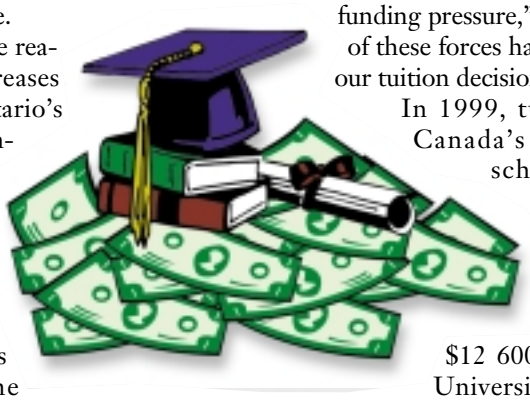
Tuition fees up 27% at U of T

The bad news for students entering medical school at the University of Toronto this year is that their tuition fees are rising by 27%. The good news, says Dean David Naylor, is that further large increases are "extremely unlikely." The U of T now has the highest fees in Canada, although this may change as other schools announce increases this summer.

New medical students at the U of T will pay $14 000 in tuition fees this year, up from $11 000 in 1999; students already registered in the program will face a 5% increase.



Naylor says the reasons for the increases are simple. "Ontario's provincial government has been balancing its budget, and it has taken a very tough line on university funding. This means that more of the costs of professional programs must be borne by students. As well, the block-funding formula for universities includes only partial allowances for differences in program costs. This means that, compared with a large lecture-based course in the humanities or social sciences, small professional programs have high per-student costs."

Naylor added that, paradoxically, universities that are successful in winning research awards — as the U of T is — face a further funding squeeze because overhead costs are not included in the awards. "This is a further indirect funding pressure," he added. "All of these forces had an impact on our tuition decision."

In 1999, tuition fees at Canada's 16 medical schools ranged from a low of $2452 at the University of Montreal to a high of $12 600 at McMaster University. Tara Mastracci, president of the Canadian Federation of Medical Students, says medical students are "gravely concerned" about tuition fee trends. "Although the University of Toronto is the most recent increase, similar decisions are being made from Dalhousie to UBC," she said. "The most recent increase in Toronto has come in complete ignorance of an outcry for a need to evaluate the effect that rising tuition has on the demographics of the physician population. For many young Canadians, it is impossible to even contemplate an education that would incur such high debts, and as a result the pool of talented students who would be physicians is getting shallower."

Naylor acknowledges that the U of T is concerned about rising fees, but says data about their impact are conflicting and inclusive. "On the preventive front, we are continuing to increase the number and level of our bursaries and interest-free loans. Our faculty's commitment is simple: once accepted, no students should ever have to leave any of our programs as a result of personal financial problems." — *Patrick Sullivan*, CMAJ

Physicians must close the gap in asthma care

More than 1 million Canadians with asthma required urgent medical care last year, according to a recent national survey. Not surprisingly, the Asthma in Canada survey report also revealed that 57% of Canadians with asthma do not have the disease under adequate control.

The survey of 1001 adults with asthma or parents of children with asthma and 266 physicians was conducted by the Angus Reid Group and endorsed by the Asthma Society of Canada (ASC), the Lung Association and the Canadian Thoracic Society. Asthma affects 2 million Canadians, including 10% to 15% of children, and claims the lives of 10 Canadians a week.

In a related survey, the ASC found that asthma care is falling far short of the national standards set in the 1999 Canadian Asthma Consensus Guidelines (*CMAJ* 1999;161[11 Suppl]).

Those guidelines state there should be minimal need for urgent medical care, yet 51% of respondents required it at some time. The guidelines also say there should be no sleep disruption, but 35% of respondents said they awaken with breathing problems at least once a week. Finally, 37% of respondents exceed the recommended weekly use (maximum 3 doses) of "rescue" drugs.

"There is a gap in care," explains Dr. Mark Greenwald, a Toronto asthma specialist and vice-president of the ASC. "To patients, 'control' means that they are out of the acute state. Now we've raised the bar. People with asthma need routine chronic care follow-up."

Follow-up includes asking how often patients use their short-acting bronchodilators, watching them take their medications, asking about peak flows and following up with environmental-control measures, such as dust-proof bedding. "GPs, who treat most asthma sufferers, need a mindset shift from acute to chronic disease," says Greenwald.

The ASC has created a Web site with educational information, the guidelines, pamphlets and the opportunity to "talk" to a certified specialist in asthma education (**www.asthma.ca**). — *Barbara Sibbald*, CMAJ