

HEALTH AND WELFARE OVERSEAS

CANADIAN MEDICAL SERVICES IN EUROPE

Canadian doctors are located in five cities in Europe — London and Paris (Zone Directors), Bonn, Rome and Athens (Regional Medical Officers) — plus there are nurses on contract in Budapest, Belgrade, Prague and Warsaw.

The medical officers have two different programs — the medical assessment of immigration cases and Public Service Health for Canadians living abroad which includes consultation, immunization and minor treatments. Patients with long term treatments are usually referred to local physicians but in particular cases in Eastern Europe, the patient may be evacuated to the DND medical facilities in Lahr, Germany.

In Eastern Europe, the medical officers visit every three months, (American doctors visit during the intervening periods) plus nurses are hired on contract in four of the cities. Whenever possible, these nurses are Canadians who are on posting at that time, but should there not be a qualified Canadian then another western trained nurse will be engaged. This hiring is usually done at the post, but it could also be arranged with Health and Welfare in Ottawa prior to posting, should the position be open.

HEALTH CONDITIONS IN WESTERN EUROPE

by Dr. L.L. Palmer

In all the countries in Western Europe medical services are more or less comparable with those of North America. A few of the countries are still lagging behind but this tends to parallel their economic development. Thus in Portugal, Malta, and to some extent Spain, there may not be quite the full range of sophisticated services of North America but their medical services are, generally speaking, satisfactory. Because the hospitals are often old buildings we sometimes get the impression that the medical care is second rate. This is not true. Although the buildings are old, the techniques are clean and sterile.

The difference in culture will sometimes lead Canadians to jump to the conclusion that because it is different it is not as good as in Canada. Language is the first barrier which one must surmount. This is probably not as important as it would seem, however, because European doctors are used to dealing with foreign languages and there are usually ways to surmount the difficulty. The structure in the medical hierarchy

makes the professor more remote and this is sometimes criticized by North Americans, but this does not mean that the quality of training in medicine is not good. We must remember that in North America we do not have a perfect system of medical delivery anymore than they do in Europe.

Health conditions in Western Europe are comparable to North America. The water purification and sewage disposal are adequate which means that there will never be a serious epidemic of typhoid, cholera or any of the other diseases caused by poor sanitation. There have been occasional outbreaks of typhoid in certain places in Europe but this is almost invariably traced to some obvious source such as oysters gathered from sea water which was contaminated by a sewer. No epidemics can spread in Western Europe as a result of imported cases of typhoid or related diseases. Other public health measures such as meat inspection, disease control, immunization and rabies control are equal to, or superior to, our own.

EASTERN EUROPE

In Eastern Europe medical delivery and health conditions have not yet caught up to those in Western Europe or North America. One of the main reasons for this is that Eastern Europe is not economically developed to the degree that the Western world is. Another reason is that the medical profession is isolated from the main stream of learning which is found in Western society.

Hospitals are primarily available for the people of the country and not for expatriates. Oftentimes there are special arrangements

made for expatriates, however, and some of these are very good. These special medical facilities may be subject to political changes, unlike Western Europe where political disagreements between the two countries will make no difference to the type of medical care that you receive or the availability of beds. In spite of these reservations, however, most Canadians who enter hospitals in Eastern Europe find that they are treated very well, although the amenities of North America are usually not available. If one must enter a hospital in Eastern Europe then supplementary food, towels, toilet paper, and certain other items may have to be brought in by friends or relatives.

Doctors in Eastern Europe appear to be competent and are usually quite helpful. It is difficult, however, to judge their medical competence because their type of medical training differs greatly from that in the West. The same holds true with the type of medications which they prescribe. They prescribe medications which have not been used in the West for many years. They also prescribe medications which are not known in the West. This does not mean that these medications are inferior but it is hard for us to have confidence in them. Some of the more developed nations such as East Germany and Czechoslovakia are more likely to provide services comparable to our own.

The health conditions are not very different from Canada. In some areas the water is suspect for parasites. The main offender seems to be lamblia giardia or giardiasis which results in an intestinal upset. The general level of public health is quite good, however, although not on a par with Western society.

COMMUNITY COORDINATORS AT POST ABROAD

As of January 3, 1985, 23 posts had indicated that they were interested in implementing community coordinator services for the 1984-85 fiscal year, five other posts had said that they wished to begin in April 1985 for the '85-86 period, and two non-priority posts had also expressed an interest. (Paris already has an ongoing program).

NOW WHAT?

For those priority posts (meaning those with 20 or more Canada-based staff and all Level I to IV posts with six or more Canada-based staff), that have expressed an interest, the programs will begin immediately. Then, the essential process of "review and revision" will ensue in order to modify the program,

as need be, for the next fiscal year.

Should your post be one of the ones implementing the services, we encourage your involvement — participate, give suggestions, express your opinions, assess the program.

Should your post not be implementing it, (or not be one of the priority posts this year), but should you feel that there is a need for it, again, please express your opinion so that the program can more accurately meet the needs of our foreign service families.

It is hoped that this Community Coordinator Program will assist families in preparing for, and adjusting to their new postings and that ultimately it will ease a few of the stresses and strains that inevitably exist in rotational life.