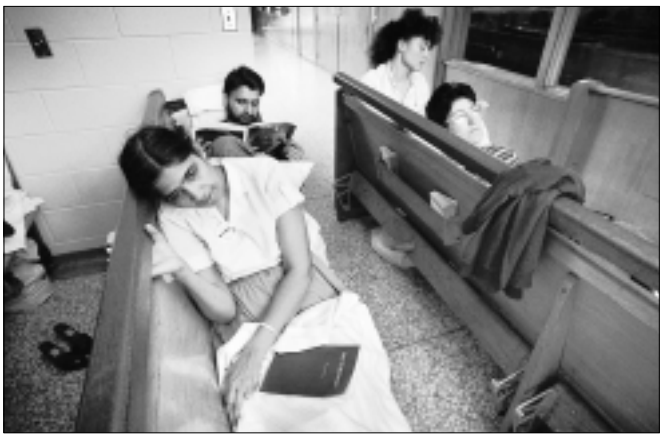
College to appeal discrimination ruling

The College of Physicians and Surgeons of British Columbia has been hit with an unprecedented provincial Human Rights Commission ruling in a case brought by 5 foreign-trained physicians seeking the right to practise in Canada. The commission ruled that the college discriminated against the doctors by requiring them to do extra training and an internship. The college was ordered to reach a financial settlement within 60 days of the decision, or the case would be reopened. It is currently preparing an appeal.

The case, the culmination of a 6-year process, involves a system of "category 1 and 2" countries that was abandoned in 1993, partly because the college feared further litigation. Physicians from category 1 countries, such as Britain and South Africa, were allowed to bypass the internship requirement, while those from category 2 countries needed an extra year of training. The doctors involved in the ruling are from Italy, Romania, Russia, India and the Philippines.

Dr. Morris Van Andel, the college's deputy registrar, said the fact that only 2 BC internships existed for foreign-trained physicians is at the heart of the ruling. However, he said the college was not responsible for setting up the internships. "It is a quantum leap to conclude that because the internship positions were not available, that somehow we were responsible," he says.



The Province, Jon Murray

In 1990, several foreign-trained physicians went on a hunger strike in BC to protest their inability to gain licensure in Canada.

He says that some temporary licences are granted to foreign-trained physicians who practise in a rural community or needed specialty. However, he says that for the remainder, the extra training could be justified. "Why should we lower the standards that Canadian graduates have to meet?" He also points out that the medical school at UBC does not have enough postgraduate positions for its own medical graduates.

The college's position illustrates a larger dilemma: the difficulty of determining the standards of medical schools worldwide. Van Andel says "diploma mills" exist that produce graduates who sometimes have little or no contact with patients during their training. Other countries are also wary of foreign-trained doctors, he adds, pointing out that Israel is now home to many Russian physicians who are not allowed to practise there.

Van Andel says the current situation "is a huge, complex problem." He thinks the first step in resolving it is to increase the number of medical school spaces available. At UBC, the number of first-year spaces has remained the same since 1980. — *Heather Kent*, Vancouver

Drug testing a growth industry in Salt Lake City

Do your cheeks hurt when touched? Do you have osteoarthritis of the knee? Does overexposure to the sun cause you to get cold sores? Private research firms regularly use newspaper ads in Salt Lake City to solicit individuals with these types of ailments to serve as paid subjects in drug-research studies.

Until the mid-1980s, clinical trials like these were usually done by researchers at university medical centres, but the managed-care industry put pressure on US drug companies to cut costs. Now studies to evaluate the safety and effectiveness of new drugs are more likely to be done by private companies or by doctors doing the work as a sideline to their private practices.

Faster and cheaper private studies have helped American drug companies to introduce more than 300 new drugs in the past decade, says Dr. Ralph Karler, a pharmacology professor at the University of Utah. In Salt Lake City, at least 15 organizations — including private companies, doctors, clinics and hospitals — use newspaper and broadcast ads to recruit volunteers. No figures are available for the number of tests conducted or the number of volunteers involved annually. "The drug companies are grinding out drugs at an incredible rate and they need them tested," says Karler. "It's very lucrative and it's very easy."

