

Many aboriginal physicians and other health care professionals work in underserved areas and within aboriginal communities after graduation.³ Programs such as those in Manitoba and Alberta need to continue to promote medicine and other health careers for aboriginal people; in Canada, for instance, aboriginal physicians are still underrepresented when compared with the general population. Mentorship and support for premedical and medical students, and provision of academic, financial and counselling resources that are culturally appropriate, are of paramount importance to the continued success of these programs.

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References

1. Kent H. U of A proving popular with native students. *CMAJ* 2000;162(4):550.
2. Krause RG, Stephens MCC. Preparing aboriginal students for medical school. *Can Fam Physician* 1992;38:1187-93.
3. Stephens MC. The Special Premedical Studies Program — review of ten years of experience. *Circumpolar Health 90: Proceedings of the 8th International Congress on Circumpolar Health*; 1990 May. Winnipeg: University of Manitoba Press; 1991. p. 134-7.

Studying medicine abroad

The Canadian Federation of Medical Students receives regular requests for membership from Canadians studying medicine abroad.¹ As Canadians, they are anxious to return home to practise in the country that they know and love. However, even though they are Canadians they were turned away from receiving a medical education in Canada because the funding was not available. It is widely recognized that, on a per capita basis, the number of positions available for medical training is far lower in Canada than in other developed countries.

It is a shame that so many talented and worthy young Canadians have been forced to leave this country at a time when we need physicians so crucially, and that so many of them may never return. In fact, if the number of students who leave Canada to train in international locales is included in the brain-drain equation, I imagine that the loss for Canada is much higher than estimated.

The solution is to retain students before they are lost to international medical schools. If we begin to create enough positions to train doctors in this country, we won't have to deal with the dilemma of luring them back when they have finished their training. In the meantime, however, if repatriation is to be considered, it will have to be approached in a very thoughtful and careful way that remains respectful of the global community.

Tara Mastracci

President

Canadian Federation of Medical Students
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Reference

1. Sullivan P. Shut out at home, Canadians flocking to Ireland's medical schools — and to an uncertain future. *CMAJ* 2000;162(6):868-71.

If something seems too good to be true . . .

On Apr. 13, 2000, I received a letter from a Nigerian philanthropic foundation informing me that I had been awarded an unsolicited research grant worth US\$125 000 (see www.canmed.net/fraud/). There was also an option for a 50% bonus following submission of a satisfactory progress report on my research. The letter added that a detailed accounting of how the money would be spent would not be necessary, although it was not to be used for military research or for human cloning studies. I also had to agree to present an expenses-paid lecture on my research at a Nigerian university and to return 2% of any licensing fees generated from the sale of my research results. All I had to

do was send 4 passport-size photographs, along with a handwritten letter of acceptance. I was also to provide my CV and complete a detailed form indicating my address, passport and driver's licence numbers and other information.

The RCMP's Commercial Fraud Division confirmed my suspicion that this was a scam, although it had an interesting twist because it was aimed at medical researchers, not business people. In my case, the passport photos and detailed personal information would likely be used to assume my identity in some fraudulent transaction, perhaps passport fraud. In similar scams originating in Nigeria and carried out with business people and lawyers, an individual would receive a letter indicating that someone needed the recipient's assistance to get money out of the country and to help launder it. The recipient would receive a generous commission for his or her efforts. Later, the person would be asked for a substantial sum to pay for taxes or bribes, after which the money would be able to leave the country. The explanation offered would always be plausible. Of course, that would be the last the dupe would hear.

Not everyone I showed my letter to recognized it as a scam; many people even offered me hearty congratulations. Undoubtedly, the people sending the letters are hoping plenty of naïve researchers will regard the offer as genuine.

Investigator beware!

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Advertisement for Relenza

Print ads for Relenza (zanamivir) that have appeared in *CMAJ* recently state clearly that "patients should be advised of the conditional nature of the market authorization for this indication." However, the patient information booklet on influenza published by Glaxo Wellcome does not mention

this. If patients should be advised of something, wouldn't the patient information pamphlet be the place to advise them? When I explain to patients my refusal to prescribe it prophylactically they are sceptical because no advisory on the conditional nature of the authorization appears in the patient brochure.

