should be clearly informed about the licensing problems they will face before they arrive in Canada. The federal government decides who is allowed to immigrate to Canada and knows the professional status of immigrants. It should either be prepared to tell the IMGs that most of them will be unable to practise in Canada, or it should pay the total cost of the selection process and the training required.

The BC Human Rights Commission's ruling involving 5 foreign-trained physicians must be appealed.[2] The commission seems to be unaware of the provincial college's role in protecting the Canadian public.

T.B. MacLachlan
Obstetrician (ret'd)
Saskatoon, Sask.

References

1. Andrew R, Bates J. Program for licensure for international medical graduates in British Columbia: 7 years' experience. *CMAJ* 2000;162(6):801-3.
2. Kent H. College to appeal discrimination ruling. *CMAJ* 2000;162(6):854.

[The authors reply:]

T.B. MacLachlan comments on the method of selection of the 2 candidates[1] and whether this may be perceived as unfair and open to challenge. The initial examinations by the Medical Council of Canada are externally set and validated, and the objective structured clinical examination has demonstrated reliability in psychometric evaluation. During the 6-week clinical evaluation, skills are evaluated by clinical faculty with extensive experience. The director of the international medical graduate (IMG) program remains at arm's length from candidates, grants no interviews and plays no personal role in the evaluation. IMGs who have participated in the process indicate that it is as fair as possible, although senior and experienced IMGs feel that the process is demeaning.

The financial costs are considerable, given that so few residents are produced. The evaluation component could be expanded at relatively low cost to produce more residents, but the largest part of the cost is residents' salaries. Still, the cost of producing a licensable physician from the IMG pool is much lower than the additional cost of 4 years of medical school incurred by Canadian graduates.

We agree that many IMGs arrive here with scant knowledge of the requirements that must be met to enter medical practice. Many of our candidates comment on the extreme hardship involved in acquiring a licence and the considerable barriers to residency training. Many are so daunted that they never do practise medicine here.

Canada's colleges of physicians and surgeons have a crucial role in ensuring that only competent physicians gain the right to practise here. Our experience is that, with appropriate evaluation and residency training, many more IMGs could make a contribution to the health care of Canadians.

Rodney Andrew
Joanna Bates
Department of Family Practice
University of British Columbia
Vancouver, BC

Reference

1. Andrew R, Bates J. Program for licensure for international medical graduates in British Columbia: 7 years' experience. *CMAJ* 2000;162(6):801-3.

Emergency contraception

I found a recent letter[1] offensive because of its suggestion that the provision of emergency contraception is unrelated to providing a service to patients or to reducing violence against abortion providers.

Why is it easier for young people to buy street drugs than to get emergency contraception? Why had none of my friends in high school ever even heard of the morning-after pill? A 2-dose regimen of levonorgestrel is more effective and better tolerated than the traditional Yuzpe regimen.[2–4] If women were better informed and had better access, a lot fewer therapeutic abortions would be performed in Canada.

Safe abortions are an essential service. I am grateful to all physicans and nurses who have chosen to put themselves at risk in the name of justice, and I long for the day when all physicians act as patient advocates: pro-children and pro-choice.

Madeleine Cole
Family physician
Iqaluit, Nunavut

References

1. Gutowski WD. Access to the morning-after pill in BC [letter]. *CMAJ* 2000;162(11):1554.
2. Task Force on Postovulatory Methods of Fertility Regulation. Randomised controlled trial of levonorgestrel versus the Yuzpe regimen of combined oral contraceptives for emergency contraception. Task Force on Postovulatory Methods of Fertility Regulation. *Lancet* 1998;352:428-33.
3. Glasier A, Thong KJ, Dewar M, Mackie M, Baird DT. Mifepristone (RU 486) compared with high-dose estrogen and progestogen for emergency postcoital contraception. *N Engl J Med* 1992;327(15):1041-4.
4. Task Force on Postovulatory Methods of Fertility Regulation. Comparison of three single doses of mifepristone as emergency contraception: a randomised trial. *Lancet* 1999;27(353):697-702.

Oldest at graduation

I'm responding to your request for information on the oldest age at graduation among Canadian physicians.[1] I think I must have been one of the oldest medical graduates. I graduated from the University of Toronto medical school in 1995 at the age of 49. One of my son's high school classmates was a classmate of mine in medical school.

I now practise family medicine in the Hamilton area and am forever grateful to the admissions people at the University of Toronto who took a chance on me.

Rachelle Sender
Family physician
Hamilton, Ont.

Reference

1. Sullivan P. We protest! [letter]. *CMAJ* 2000:162(12):1664.

You wanted to know who among Canada's physicians was the oldest at graduation.[1] A good friend of mine,