

## EDITORIAL • RÉDACTION

### Editor-in-Chief • Rédacteur en chef

John Hoey, MD (hoeyj@cma.ca)

### Associate Editors • Rédacteurs associés

Tom Elmslie, MD, MSc

Ken Flegel, MD, MSc

K.S. Joseph, MD, PhD

Anita Palepu, MD, MPH

James Hanley, PhD (Biostatistics • Biostatistique)

### Editorial Board • Conseil de rédaction

Nicholas R. Anthonisen, MD, PhD (Winnipeg)

Paul W. Armstrong, MD (Edmonton)

Neil R. Cashman, MD (Montréal)

Hugh Cormier, MD, MPH (Montréal)

Raisa B. Deber, PhD (Toronto)

C.J. de Gara, MB, MS (Edmonton)

David H. Feeny, PhD (Hamilton)

Antoine M. Hakim, MD, PhD (Ottawa)

Judith G. Hall, MD (Vancouver)

Carol P. Herbert, MD (Vancouver)

Neill Iscoe, MD, CM, MSc (Toronto)

Harriet L. MacMillan, MD, MSc (Hamilton)

Allison J. McGeer, MD (Toronto)

Olli S. Miettinen, MD, PhD (Montréal)

C. David Naylor, MD, DPhil (Toronto)

Susan Phillips, MD (Kingston)

Louise Pilote, MD, MPH, PhD (Montréal)

Martin T. Schechter, MD, PhD (Vancouver)

Martin F. Shapiro, MD, PhD (Los Angeles)

Richard Smith, MB, ChB (*British Medical Journal*, London, England)

C. Peter Warren, MB (Winnipeg)

### News and Features Editor

### Rédacteur, informations générales

Patrick Sullivan (sullip@cma.ca)

### Editors • Rédactrices

Peggy Robinson (robinp@cma.ca)

H. Kate Schissler (schisk@cma.ca)

Anne Marie Todkill (todkia@cma.ca)

### Book Review Editor • Rédactrice, recensions de livres

Catherine Younger-Lewis, MD (lewisc@cma.ca)

### Assistant Editors • Rédacteurs adjoints

Jennifer Raiche (raichj@cma.ca)

Steven Wharry (wharrs@cma.ca)

### Editorial Assistant • Assistante à la rédaction

Shirley M. Waddell (waddes@cma.ca)

### Manuscript Coordinators

### Coordonnatrices des manuscrits

Carole Corkery (corkecc@cma.ca), Lorna Lang,

Sylvie Urie (uries@cma.ca)

### Translation Coordinator

### Coordonnatrice de la traduction

Marie Saumure

### Contributing Editors • Rédactrices invitées

Gloria Baker, Charlotte Gray

All editorial matter in *CMAJ* represents the opinions of the authors and not necessarily those of the Canadian Medical Association (CMA). The CMA assumes no responsibility or liability for damages arising from any error or omission or from the use of any information or advice contained in *CMAJ* including editorials, studies, reports, letters and advertisements.

Tous les articles à caractère éditorial dans le *JAMC* représentent les opinions de leurs auteurs et n'engagent pas l'Association médicale canadienne (AMC). L'AMC décline toute responsabilité civile ou autre quant à toute erreur ou omission ou à l'usage de tout conseil ou information figurant dans le *JAMC* et les éditoriaux, études, rapports, lettres et publicités y paraissant.



We apologize to Hemingway, but on Mar. 11 more than 1200 fourth-year medical students will bid “A farewell to CaRMS.” That’s the title University of Ottawa student Aaron Cass has chosen for his wonderful poem (page 631), and it is appropriate. The annual residency match run by the Canadian Resident Matching Service is a nerve-racking event for our medical students, who must watch and wait while others decide their future. In an accompanying article, CaRMS Executive Director Sandy Banner points out that the news on match day is usually good (page 635). This year she expects 80% of applicants to be matched with 1 of their top 3 choices; most will have listed 10 program choices. As for Mr. Cass, we can only hope that this is indeed his “Banner year.”

Tuberculosis is so rare (about 7 cases per 100 000 population each year in Canada) that many physicians will never see a patient with the disease. And when they do encounter the condition, physicians often miss the diagnosis, at least initially. But we should be mindful of this potential diagnosis. Robert Cowie and Jill Sharpe (page 599) and Paul Rivest and colleagues (page 605) describe high rates of active TB in southern Alberta and Montreal respectively, particularly among foreign-born residents. In an accompanying editorial Anne Fanning reviews some of the clinical aspects of TB in immigrants and encourages physicians to consider the disease in the appropriate setting (page 611). “The diagnosis depends on considering TB in the differential diagnosis and submitting appropriate specimens for culture.”

As many as 5% of the general population (and presumably the same proportion of physicians) are gay, lesbian or bisexual (GLB). Several studies have described discrimination against GLB

physicians by some of their physician colleagues and teachers. Through interviews with a random sample of 346 Montrealers, Paul Druzin and colleagues found that, although only about 1% of the general public would refuse to see a physician of the opposite sex (thus discriminating on the basis of the physician’s sex), almost 12% would refuse to see a physician if they knew he or she was GLB (page 593). More than 50% of this group thought that GLB physicians would be incompetent, and 10% mentioned a fear of contracting AIDS or other STDs.

Carolyn Rosenczweig, a student at the University of British Columbia, won second prize in the 1997 Logie Medical Ethics Essay Contest for her contribution “Should relatives witness resuscitation?” (page 617). She describes the not-atypical arrival in the emergency department of a man in cardiac arrest, his wife “trailing the stretcher, hanging on to his left ankle.” This scene is probably familiar, but is it appropriate that relatives watch a cardiac resuscitation, and what should the medical team do? Rosenczweig concludes that the family should stay, and she provides some ethical guidance for physicians confronted with this situation.

Associate Editor Kenneth Flegel and Mary Lant, a patient whose right to sound privacy during medical care has been breached, discuss a problem that most physicians have complained about, the frequent absence of sound privacy for patients (page 613). Although we have taken great steps to ensure the confidentiality of medical records and the visual privacy of the patient visit, we frequently discuss illness with patients and colleagues in open wards and in emergency departments and clinics, where the walls are often curtains or particle board extending only partly to the ceiling. Flegel and Lant call for action. ?