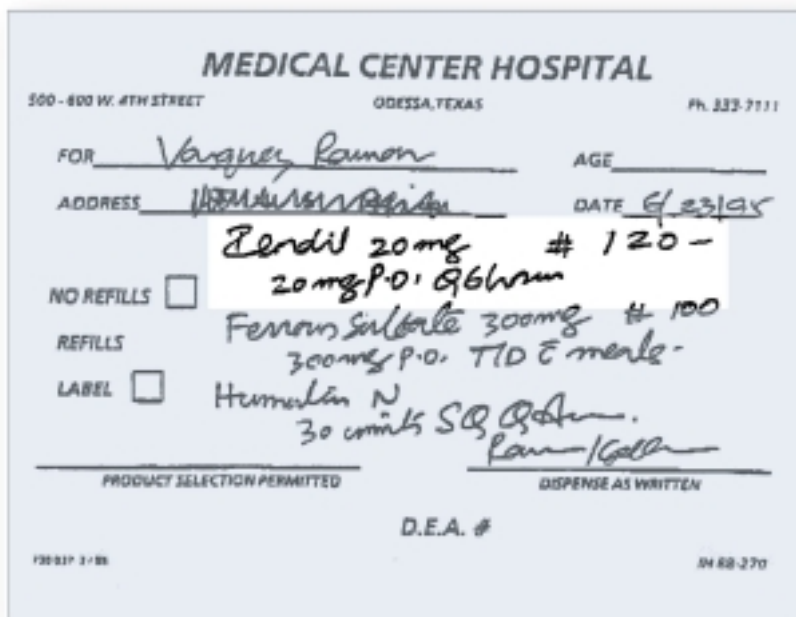


Poor penmanship costs MD \$225 000

A US jury has found that a Texas doctor's poor penmanship was partly to blame for the death of a 42-year-old man. *American Medical News* (Nov. 22/29, 1999, p. 1) reports that the verdict is probably the first in the US in which a physician was found negligent solely on the basis of poor handwriting.

Cardiologist Ramachandra Kolluru of Odessa, Texas, allegedly wrote a prescription that called for Ramon Vasquez to take 20 mg of Isordil (isosorbide) every 6 hours. However, the illegibility of the prescription caused a pharmacist to dispense the same dosage of Plendil (felodipine), although the maximum daily dose was only 10 mg. (In Canada the maximum recommended daily dose is 20 mg.) Vasquez had a heart attack a day after taking the Plendil and died several days later. Jurors attributed his death to the drug and found the physician and pharmacy equally liable for the fatal error. Each was ordered to pay \$225 000.

"This is a wake-up call," said Max



American Medical News

A jury decided that this prescription caused a Texas man's death.

Wright, the attorney for Kolluru. "[It is] another reminder that doctors . . . need to ensure that they have commu-

nicated what they meant to communicate to their patients." — *Caryn Hirshborn, CMAJ*

It's a seller's market for Quebec's residents

At the Fédération des médecins résidents du Québec (FMRQ) fourth annual career day this fall, the province's young doctors learned that a buyer's market has turned into a seller's market overnight. The event was originally conceived as a tool for graduating residents who wanted to stay in Quebec but were having difficulty finding positions due to health cutbacks. Now the tables have turned.

The FMRQ reports that there are shortages of doctors throughout the province, and many of the positions available to graduating residents are going to remain vacant. Shortages are particularly severe in radiology, psychiatry, family medicine, obstetrics and anaesthesia, especially in rural areas.

This year representatives from at

least 100 hospitals, community health centres (CLSCs) and long-term-care facilities came to the fair with hopes of hiring some of the 500 residents who will graduate in the province this June. Quebec has 400 medical institutions, including 150 hospitals and 150 CLSCs. Dr. Jean-François Cailhier, the FMRQ president, says the number and location of available positions is always in flux due to budgetary reallocations and the varying number of retiring doctors. "Over the last few years restrictions in health care spending have had an impact on the career choices of young doctors in terms of where and how they will practise in Quebec. Nonetheless, we know that the majority of them want to stay in

the province. This job fair allows graduating residents to get to know the real needs of various regions."

The career day also gives residents a chance to meet the people in a position to hire them. In the process, many are able to get a taste of the working conditions that await them. Dr. Alexandra Tcheremenska-Greenhill, a family medicine resident who attended this fall's event, found the huge array of opportunities wonderful for physicians but depressing overall. "It was a great job fair, but some of the hospitals and CLSCs were pleading 'please come work for us — we're dying.' We were told that the staff would be on their knees, begging us to come and work." — *Susan Pinker, Montreal*