

## *Nullus Cerebrum—Nullus Capitis Dolor*

It's autumn and once again we engage in our most popular national pastime: healthcare reform. It is an isometric sport: much power and force is exerted with almost no movement. Following healthcare reform is like following the negotiations between millionaire hockey players and millionaire hockey-team owners. Ultimately, it is our money as taxpayers and/or sports fans that is being spent. The difference is that one can choose not to pay exorbitant prices for a hockey ticket (although the addicts would disagree), whereas we have no choice as common citizens but to pay for more and more studies of healthcare studies to be created to, "once and for all," reform medicare. Autumn is a great season to be a healthcare expert. The federal-provincial stalemate (or "agreement," as it was called) will infuse a little more money into Canadian healthcare, with strings, ropes and cables attached by the healthcare "experts," because our federal government cares (to be re-elected). The healthcare experts are usually defined by mathematical paradigms: a) expertise is inversely proportional to contact with patients and b) the number of healthcare consultants is directly proportional to the general mess of health delivery in this country. The Canadian medicare system remains as universal, accessible, and well distributed as National Hockey League franchises in this country (and usually in the same locations). However, the National Pharmacare Program threatened to create some equity, especially for arthritis patients. If access to care is not seen as a problem, then there is no need for a solution; no brain—no headache.

Against this backdrop, this issue of the *Canadian Rheumatology Association Journal (CRAJ)* features the CRA position paper on the treatment of early rheumatoid arthritis (pages 11-13). Vivian Bykerk and the other doctors who wrote this paper clearly have both the scientific expertise and clinical experience to understand this critical issue. It remains up to our governments to make available the therapies required and the expertise necessary to administer these therapies. The CRA should be applauded for its active approach to access to care for arthritis patients. The best news of the recent federal-provincial agreement is their plan to improve



*The Editor-in-Chief, while doing field research at the Renaissance Festival in Minneapolis, finds the guiding principle behind current Canadian healthcare policies. Courtesy of The Sturdy Beggars at [www.mudshow.com](http://www.mudshow.com) (with permission).*

the inhumanly long waiting times for joint replacement surgery. Our orthopedic colleagues will be pleased to receive more appropriate resources to help arthritis patients. In this issue, five of Canada's top orthopedic surgeons answer your most timely orthopedic questions (pages 4-7).

Despite the challenges, rheumatologists are pushing ahead, as indicated from the report on the Frontiers Conference (pages 16-17) and reports from the university groups at Dalhousie and Sherbrooke (page 23). The man with all your money—our new secretary-treasurer, James Henderson—gives his perspective on the power of the CRA chequebook (pages 14-15). It would appear that, despite the devastating heat and fires of the British Columbia interior and the catastrophic floods around Peterborough, rheumatology is thriving in these parts of our country; and our Toronto-and-district correspondent has had his identity withheld at the suggestion of Canadian Security Intelligence Service (pages 20-22).

On a somber note, the *CRAJ* honours the memory of a friend and colleague, Douglas Kinsella (page 8). His many contributions during his distinguished career will continue to inspire us.

– Glen T. D. Thomson, MD, FRCPC  
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