



Pulse

Has the lure of greener pastures lessened?

The Canadian Institute for Health Information (CIHI) reports that 569 Canadian physicians moved abroad in 1998, a significant decline from the 659 doctors who left in 1997 and a 27% drop from the 1994 peak of 777 physicians.

Doctors leaving Canada tend to be male (70%) and young, with just over half having 10 years' experience or less. A slightly higher proportion of emigrants are special-

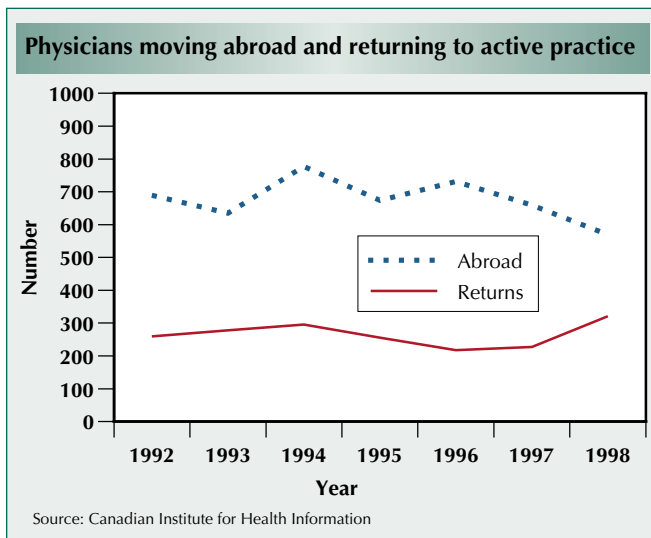
ists (56%), and the majority of all physicians who leave (77%) are graduates of Canadian medical schools. The number of physician emigrants in 1998 represents approximately 1% of the active physician supply, but this varies from province to province. The low is 0.7% in Quebec and the high is 1.7% in Prince Edward Island.

The number of emigrants is likely an underestimate because the CIHI database has difficulty tracking physicians who leave immediately after completing postgraduate training but without receiving full licensure in Canada.

The number of physicians returning to active practice in Canada in 1998 increased to 321, up from 227 in 1997. Males and females — both specialists and family physicians — tend to return in about the same proportions as those leaving. Even excluding residents, 44% of physicians returning to Canada have 10 years' experience or less.

In recent years the annual net loss has been in the range of 400 physicians. The 1998 net loss of 248 doctors, while substantially lower, is still larger than the combined annual output of the medical schools in Newfoundland, Manitoba and Saskatchewan.

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Dean needles doctors about failure to promote vaccination

The dean of medicine at Dalhousie University says physicians should put immunization back on the frontline of Canadian prevention strategies. "We can make such a difference if we can move it up," Dr. Noni MacDonald told 200 delegates attending the Federation of Medical Women of Canada annual meeting in Ottawa in August. She said diligent immunization efforts reduce morbidity and mortality and also help decrease absenteeism, reduce hospitalization rates and save money.

But immunization programs have been so successful that "the public doesn't see the risk because they don't see the disease any more," she said. Smallpox has been eradicated, paralytic polio has disappeared from this continent and other diseases are becoming rare. "We've rested on our laurels," MacDonald complained, and

experience elsewhere indicates that this is a mistake.

In Russia, a decrease in the rate of diphtheria vaccination has resulted in 100 000 annual cases of that disease and "many" deaths. In Canada there were 2500 cases of measles in 1995; the rate has declined since 2-dose vaccines were introduced.

MacDonald argues that improved vaccination programs are more important than ever due to an upcoming boom in the number of school-age children plus a growing population of seniors. Adults are "definitely at risk" of pertussis because there's no immunity 5 years after vaccination. A California study of adults who had a chronic cough for 2 or more weeks found that 12.5% had pertussis (*JAMA* 1996;275:1672-4). In Canada, the rate of pertussis among young

adults aged 15 to 24 increased from 0.6% between 1982/89 to 5.5% between 1990/97. For other adults, it increased from 0.3% to 2.7% during the same time periods.

Influenza, a known killer of seniors that also leads to increased hospitalization among the those under age 5, is still not a popular target for immunization. MacDonald urged universal immunization for school children and residents in long-term-care facilities.

MacDonald agrees that vaccines pose some risks, but argues that the risks posed by the diseases themselves "are so much worse" (see *CMAJ* 1999;161:736-8). "Too many of the people who are scaremongers out there focus on the risks of the vaccine and they never tell people about the risks of the disease," she said.