Deena Ages
Family physician
Toronto, Ont.

[Glaxo Wellcome responds:]

Deena Ages notes that the patient information pamphlet for Relenza does not include the statement in the advertisement in *CMAJ* that reads "patients should be advised of the conditional nature of the market authorization for this indication." This statement is a reference to the fact that Relenza was granted a Notice of Compliance with Conditions in November 1999 by the Therapeutic Products Program of Health Canada. The statement appears at the front of the product monograph for Relenza and is directed at health care professionals; it is meant to serve primarily as an instruction to physicians.

The subject of conditional approval is complex and is very unlikely to be meaningful to a patient in the absence of an appropriate explanation from a health care professional. We believe that by instructing the prescriber to address this matter with patients, the message will be more effectively communicated and a patient's understanding will be greatly improved.

Finally, for the benefit of readers who may misinterpret Ages' reference to prophylactic use, we feel it is important to clarify that Relenza is currently approved by Health Canada only for the treatment of acute influenza, and not for influenza prevention.

Michael D. Levy
Senior Vice-President, Research and Development
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Electronic wonderland

Peter Singer laid out a very intriguing scenario in his article on the future of medical journals.¹ Certainly many of the developments he outlined are here or will come true in the foreseeable future for some users of medical literature. The key words, however, are "future" and "some users." In many ways we are not into the dawn of a new information millennium in terms of equitable access to electronic medical literature. With health care and library budgets being continuously cut, the costs of the ever-changing technology are often beyond the means of many. Knowledge may be a great leveller, but access to information is not always equal.

Singer shows some naïveté in stating that everyone — authors, publishers, advertisers and subscribers — will be "delighted" with the new electronic publishing medium. Vested interests and economic imperatives are not that easily shifted by the glimmer of technology. And to state that subscribers will be grateful to pay \$200 per year for a journal shows a singular lack of understanding of the current pricing realities of periodical publishing. One doubts that the major publishers will just roll over and forsake the accumulation of profit in the interests of humanity. With due regard for his refreshing sense of hope, I might suggest that Singer pay equal attention to the increasingly dire situation in many of our academic and hospital libraries. Budgets decrease annually in relation to the real cost of delivering ever-growing amounts of information by increasingly sophisticated and often costly means. Let's get the basic methods of knowledge transfer down pat before going off on an enthusiastic tangent about the electronic wonderland that awaits us.

John Tagg
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Reference

1. Singer PA. Medical journals are dead. Long live medical journals. *CMAJ* 2000;162(4):517-8.

I write in response to Peter Singer's article on the future of medical journals.¹

It's the year 2015. With the exception of trauma specialists, doctors no longer exist. As research findings are immediately available to the public via the Internet and the news media, everyone knows what pills to take. Pharmacists are allowed to dispense medications directly to an informed public.

The process of delicensing the occupation of physician began when doctors started making treatment decisions on the basis of abstracts found in MEDLINE rather than after reading and evaluating complete articles for themselves. From there, the capsule comments and notations provided by e-publishers became the sum total of doctors' reading, making them basically equivalent to the general public. As a superior intellect and vast medical knowledge were no longer necessary to practise medicine, universities decertified most medical programs, with the exception of surgery — although there are now electronic resources guaranteed to provide a lay person with enough knowledge and guidance to perform creditably in any cyber-equipped operating room.

Everyone is happy — although there is some suspicion that this may be the result of the pills everyone is now taking for general well-being as found on the Net.

Gord Lindsay
Toronto, Ont.

Reference

1. Singer PA. Medical journals are dead. Long live medical journals. *CMAJ* 2000;162(4):517-8.

[The author responds:]

I thank John Tagg and Gord Lindsay for responding to my article¹ in which I sketched a vision of the future of medical publishing — only time will tell how unrealistic or naïve it is. I don't expect publishers to roll over, as Tagg suggests, although I predict publishers who do not innovate will be bowled over by the tsunami of elec-