“Horrible balance-of-trade loss” in MDs rises again

After declining for 5 years, the number of physicians Canada is losing to other countries increased by 68% in 2001, reaching its highest level since 1997 (see Pulse column, page 682).

The statistics, compiled by the Canadian Institute for Health Information (CIHI), indicate that the country suffered a net loss of 275 physicians in 2001, with 609 doctors going abroad and only 334 returning. The data were released in August.

“There is no surprise here,” says Dr. Hugh Scully, who is cochairing a federal task force on physician human resources. “Our physicians’ expectations are high and, notwithstanding the problems with managed care in the US, the grass is beginning to look greener there.”

Dr. Mamoru Watanabe, a physician human resources expert at the University of Calgary, says it is too early to say whether a trend is developing. “There is a cycle to these migration patterns. We had a peak around 1978 and another around 1995.

“The peak in ’95 related to the climate here — there were new rules, restrictions on where you could practise, and so on — and the US was recruiting heavily, particularly family physicians, at the same time.”

Watanabe thinks a “sense of unrest” among Canadian doctors is gaining strength, particularly because they bear the brunt of patient complaints about the health care system. This may be encouraging some physicians to vote with their feet.

Scully says most doctors leaving Canada depart because of a lack of resources, and most head to the US.

“We are losing the equivalent of 2 or 3 graduating classes in 1 year,” he says of the newly released CIHI data, “so yes, this is serious. These are largely our youngest, brightest and most energetic doctors, so the end result is a horrible balance-of-trade loss. I know that 1 year doesn’t tell a story, but I find it worrisome.”

Watanabe agrees. “The net loss may not seem high [given Canada’s physician population of 58 500], but you’re looking at the output of 3 or 4 medical schools and at people who tend to leave at the peak of their careers.”

And he says it will become more difficult to find replacements in places like South Africa, which are complaining about “physician poaching” by wealthier countries. “There’s an ethical component to that now, and we’re being asked to stop that sort of raiding.” — Patrick Sullivan, CMAJ

Man lauded for providing medical marijuana

A Victoria judge who praised an advocate for the medical use of marijuana says that either Parliament or the Supreme Court must resolve the legal issues surrounding the therapeutic use of the illegal drug. Provincial Court Judge Robert Higinbotham granted an absolute discharge to Philippe Lucas, who had pleaded guilty to possessing about 3 kg of marijuana. Higinbotham said Lucas had merely “provided that which the government was unable to provide: a safe and high-quality supply of marijuana to those needing it for medicinal purposes.”

Lucas runs the Vancouver Island Compassion Society (see CMAJ 1999;161[8]:1024), which provides marijuana to about 250 members who have been referred by their doctors. Higinbotham lauded Lucas’ motives, transparency and meticulous record-keeping in operating the club, a registered nonprofit society (www.thevics.com). The judge also cited the measures the club has taken to prevent redistribution of the marijuana by members.

Lucas’ troubles began when he called police after a burglary at the Compassion Society. He says the club had enjoyed a good relationship with the police since it opened in 1999. The thief was caught, but Lucas was charged with possession of marijuana. Since the court decision was announced, Lucas has seen a surge in requests for information about the club, and the doctors supporting him “have been extremely buoyed by the decision. There are many doctors in Victoria who would rather send patients to us than go through the legal Health Canada program [www.hc-sc.gc.ca/hecsessc/ocma/index.htm], and I think that is very telling.” About 80 physicians refer patients to the club, which verifies all referrals. Most of the patients have AIDS, hepatitis or cancer.

Lucas, who has a legal exemption to use the drug because of hepatitis C contracted via a blood transfusion, hopes the court decision will spur federal action. — Heather Kent, Vancouver

HIV numbers in

Ontario accounts for almost half of the positive HIV tests reported in Canada since 1985, Health Canada says. Of the 44 512 cases reported between Nov. 1, 1985, and Dec. 31, 2001, Ontario accounted for 47.4%, followed by British Columbia (23.1%) and Quebec (22.5%); 85.6% of the positive tests involved males. — CMAJ

Philippe Lucas: show some compassion