for these limitations will better prepare us to practise in rural or remote settings.

Alison Long
Nepean, Ont.
Received by email

[The author responds:]

It was disconcerting to learn that medical students feel that their training is insufficient to allow them to practise where the need is often the greatest. Ms. Long echoes my own concern that current medical training is not always providing sufficient technical training to allow young physicians to practise in rural and remote areas.

In 1992 the CMA released its *Report of the Advisory Panel on the Provision of Medical Services in Underserviced Regions*. This year the CMA Board of Directors has again identified rural and remote practice issues as a priority project for the association. The Society of Rural Physicians of Canada has offered rural critical care workshops on chest tubes, central lines, ventilators and emergency transport. Because Canada has so many remote regions, it is unfortunate that this type of rural medical training is not offered as part of the core curriculum.

I encourage medical schools to develop and expand rural practice programs and encourage trainees to take advantage of the ones that are currently available. I also congratulate Long for recognizing the needs of rural physicians. I hope she will lobby to ensure that the training programs meet her needs.

Allon Reddoch, MD
President-Elect, CMA
Whitehorse, YT

A match made in heaven?

The courtship has been hideous, a roller-coaster ride.
Yet here I am on Match Day with you, CaRMS, my loving bride.
I'm quite surprised to see you, for I didn't think we'd meet.
Your jilted suitors would attest you tend to get cold feet.
How was it that I did become so haplessly seduced
That fateful day a summer past when we were introduced?
You were so full of harsh demands, of deadlines and decrees.
You asked for letters of intent, CVs and referees.
And even though you warned me that your love came with a price
You stunned me when you whispered "cash or cheque will both suffice."
I overlooked your every flaw, although none could be missed —
Your screaming need for order and for making endless lists.
My patience was near infinite — I never raised my voice.
And now you tell me that I've got my seventeenth-ranked choice?
It's not to say lab medicine in Moosonee ain't swell.
But surely there was something at more southern parallels?
I fear I'm having second thoughts, perhaps we could elope?
I don't need a marriage licence, please keep this envelope.
What's that you say? It's far too late? Your program owns my soul?
I've got no rights to speak of and you'll never let me go?
Forgive me if I say so, but this deal sticks in my craw.
And don't remind me that possession's nine-tenths of the law.
How can you dare deny me? All I ask for in due course
Is an open-marriage concept, or else a quick divorce.
Why yes, I do respect you, and thy love I wouldn't spurn.
But is it truly better still to marry than to burn?
Please let there be one present who protests our wedding vows.
Speak up I say! Don't hold your peace! Forever begins now!
We're standing side by side, my dear, in body — not in heart.
United by a contract lasting till death do us part.

Aaron Cass

Aaron Cass, a 4th-year medical student at the University of Ottawa, published the poem "A farewell to CaRMS" in the Mar. 10 issue (*CMAJ* 1998;158[5]:631-2). On Mar. 11, he was matched with his first choice, and he will be starting a residency in internal medicine at the University of Toronto in July.

Hospital bean-counting

Dr. W. John S. Marshall's article "Administrative databases: Fact or fiction?" (*CMAJ* 1998;158[4]:489-90) struck a chord with me. Each year my local hospital grants each physician admitting privileges, along with a print-out of past performance re-

lated to the dreaded "length of stay" for each patient admitted in the previous year.

As a modestly successful family physician who saves the government more money than it can possibly know, I will be regarded askance if the mean length of stay for my patients is greater than that of others in my peer group. However, the data on which this appraisal of my services is based deserve closer study, as Marshall correctly points out. I admitted just 40 patients during the most recent year reviewed, their illnesses falling into 34 case management groups. There were only 5 diseases for which I cared for more than 1 patient, and none for which there were more than 3 patients. From these limited data, "they" calculate an "average" length of stay. I was taught that at least 3 data points were needed to calculate a meaningful average, and that more than 3 values would be preferable. And what about the range? The mean for case managment group 011 within my peer group was 9.90 days, but was the standard deviation 0.01 or 8.9 days? Silence on this elementary point. In addition, I found numerous statistical vagaries and even errors on my print-out.

A patient of mine who is employed in the medical records department of another local hospital knows someone who works in both that hospital and my own and who reports that the coding practices of the 2 hospitals are "quite different." We ought not to accept unknowing bean-counting.

George Ford, MD
Preston Medical Centre
Cambridge, Ont.

[The author responds:]

Dr. Ford raises an excellent point about employing administrative databases for tracking health services utilization: for such purposes, it is necessary to compare apples and apples. Nonetheless, his letter indicates to me that his hospital's program is probably having the desired effect. From the information supplied each year, he can review the distribution of his patients according to disease; the data he receives are sufficiently detailed that he can validate them, and he can, if questioned on some overall average, mount a defence based on factual information. Awareness of utilization is achieved and data are fed back to the health care provider who, realizing their importance, will in turn report back to the medical records department on issues of accuracy. Presumably, members of the peer group have the opportunity to judge the process and will respond intelligently to Ford's point.

W. John S. Marshall, MB, ChB
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Faculty of Health Sciences
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Studying workplace health

The review article "Wellness programs: a review of the evidence" (*CMAJ* 1998;158[2]:224-30), by Denise Watt and colleagues, addresses an important topic but has 2 important limitations. First, limiting the search to the MEDLINE database excluded many high-quality journals that often publish articles on this topic. Second, insisting that the studies for review had to have randomized controlled designs further excluded many high-quality studies.