



Dr. Peter Markesteyn, Winnipeg's chief medical examiner, says high workload and associated stress definitely affect residents' lives. "But it is a quantum leap to go from analysing the abuse of residents that may go on in the hospital system and suggesting that that has caused the suicides."

While Markesteyn said work-related stress can exacerbate suicidal ideation, the 3 Winnipeg residents had psychosocial factors in common that went beyond the stresses of their residency program. Two left notes, but

Markesteyn said neither attributed their decision to die to their residency programs.

"Suicide is a very complex matter, and while stress makes pre-existing things worse, it very seldom causes things," he noted. "If people have domestic problems, generally they can better work that out while they're on a vacation in Mexico, and it's very difficult to do that while you're working your guts out. But overwork is not a cause in my opinion."

Dear Sir: Re the deaths of our colleagues

Four representatives from the Manitoba Medical Students' Association, Ashok Modha, Garth Nicholas, Rochelle Vandevelde and Kerrie Wyant, sent the following open letter to Manitoba Health Minister Darren Praznik. It arrived at CMAJ Apr. 30 as the accompanying article was going to press.

Dear Minister:

The recent suicide of a resident in the Faculty of Medicine at the University of Manitoba has sparked a lot of discussion, not only among hospital and university staff but also among the public. This unfortunate incident is the third one in 2 years, giving our medical school the distinction of having the highest suicide rate among Canadian medical schools. Why are residents killing themselves? There is no simple answer, because a number of factors may contribute.

Each physician must go through 7 years of postsecondary education, followed by 2 to 7 years of residency training. This leads to the accumulation of large debts. Residents are paid salaries while training but these are minimal in relation to the number of hours worked.

Having to choose a field to specialize in during the middle of third year at medical school is another harrowing task. What do third-year students know about what sort of specialty they would be interested in? Once accepted in a particular program, residents are locked into this field for the rest of their lives. What if they hate it? What if they want to change fields? Unfortunately, that is not possible the way things stand. The final blow is delivered when the government decides where you can set up practice, how much you can earn, whom you can see, what you can do, and what you can't!

Further difficulties relate to long hours and the resulting stress, which often leads to academic and personal problems. One has very little time to spend with a spouse and children, or with friends and family. This often leads to strain and breakdown of relationships. The resident becomes a lonely person, often with no one to talk to.

Being in the hospital and working for 28-32 hours consecutively once every 3-4 days is an exhausting ordeal.

Most would describe this as inhumane and unhealthy. In addition, with government cutbacks and [fewer] residency spots, a smaller number of residents are left to do the same amount of work. This makes call more frequent and increases the number of patients each resident must look after. Why does the medical profession subject its trainees to this kind of labour? Is it truly in the name of education? Patients have also expressed concern about the quality of care and accuracy of diagnosis and treatment they receive from a doctor who has not slept for 24 hours. Is this kind of care fair to the public?

As medical students, we do not have a lot of the responsibilities that residents have, but we still have to be on call and work long hours. Both residents and students also have frequent examinations that require a lot of reading and research. Thus, even on nights off from the hospital we sit at our desks, burning the midnight oil. This leads to sleep-deprived, exhausted students and residents who are expected to work in a clinical setting looking after patients. Sometimes one wonders if it is the residents and students who should be receiving the care, and not the patients.

People argue that we knew all about these hardships and problems before getting into medical school and question why we chose this career path. But this does not make these rigours right. Medical students and residents work in a teaching hospital to receive good teaching and clinical skills. They are there to learn, not to provide cheap labour. After having invested so much time and effort in this field, the resident expects a good quality of life and a satisfying job. We are the future doctors of Canada and want to be well trained and educated to give our fellow Canadians excellent health care. We do not want to be bitter, burnt-out and cynical MDs at the end of our training, looking for opportunities down south!

We hope this letter outlines some of the concerns and stresses medical students in this province and in Canada feel. We would like you to address these issues, especially those you can directly influence, and hope to hear from you soon.