

Newfoundland residents get wage parity with Nova Scotia

In Newfoundland, 15 months of negotiation and debate failed to accomplish what a single threat was able to do: get the provincial government to pay residents the same wages as their counterparts in Nova Scotia.

"It was nothing other than imminent catastrophe that motivated [the government]," says Dr. Gavin French, president of the Professional Association of Internes and Residents of Newfoundland and Labrador (PAIRN). In the end, PAIRN got action by threatening to withdraw provisional services its members provide as locums, including emergency room services.

PAIRN had asked the province to start negotiations in 2001, 3 months before its contract was due to expire. Talks started 6 months later, but the government "essentially said no to everything we wanted," said French, a general surgery resident. Indeed, the government asked to remove some benefits, including payment of malpractice insurance and school registration fees.

The main issue, however, was wages. Newfoundland residents, the lowest paid in the country at \$32 000 annually (PGY-1), wanted parity with Nova Scotia (\$37 000, PGY-1); in Ontario, PGY-1 residents earn \$40 000. Initially the government wouldn't discuss the issue, and PAIRN could exert little pressure because legally they could not withdraw services. However, they could withdraw optional provisional services, and the Newfoundland and Labrador Medical Association supported the threat.

On the day PAIRN members were slated to act, the province agreed to reinstate the payment of malpractice and university registration fees and to pay residents the same wage as their counterparts in Nova Scotia, which meant a 15.6% increase over 2 years.

And there was a new clause in the agreement: negotiations for the next contract must begin next March. "This won't happen again," vows French. — *Donalee Moulton*, Halifax

Infant's death another nail in circumcision's coffin, group says

The death of a 5-week-old British Columbia boy 2 days after he was circumcised will further marginalize the procedure in Canada, an international lobby group says.

Dr. George Denniston, a preventive medicine specialist from the University of Washington in Seattle and spokesperson for Doctors Opposing Circumcision (DOC, faculty.washington.edu/gcd/DOC/), described the Aug. 22 death of the Penticton boy, apparently from bleeding-related complications, as "tragic and unnecessary."

"The only good that could possibly emerge is that more parents and physicians will now think twice before proceeding," he said.

Dr. Douglas McMillan, the Calgary-based president of the Canadian Paediatric Society (CPS), chaired the committee that issued the society's statement on neonatal circumcision in 1996 (see *CMAJ* 1996;154[6]:769-80) and says the statement will be reviewed in light of the boy's death. The statement, which concludes that "circumcision of newborns should not be routinely performed," was reaffirmed by the CPS in March 2002.

In his practice, McMillan tries to convince all parents that circumcision is "not medically in the best interests of the baby," but he says the issue raises strong feelings because "beliefs differ and opinions are strong." He refers the few parents who "still insist" to a family physician.

In a carefully worded statement issued to *CMAJ* 2 weeks before the infant's death, the Canadian Medical Protective Association (CMPA) said that even though "there is no unanimity in the medical or legal communities" about

whether it is advisable or justifiable to circumcise infant males, physicians must proceed cautiously.

The statement, the first the association has issued on the subject, says: "The CMPA advises members that a thorough and informed consent discussion must take place with the parent(s) and must be well documented."

That response came after the College of Physicians and Surgeons of Saskatchewan asked family doctors to stop providing routine elective circumcisions (see *CMAJ* 2002;167[5]:532).

The procedure's popularity is unknown, but in Saskatchewan it is estimated that 27% of male infants are still circumcised. Denniston says the provinces have helped make it less popular by delisting the procedure — Manitoba is now the sole province covering the cost.

Dr. Robin Walker, vice-president of the CPS and a coauthor of the society's 1996 position statement, says no doctors in his group at the Children's Hospital of Eastern Ontario will perform circumcisions, and he is aware of only one Ottawa pediatrician who still does. In his career he has witnessed several serious complications following the operation, including a case in which a baby "nearly exsanguinated."

The subject raises some challenging legal issues. Last year, the Ontario-based Association for Genital Integrity was preparing a Charter challenge because of a criminal court provision that criminalized female genital mutilation but remained silent about male circumcision. The Canadian Jewish Congress responded that equating the two "is spurious and unwarranted, considering that circumcision is a [minor] procedure" and the move "to delegitimize male circumcision is tantamount to an attack on one of the core religious rituals of the [Jewish faith]."

However, a proscription against circumcision by the medical profession would have little effect on Canada's Jews. A congress spokesperson says ritual circumcisions are usually done by mohels, nonphysicians who are specially trained to perform the procedure according to Jewish law. — *Patrick Sullivan*, *CMAJ*



Pairela Lightfoot

"Some parents still insist."