more health care resources before diagnosis and treatment than after.[1] Whitelaw and Flemons are correct in stating that we need research on better and cheaper methods of diagnosis and treatment. We must not, however, lose sight of the fact that sleep apnea is but 1 of more than 75 sleep disorders, each with associated problems. These cannot be addressed without adequate training and appropriate application of the diagnostic tools available.

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Reference

1. Kryger MH, Roos L, Delaive K, Walld R, Horrocks J. Utilization of health care services in patients with severe obstructive sleep apnea. *Sleep* 1996;19(9):S111-6.

Our future physicians deserve better

I continue to be appalled that medical students must decide what postgraduate program they are going to pursue around the end of their second undergraduate year. In many cases this is almost impossible because their experience and exposure to medicine are far too limited. It is even sadder that once a course of action has been chosen, the young physician's future is written in stone.

I am eager to enter this fray because of the article "Little room for error in Canada's postgraduate training system" (*Can Med Assoc J* 1997;156:682-4), by Sandy Robertson. I was invited to train in surgery because the late Angus D. McLachlin caught me working on a public surgical ward as a junior intern. Of course, that latter post no longer exists. My happy 35 years doing pediatric surgery could not have happened under present rules and conditions.

The junior internship year was the most valuable year of my medical life. According to Robertson, this training year was abolished by the demands of the College of Family Physicians of Canada. It is serious and very sad that only rarely can physicians change their course of action, although it appears that some have made career changes. As well, some provinces are trying to improve things. A Mar. 3, 1997, bulletin from the Ontario Ministry of Health[1] refers to re-entry opportunities for 10 Ontario general/family physicians, who will be able to pursue advanced skills in emergency medicine, anesthesia or geriatrics. There are also 15 re-entry specialty positions available in general surgery, obstetrics, general internal medicine and psychiatry. The snag — and of course there is one — is that these people must return to practice in an underserviced area. This is to start July 1, 1997.

If deans of medicine would consider this problem, perhaps changes could be made. A few days ago, an internist told me he has never before seen the high level of anxiety found in today's medical students. The demand that they make too early a career choice is a big factor in this.

I hope that this article will be read, thought about and acted upon for the good of our medical students and future trainees.

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1. Ontario Ministry of Health. Re-entry opportunities for Ontario general/family physicians [letter]. Ontario: The Ministry; 1997.

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