

Letter from . . . Canada

Federal-Provincial pow-wow (vintage 1977)

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The word know-how, while not yet gracing the OED, is now transatlantically respectable like the very expressive Canadian adjective uptight. Nevertheless, it came as a shock when my wife suggested that she should give a cooking show-how. I fear that any time our politicians will be explaining the why-how, and sooner or later on opening a new, glossy domestic gadget I am certain to find, not a book of instructions but of how-how. Which brings us naturally to pow-wow, and that is what Canada is all about.

With 11 democracies, Federal-Provincial conferences on every subject are a constant feature of Canadian life. At least twice a year the ministers of health may be observed, accompanied by their higher mandarins, flying to their trysting place in the big cross-country jets—first class, of course.

Fitter Canadians

At present the "in" subject is how to change the life-style of the citizens, and the holy word is contained in a small book *A New Perspective On The Health of Canadians—a Working Document*, ghost-written for the Federal Minister, the Hon Marc Lalonde. The importance given to the current campaign to improve physical fitness is not that Canada does so appallingly badly in the Olympic Games, or that we have lost our supremacy in international ice hockey: the real reason is that it is hoped that this will be one way in which the relentless rise in medical costs can be contained. Fitter Canadians will cost less. Readers of the original Beveridge Report will doubtless experience a sense of déjà-vu, and the cost savings are likely to be equally illusory. Even if the programme is effective in decreasing the numbers of Canadians succumbing in their middle decades to artery disease, the slow slide into senility is unlikely to cost less. The recent work on the importance of the hereditary factor in artery disease, long obvious to all practising doctors, also casts grave doubts on the economic validity of the whole proposition as a cost-cutter. All would agree, however, that Canadians could be a lot fitter if they exercised more, ate less, stopped smoking, and generally embraced the ideal of muscular Christianity. But, will they? I doubt it. I fear that the costly ballyhoo to increase physical fitness could well obtain a host of temporary converts, as the "participation" programme in Saskatoon did, but within a few years the middle-aged Canadian will forget all about it as he regularly forgets his New Year Resolutions, the admonitions of his doctors, and anything else that is likely to impinge too forcibly on his comfort.

If there are to be any lasting results the real effort has to be made in our schools. Canadian schoolchildren have an appalling

physical education. There is not enough time, school finishes at 1500, the facilities are patchy, and any instruction that is given is usually concentrated on those that need it the least—the physically élite that fill the school teams. In the independent schools of Canada dedicated teachers really do try, with considerable success, to improve the life-style of all their pupils, but in the public-school system—the State-supported monopoly of mediocrity—attempts to do this are being resisted, particularly by the teachers themselves through their federation. The excuses given are numerous—increasing costs, not enough staff, not enough time—but the real reason is that, as teaching is so often best achieved by example, the government bureaucracy of teachers rightly feel that their own life-style is threatened. And if this is the Hon Minister's intention, I am all for him.

Bill 37

The other current subject at the Federal-Provincial health conferences is Bill 37. In this, the Federal Government of Canada has divorced itself from further increases in hospital and medical costs by handing the baby back to the provinces, where, under the terms of the British North America Act, it rightly belongs. Before this bill the Federal Government shared the cost of hospitals and medical care, on a 50:50 basis with the provinces. Now, in exchange for some tax revenue points, the provinces will pay the total costs.

The medical profession has received the implementation of this bill with mixed emotion. On the one hand, it will enable each province to tailor its medical services to its particular needs, and it will without doubt increase the variety of approaches to medical insurance. This could be beneficial. On the other hand, it will bring the negotiation of medical costs, and particularly doctors' fees, right into the political cockpit of each provincial government, where it will compete with funds for every other government expenditure, from roads, sewers, education, to civil service pensions, and for that matter ministers' salaries. The pressure on the negotiating committees of the provincial medical associations, already high, will doubtless increase. The doctors, as usual, are likely to be caught in the middle, their overheads rapidly increasing, and the local governments sitting on the safety valve of the provincial fee schedules. It is, perhaps, no coincidence that the Federal Government implemented Bill 37 on April Fools' Day.

Some patients on benzathine penicillin prophylaxis regularly develop fever lasting less than 24 hours soon after taking the drug. Is there an indication for stopping penicillin? Is there an increased danger of anaphylactic reaction to penicillin in such patients?

Although benzathine penicillin has the advantage that one knows that the drug has been given, it is painful, and allergic reactions develop more frequently than they do with oral penicillin. I do not know whether children reacting with fever soon after taking the drug are more likely than others to have an anaphylactoid reaction, but I would think that the answer is yes.

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