

- Baltzan MA, Shoker AS, Boechler B, Keindel I, Dyck RF. Renal transplantation in Saskatchewan: Does supply satisfy demand? [abstract]. *Abstracts of the annual scientific meeting of the Canadian Society of Transplantation*; 2000 Mar 1-4; Mont-Tremblant (Que.). Ottawa: The Society; 2000.
- Baltzan MA Sr, Abraham D, Shoker AS, Dyck RF, Baltzan MA Jr. Evidence for a recent decrease in chronic progressive renal allograft failure rates [abstract]. *Abstracts of the annual scientific meeting of the Canadian Society of Transplantation*; 2000 Mar 1-4; Mont-Tremblant (Que.). Ottawa: The Society; 2000.

Vigilance is needed

The commentary by Peter Craighead on the situation in South Africa¹ is a good warning of the way in which members of the medical profession can be coerced into acting unethically on behalf of their government, and how professional organizations can be negligent in failing to oppose such unethical actions.

Unfortunately, the commentary did not mention the alleged unethical behaviour that occurred in Canada when physicians working with the Department of Immigration allegedly tranquilized deportees against their will to facilitate the removal process. When this situation became publicly known, no medical association in Canada publicly condemned this behaviour or protested to the Canadian government about its alleged unethical use of physicians. When pressured into responding, the Canadian Medical Association stated only that it "has gone on record on various occasions as categorically condemning the practice"² and that these actions "may have been [only] unacceptable acts by some of its members."²

No medical association made a complaint to any of the regulatory provincial colleges to demand that the doctors involved be investigated and appropriately disciplined if found guilty. When the Medical Network of Amnesty International made a complaint to the College of Physicians and Surgeons of Ontario, the College expressed concern and sought further information from the Minister of Employment and Im-

migration. However, the Minister refused to reveal to the College any details about the medical treatment or the names of the physicians involved during the period before the Department instituted new guidelines on June 18, 1990. As a result, the College was blocked from carrying out any independent investigation. The alleged victims of the involuntary treatment were no longer in Canada, were not in a situation to easily make a complaint on their own and were unlikely to remember the name of the physician who treated them. If these physicians were guilty, they had, in effect, being granted impunity for their unethical actions.

Craighead is right in pointing out that all physicians should have a good grounding in medical ethics. However, abuses continue even with this knowledge. We must have the political will to actively point out and condemn unethical medical behaviour that relates to governments before it becomes part of accepted government practice and before physicians are put under further pressure to conform to the government's increasing expectations of them.

Donald E. Payne

Coordinator, Medical Network
Amnesty International, Canadian Section
Toronto, Ont.

References

- Craighead PS. Ethics through the looking glass [commentary]. *CMAJ* 2000;162(8):1147-9.
- Kluge E-H. Tranquilizing deportees [letter]. *CMAJ* 1990;143(3):170.

Addressing the anesthesiologist shortage

There is said to be a severe shortage of anesthesiologists in Canada. Wondering if this might be related to a lack of exposure to the subject at the undergraduate level, I queried the 16 Canadian medical schools about the amount of teaching in anesthesia they offer.

I received 13 replies, 1 of which bore no relation to my query but advised me on how to apply for an MSc in biomedical studies. Of the other 12 schools, 5 offered 2 weeks of teaching in anesthesia that included intensive care and anillaries, 3 had a 1-week course, 1 gave students the option of studying ears, nose and throat or anesthesia (but not both subjects), 1 provided an optional 4 weeks of teaching that included other subjects, and the other 3 schools gave 1 week of teaching. Not 1 of the schools provides its students with training that compares with the dedicated month of teaching in anesthesia I received half a century ago.

Aside from the issue of exposure to anesthesia at the undergraduate level, it seems to me that the shortage could be reduced immediately if anesthesiologists no longer ran intensive care and other units but instead acted only as consultants to such units.

F.B. Singleton

Anesthesiologist (ret'd)
Kingston, Ont.

Pour écrire à la rédaction

Prrière de faire parvenir vos lettres par la poste, par messenger, par courrier électronique ou par télécopieur. Chaque lettre doit porter la signature de tous ses auteurs et avoir au maximum 300 mots. Les lettres se rapportant à un article doivent nous parvenir dans les 2 mois de la publication de l'article en question. Le *JAMC* ne correspond qu'avec les auteurs des lettres acceptées pour publication. Les lettres acceptées seront révisées et pourront être raccourcies.

Aux usagers du courrier électronique

Les messages électroniques doivent être envoyés à l'adresse pubs@cma.ca. Veuillez écrire «Lettre à la rédaction du *JAMC*» à la ligne «Subject». Il faut envoyer ensuite, par télécopieur ou par la poste, une lettre signée pour confirmer le message électronique. Une fois une lettre reçue par courrier électronique acceptée pour publication, elle paraîtra dans la chronique «Tribune des lecteurs du *JAMC*» du *JAMCél* (www.cma.ca/cmaj) tout de suite, ainsi que dans un numéro prochain du journal.