On a recent Sunday, Intermountain Clinical Research advertised in

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On the Net

Popularity growing rapidly as *CMA Online* turns 5

Nothing says more about the growth taking place on *CMA Online* than the reams of data Ann Bolster brings to weekly meetings of online staff. The printouts, which indicate the pages receiving the most visits, are becoming very thick indeed.

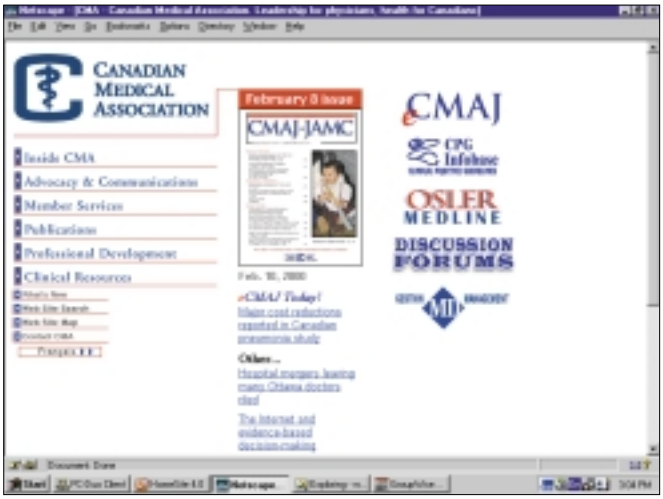
Bolster, the CMA's associate director of new media, says the statistic she follows most closely details the number of individual "site visits." In January, that number passed 100 000 for the first time — just in time for *CMA Online* to mark its fifth anniversary at the end of this month. Meanwhile, page views are rapidly closing in on the 1-million-a-month mark, having reached 863 000 in January. "I can remember when we got excited after passing 50 000 page views a month," says Bolster, who adds that growth appears to be taking place in all areas of the site.

The number of searches made via *CMA Online*'s MEDLINE literature searching service, OSLER, rose to 2175 in January, a 71% increase from December. The average search lasted 25 minutes.

The MD Management portion of the site, which accounts for about one-fifth of total visits and page views, experienced a 17% increase in site visits in January. Bolster says that number is bound to increase significantly because MD Management is offering more and more online services.

Dr. John Hoey, *CMAJ*'s editor-in-chief, says the full impact of the Internet on medicine and medical research is only now becoming clear. "Electronic publication offers broad dissemination and speed as no other medium can," he wrote in a Feb. 22 editorial (162[4]:481).

Meanwhile, CMA CEO Dr. Peter Vaughan says that Web-surfing mobile phones will soon automatically download the



information doctors have preselected from handheld "choice boards." In a few years, Vaughan predicts, "information that now takes an hour to download will take 10 seconds."

At the current rate of change, says Vaughan, physicians will soon be "telling us what kind of articles they want to read, and we'll be sending them out automatically. By then, that device in your lab coat pocket will have the latest articles you wanted from *eCMAJ*, and much more."

Bolster, who has been in charge of *CMA Online* since its inception, agrees that change and increases in usage are now going to take place exponentially. "Just think about how far we've come in 5 years," she said, "and then project how far we will have moved in another 5." — *Patrick Sullivan*, CMAJ

Drug testing in Utah

(Continued from page 854)

the *Salt Lake Tribune* for subjects with atopic dermatitis, cold sores, sinusitis and osteoarthritis of the knee. Two- to 4-year-old children with asthma were also sought.

Amy Burgess, the patient recruiter at Intermountain Clinical Research, says volunteers are paid US$200 up to $700, depending on the time required . Some ads also promise physical examinations and medication at no cost. However, many subjects receive an inactive placebo, since crossover formats are not regularly used, adds Burgess.

Utah residents are considered good subjects because they are in better health and use less alcohol than residents of other states. About 70% of the state's population are Mormons, and adherents don't smoke, or drink alcohol or coffee. But that also means Utahans are not a representative group, adds Karler.

"We could say that the simpler the lifestyle of the population, the fewer interactions you're likely to get. However, that's not real life. It'd be like testing drugs only in men and not females, or in blacks but not whites."

However, Karler says studies may be easier to conduct in Utah, where subjects are likely to be more compliant. "I think this population is easier to handle than a population in Chicago or Boston. People take their medicine and they show up. Things probably run a lot more smoothly here than in a big city where you get a lot of [study] dropouts." — *Janet Brooks*, Salt Lake City