

responds:]

The headline referred to the importance the “snakeheads” — the people who smuggled these migrants to Canada — placed on health status in choosing which people to bring. They did this because healthy migrants could pay them back faster. Even the chronic carriers of hepatitis B appeared to be in good health.

Patrick Sullivan

Red tape is strangling foreign-trained physicians

I would like to add my voice to that of Alex Porzecanski, whose letter lamented the lack of support for foreign-trained physicians.¹ Not only are there considerable stumbling blocks for these students, but there is considerable disincentive for them to return to Canada after their residency.

After completing my degree in a foreign medical school, I pursued a residency in Canada. I was met with a disheartening wall of bureaucracy and opted for a position in the US. At the end of my training and after completing the American Board of Internal Medicine (ABIM) exams, I inquired about practice in Canada. Even as a Canadian with American qualifications, I found that entry into the system was daunting.

At this point I am a graduate of a medical school recognized by the World Health Organization, have ABIM certification, hold 2 state licences and LMCC certification and practise in New Brunswick. Nevertheless, 3 years after embarking on a journey for the elusive Holy Grail of FRCPC certification, I’m being prevented from writing the Canadian exams. It seems that when every criterion has been met, a new form must be filled out or a new exam must be written. The latest roadblock is the requisition of my entire medical school transcripts in order to reinvent the wheel!

Therefore I have no sympathy for

the governing bodies and medical societies that cry about physician shortages. This mess developed because of our own turf protection and short-sighted planning. The result is convoluted departments that justify their existence, and funding, by creating seemingly endless red tape.

I’m luckier than most, in that I can continue to work while wading through this quagmire of paperwork. But why are we surprised to learn that there has been a brain drain south when at home we have actively set out to exclude people from working here?

Ardavan Mahim
Internist
Miramichi, NB

Reference

1. Porzecanski A. Why do we force Canadians to study medicine abroad? [letter]. *CMAJ* 1999; 161(11):1389.

What exactly were you highlighting?

On the first page of the Jan. 11, 2000, issue of *CMAJ* there is a highlight¹ of a study published in that issue on HIV infection in young gay and bisexual men in Vancouver.² Accompanying the highlight is a photograph of 4 young children who by all appearances it can be safely assumed are African.

Could someone explain to me the connection between the photograph and the content of the article? What do 4 young African children have to do with HIV infection in Vancouver? It is said that a picture is worth a thousand words; what is this one telling us? Insensitivity can take many forms and this is one example of such.

W.S. Lofters

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References

1. Highlights of this issue. *CMAJ* 2000;162(1):1.
2. Strathdee SA, Martindale SL, Cornelisse PGA, Miller ML, Craib KJP, Schechter MT, et al. HIV infection and risk behaviours among young gay and bisexual men in Vancouver. *CMAJ* 2000;162(1):21-5.

On the highlights page¹ in the Jan. 11, 2000, issue of *CMAJ*, what is the relevance of the photograph under the headline “HIV complacency” to the synopsis or the articles described? Are the innocent children complacent about HIV, or were they the young gay and bisexual men in Vancouver?

I hope I am right in assuming that informed consent of the children and their parents was obtained for the photograph to (1) be taken and (2) be published without masking the faces.

Muri B. Abdurrahman
Pediatrician
Toronto, Ont.

Reference

1. Highlights of this issue. *CMAJ* 2000;162(1):1.

[Editor’s note:]

The image was chosen to highlight editorialist Brian Willoughby’s¹ concern for populations, such as children in sub-Saharan Africa, who face the prospect and the toll of HIV infection and AIDS² with little hope of sharing in the pharmacological advances available in Europe and North America. *CMAJ* is committed to the policy of obtaining consent from patients before publication of personal and medical information about them. However, the issues that surround this policy can become complex, and one might reasonably expect to run into grey areas from time to time.³ In the present case, the image was taken from a stock photo library and was used to draw attention to a population at risk. There was no disclosure of personal or medical information.

References

1. Willoughby BC. HIV: the millennium bug. *CMAJ* 2000;162(1):52-3.
2. Mukwaya J. The AIDS emergency. In: *The progress of nations 1999*. New York: UNICEF; 1999. Available: www.unicef.org (accessed 2000 Feb 22).
3. Hoey J. Patient consent for publication — an apology. *CMAJ* 1998;159(5):503-4.

It’s uncanny