organizations while weakening environmental protection only strengthened the resolve of First Nations voters, she said a record 10 aboriginal MPs were elected when the Liberals swept to power Monday.

2) UN attempt to decriminalise drugs foiled - <http://www.bbc.com/news/uk-34571609>

A paper from the UN Office on Drugs and Crime (UNODC) has been withdrawn after pressure from at least one country. The leaked document recommends that UN members consider "decriminalising drug and possession for personal consumption", since "arrest and incarceration are disproportionate measures.

The document was drawn up by Dr Monica Beg, chief of the HIV/AIDS section of the UNODC in Vienna. It was prepared for an international harm reduction conference currently being held in Kuala Lumpur.

"Treating drug use for non-medical purposes and possession for personal consumption as criminal offences has contributed to public health problems and induced negative consequences for safety, security, and human rights," the document states."

Other UN agencies including the World Health Organisation and UNAIDS have been explicit in their opposition to drug users facing criminal sanctions on health and human rights grounds.

In addition to calling on member states to consider decriminalising personal possession and use, the UNODC paper also suggests low-level dealing should not be criminal offence.

The future of the document is unclear. The document was never sanctioned by the organisation as policy."

3) American Cancer Society urges later start for mammograms -

<http://www.theglobeandmail.com/life/health-and-fitness/health/american-cancer-society-urges-later-start-for-mammograms/article26875390/>

"For the first time, the American Cancer Society is telling women that routine mammograms are more likely to harm than help before the age of 45. In 2009, the U.S. Preventive Services Task Force announced that routine mammograms for breast cancer should not begin until the age of 50 for women at a normal risk for the disease.

The new guideline, released publicly on Tuesday, brings the society closer in line with recommendations from the Canadian Task Force on Preventive Health Care, an independent panel of experts specializing in prevention, primary care and evidence-based policy, and the International Agency for Research on Cancer, which advocate for routine screening of average-risk women to start at the age of 50.

The Canadian task force says that for women aged 40 to 49, the risk of dying from breast cancer if they don't get screened is one in 313, compared with one in 370 if they do get screened. Women in that age group who get regular mammograms have a one in three chance of having a false positive result, a 1-in-28 chance of having a biopsy and a 1-in-200 chance of having a breast removed unnecessarily.

A lack of consensus remains over how early is too early to screen for breast cancer and this heated debate adds to the confusion felt by many women. Some groups, such as the Canadian Association of Radiologists, stand by the idea routine mammograms should begin at the age of 40."

4) Preliminary study finds that Ebola virus fragments can persist in the semen of some survivors for at least nine months

http://www.afro.who.int/en/sierra-leone/press-materials/item/8073-preliminary-study-ebola-virus-fragments-can-persist-in-semen-nine-months.html?cm_mid=5078160&cm_crmid=3441e0a5-9b34-e511-857c-0050569e0009&cm_medium=email

Preliminary results of a study into persistence of Ebola virus in body fluids show that some men still produce semen samples that test positive for Ebola virus nine months after onset of symptoms.

The first phase of this study has focused on testing for Ebola virus in semen because of past research showing persistence in that body fluid. Better understanding of viral persistence in semen is important for supporting survivors to recover and to move forward with their lives.

For men who were tested in the first three months after their illness began, all were positive (9/9; 100 percent). More than half of men (26/40; 65 percent) who were tested between four to six months after their illness began were positive, while one quarter (11/43; 26 percent) of those tested between seven to nine months after their illness began also tested positive. The men were given their test results along with counseling and condoms."

5) Nigeria revels in removal from list of polio-endemic nations; only Afghanistan, Pakistan left

<http://www.usnews.com/news/world/articles/2015/09/26/un-strikes-nigeria-from-list-of-polio-endemic-countries>

Nigeria on Saturday celebrated the announcement by the U.N. health agency that polio is no longer endemic in the West African country. Once stigmatized as the world's polio epicenter, Nigeria in late July celebrated its first year with no reported case of the crippling disease.

The news of Nigeria's progress, made by the World Health Organization on late Friday, leaves only Pakistan and its war-battered neighbor Afghanistan as countries where the disease is prevalent.

Nigeria's main goal now is maintain vigilance to make sure that Nigeria has no new polio cases in the next two years so that the WHO can declare Nigeria a polio-free country

6) Spending on Canadian doctors' pay jumps despite efforts to curb costs

<http://www.theglobeandmail.com/news/national/spending-on-doctors-pay-up-6-per-cent-in-2014-report/article26581851/>

Public payments to Canadian doctors totalled \$24.1-billion last year, a 6-per-cent jump that comes despite efforts by some provinces to curb increased spending on physician compensation.

An annual snapshot of the country's physician work force released Tuesday shows the higher payments were driven by two factors: more doctors [growing number of graduates from medical schools and by changes that help foreign-trained doctors seek accreditation in Canada] and higher payout levels.

Given that Canada has a growing and aging population, it stands to reason that costs and the number of doctors are going up, some argue, but others say the data point to larger issues in the way the country has chosen to pay for health care.

Public medicare covers the services of the highest-cost professional, and that means people may go to doctors because there is no cost at point of access when others, such as physiotherapists or dietitians, might be more appropriate. We covered the most expensive forms of care in the system. We shouldn't be surprised that the costs are going up.