From the Editor's Desk

TROUBLES IN ALBERTA HEALTH: DEJA VU

Recently, a reader of the *MJA* forwarded an article by Dawn Walton from *The Globe and Mail*, a broadsheet published in Toronto, Canada. Entitled: "Alberta wants plan for soaring health-care costs", it read, in part:

The Alberta Health Services Board, which manages health care in the province and is projecting a \$1.1-billion deficit for 2009–2010, ordered its head to report on cost-saving strategies by December.

"Alberta spends far more per head of population than the other provinces — far more — and we don't get better life expectancy and so on from that," Stephen Duckett,* the board's president and chief executive officer, told reporters.

"So ... the board has said to me, 'You've got to look at why it is that Alberta is spending so much more per head of population and not getting anything for it. Why is this happening? And what can we do about that?" Dr Duckett said.

. .

The majority of government funding is eaten up by existing labour agreements and inflation, said board chairman Ken Hughes, who called Alberta's spending "out of whack."

The board has already tightened recruitment, shed 100 management positions and now says the amalgamation of health authorities could mean a savings of \$250-million this year and at least \$650-million a year starting in 2010–2011.

Dr Duckett said moving 800 patients currently in acute care to continuing care facilities will save money while freeing hospital beds to alleviate waiting lists.

٠.

Opposition parties and lobby groups, including Friends of Medicare, worry that the fiscal trouble will provide an excuse to introduce private health care ... freeze hiring and cut capital spending.

On reading of the troubles that currently beset Alberta's Health Services Board, my overwhelming response is one of deja vu, with an exception. At least something is being done about systemic ill health in Alberta.

Moh Sandshleider

Martin B Van Der Weyden

LETTERS

The growing popularity of "low-carb" beers: good marketing or community health risk?

- 235 Peter G Miller, Stephen P McKenzie, Florentine P de Groot, Sondra L Davoren, Evie R Leslie
 - Microbiological diagnostic tests for community-acquired pneumonia are useful
- 235 Adrian R Tramontana, Vincent Sinickas
 - Encysted seizures: status epilepticus in a recently resettled refugee child
- Juliette M Lucey, James McCarthy, David P Burgner
 - Outcomes of a cystic fibrosis carrier testing clinic for couples
- 238 Peter C O'Leary, Susannah J Maxwell, Leanne M Youngs, Kate J Brameld, Ian R Walpole
- 238 Louise M Christie, Angela J Ingrey, Gillian M Turner, Anne L Proos, Gloria E Watts
 - The role of general practitioners in managing and treating hepatitis C
- 239 Anne E Duggan, John M Duggan
- 239 Margaret E Hellard, Yung-Hsuan J Wang, Rachel Sacks-Davies
 - Timing of transfer for pregnant women from Queensland Cape York communities to Cairns for birthing
- 239 Robert D Craig
 - General Practice Super Clinics how will they meet their educational objectives?
- 240 Timothy P Usherwood

SNAPSHOT

232 Autonomic neuropathy — an uncommon variant of Guillain–Barré syndrome

Robert D Henderson, Jeyaraj D Pandian, Kaye M Dalton, John M Bradfield

- 178 IN THIS ISSUE
- 234 IN OTHER JOURNALS
- 240 **READ ON THE WEB**

^{*} Formerly Chief Executive of the Centre for Healthcare Improvement, Queensland Health, and Professor of Health Policy at La Trobe University.