

On the Net

The medicine–literature connection moves online

New York University's Literature, Arts and Medicine Database (endeavor.med.nyu.edu/lit-med/lit-med-db/topview.html) began as a resource for medical educators, but today it also serves any reader in search of a good book. Its 41st edition features annotations for 53 artworks and 90 films, as well as 1461 literary works by 894 authors.

A free-text search for “Canada” finds 63 entries, including books by authors such as Jane Urquhart, Timothy Findley, Hugh MacLennan and Janet Turner Hospital, and films such as *Strangers in Good Company*.

The individual entry for Toronto author Donna McFarlane's 1994 *Division of Surgery* provides a brief summary and commentary about the work, as well as publication information and keywords. The commentaries are informative and

accessible, and the indexing by keywords is one of the site's most useful features. *Division of Surgery*, a novel



about a young woman surviving serious inflammatory bowel disease, is indexed under keywords such as doctor–patient relationships, human worth, patient experience and power relationships.

Clicking on any one of these terms

pulls up a list of related entries, allowing the user to search readily for works dealing with a particular theme. Certain entries are cross-linked to online texts or audio or visual presentations where the works are published, displayed, excerpted, read, performed or discussed.

Links from the Medical Humanities homepage (<http://endeavor.med.nyu.edu/lit-med>) lead to the Web site for the journal *Literature and Medicine* (http://muse.jhu.edu/journals/literature_and_medicine) and the Roster of Physician Writers (<http://members.aol.com/dbryantmd>). Newcastle University's Walton Library encourages students to broaden their reading by visiting www.ncl.ac.uk/library/medical/medhums.html, which is linked to, among other resources, its own compilation of literature about medicine. — Alison Sinclair, CMAJ

Rural BC physicians mediate in “poisonous atmosphere”

It was a summer of discontent in British Columbia's rural communities, as doctors withdrew all but life-and-death care in domino-like fashion. Now rural physicians in all communities are back on the job, hoping that mediation will alleviate their funding and quality-of-work-life woes.

A 3-person mediation panel, comprising 2 lawyers recommended by the British Columbia Medical Association and a government representative, is now gathering submissions. It was to report by mid-November. The parties then have until Nov. 30 to respond.

The mediators' findings are not binding, but Premier Ujjal Dosanjh has stated that if the panel finds the government's previous offer inadequate, it will be improved. BCMA President Marshall Dahl is optimistic. “Out of this should come a plan to keep enough doctors in these rural areas, that will treat people equitably but also [acknowledge] that some places are more

remote and need better incentives.”

Many doctors have fled rural BC, which has been plagued by chronic staff shortages. Patients are also on the move: Dahl says transfers to Alberta or Vancouver now “a fact of life.”

Negotiations have been complicated by a unique political environment, said Dahl, referring to the NDP's 8 years in office. “It has been a fairly poisonous atmosphere, frankly, and it has taken a long time to bring things to resolution.” In March the BCMA signed a 1-year agreement that provided more money for physicians. Doctors agreed to eliminate their reduced-activity days — the closure of offices 1 day a month — and the BCMA agreed not to condone any service withdrawals by MDs.

When doctors around the province began doing just that, the BCMA was left trying to mediate a solution. The withdrawal by some groups of doctors also thrust some physicians into the unfamiliar role of negotiator. “I was very worried

that doctors in these communities would be taken advantage of,” said Dahl. The association offered professional advice about negotiating skills, which most of the doctors accepted.

Late this summer, the government proposed that the BCMA become a union, which would give the government the power to use the courts to enforce agreements. (A referendum on unionization was rejected 4 years ago.)

“We have always gone for voluntary membership,” said Dahl, who notes that more than 90% of the province's doctors belong to the BCMA. “We think organizations with mandatory membership get complacent and they don't do as good a job.”

More important, he says, the unionization proposal failed to address the chronic underlying problems of physician recruitment and retention, and poorly functioning hospitals. “It wouldn't stop anybody from leaving the province.” — Heather Kent, Vancouver