Caveat lector: be wary of media reports about excessive Ritalin use in BC

A newspaper recently claimed that in 1998, children in some parts of British Columbia were being prescribed methylphenidate (Ritalin) at the highest known rate in North America.[1] This is untrue. The newspaper reported that 10 548 children aged 19 or younger (1% of children in this age group) had received at least one prescription for methylphenidate during the year. The article also identified areas of the province where it said up to 30% of children in some age groups received methylphenidate.

To investigate these claims, we submitted a request to PharmaNet, BC's comprehensive prescription drug database, for a count by local health area (LHA) of patients aged 19 or younger who had filled at least one of these prescriptions in 1998. The province has 88 LHAs.

Contrary to data used by the newspaper, we found that methylphenidate use in 1998 was either lower than or consistent with numbers previously reported for other North American jurisdictions.[2,3] Overall, methylphenidate was prescribed to 1% of BC residents aged 19 years of age and younger. Use was highest in the 10- to 14-year age group (2.1%). Variation in use of the drug across regions was also much smaller than reported by the newspaper. The difference between the highest and lowest regional rates reported in article was 18.8 percentage points. We found that the range of methylphenidate use in the 10- to 14-year age group was actually a fraction of the ranges cited by the newspaper, ranging from 0% to 4.9% across regions.

The newspaper reported that 10 548 BC residents were taking methylphenidate between Feb. 1, 1998, and Feb. 1, 1999. This was close to our finding of 10 742 patients for calendar year 1998. Why the difference in usage rates? This likely occurred because 1996 Statistics Canada population data used in the media article did not include the entire populations of the regions examined. These underestimates involving source populations may have inflated utilization rates used by the newspaper.

We think our analysis carries an important message: verify media reports before forming conclusions about utilization patterns for prescription drugs.

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Does premedical education make the grade?

While teaching a medical student recently I had occasion to offer some medical ethics scenarios for commentary. I pointed out that most such scenarios can be approached using 4 philosophical principles (autonomy, justice, beneficence and nonmalfeasance) and that this was an example of how nontechnical topics studied in university can be beneficial in clinical practice.

The student's response disturbed me. He indicated that he found these issues to be interesting but that getting very high course marks in his premed program was of primary and central importance to gaining acceptance into medical school. Because instructors of philosophy and other humanities courses tended to be "hard markers," taking such courses was seen (probably quite rightly) as impairing one's chances of ever becoming a doctor.

Is there a need for some fine tuning in how we select students for medical school?

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Putting together the pieces of the physician supply puzzle

I took great interest in the original Barer–Stoddart report of 1991[1] that without question has helped shape the physician workforce in this country. In their recent editorial, Greg Stoddart and Morris Barer suggested that sections of their report were effectively ignored, which has helped lead to the impending crisis we now face.[2]

As chair of the Canadian Urological Association's Manpower and Economics Committee, I know that we are headed for an enormous staffing crisis in the medical and surgical specialties within the next 10 years. Today most specialty groups are beating the same warning drum because half of our specialists will retire in the next 10 years. We immediately need either an enormous increase in the number of training programs for medical and surgical specialists or a reduction in the barriers facing foreign specialists trying to enter Canada. Physicians who leave Canada immediately after graduating already represent an enormous loss. If there was financial assistance for physicians during their training, with a commitment to practise a minimum number of years in Canada, an enormous benefit would result.

What concerns me most about the

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