

## Shut out of CaRMS' first round, slighted "Irish" Canadians stay abroad

Sandra Banner, executive director of the Canadian Resident Matching Service (CaRMS), says excess capacity in Canada's medical postgraduate training system means that "the message should definitely go out to Canadians who have gone abroad to study to come home [see accompanying article, page 1449]."

But many of them aren't listening.

Ilana Porzecanski, 1 of the many Canadians attending medical school in Ireland (*CMAJ* 2000;162[6]:868-71), did not apply for the 2002 CaRMS match. Instead, she applied in the US and matched to her first choice, a residency in internal medicine in St. Louis. "So far I have found only 1 Canadian IMG [international medical graduate] here who applied to CaRMS, and he withdrew as soon as he matched to a radiology program in the US."

Porzecanski says many of the Canadians training in Ireland feel slighted that they are not allowed to participate in CaRMS' first iteration. "It looks like Canadian IMGs are not willing to take the CaRMS leftovers when they can get their first choice in the US," she added.

She says graduates of foreign schools, including Canadians, face roadblocks when they apply for postgraduate training here. For instance, 13 positions remain unfilled in Manitoba, but Porzecanski says these positions are "not accessible to new graduates [of foreign schools]." She says there are restrictions in other provinces too.

Canadian Myto Duong, who graduates from Trinity College in Dublin this year, missed a deadline for one of the exams required for the CaRMS match, but was matched to the pediatrics program at Dartmouth College in New Hampshire. "I was also concerned that there wouldn't be any pediatric positions available in the second round in Canada," she adds. "But I do intend to return home eventually as long as there are positions available."

Darren Moisey, who will graduate from the Royal College of Surgeons in Ireland this year, says Canadians who train abroad are eligible only for spots graduates of Canadian schools don't want. "I am irritated that I am not able to compete with my peers for surgical training programs in the first part of the match,

while I am able to compete equally in the US and here in Ireland." He intends to complete an internship in Ireland and will then pursue surgical training in Ireland, England or Australia. "I doubt very much that I will ever practise in Canada."

Porzecanski is more optimistic. "My intent is to come back. At least in 5 years, with my training complete, I'll be able to take up a job where I want in Canada and on my terms." — *Patrick Sullivan, CMAJ*

## Overweight, inactive kids worry Health Canada

In April, as the World Health Organization (WHO) began warning that physical inactivity causes 2 million deaths a year, Health Canada unveiled a plan to increase physical activity among children by at least 30 minutes a day.

WHO says sedentary lifestyles may now rank among the world's 10 leading causes of death and disability, and may be causing a rapid rise in illnesses such as cardiovascular disease and diabetes.

Chronic problems related to these illnesses are now the leading cause of death in every part of world except sub-Saharan Africa.

Closer to home, federal Health Minister Anne McLellan announced that she was setting her sights on combating childhood obesity. Recent research in *CMAJ* ([www.cmaj.ca/cgi/content/full/163/11/1461](http://www.cmaj.ca/cgi/content/full/163/11/1461)) revealed that 15% of Canadian boys carried excess weight in 1981, but this had grown to 28.8% by 1996; among girls, it increased from 15% to 23.6%. Research also shows that the prevalence of obesity in children more than doubled over that period, from 5% to 13.5% for boys and 11.8% for girls. This spring, *CMAJ* reported that obesity is now a pandemic in Canada ([www.cmaj.ca/cgi/content/full/166/8/1039](http://www.cmaj.ca/cgi/content/full/166/8/1039)).

This fall Health Canada will release "additional tools" to help parents, teachers, physicians and others encourage youth to become more active. — *Steven Wharry, CMAJ*

## Story on plans to oust Israel as member a "hoax": WMA

The CMA's head office was inundated with calls in late April asking it to oppose a move to oust Israel from the World Medical Association (WMA), but the WMA says the calls were based on a false report in an Israeli newspaper, which it categorically denied.

"It was a hoax, and we formally responded by press release," Dr. Delon Human, the WMA secretary general, stated in an Apr. 30 email to the CMA.

The rumour started circulating Apr. 24 after the *Jerusalem Post* reported that "the Israel Medical Association [IMA] is in danger of being ousted from the WMA because of the ongoing political campaign against Israel."

The WMA responded angrily on its Web site ([www.wma.net](http://www.wma.net)). "The statement was a complete hoax, with no basis in truth. Since [the article appeared] the WMA has received up to 20 000 email messages per day to protest against this plan."

The CMA is a member of the WMA and hosted its 1999 annual meeting. Dr. John Williams, the CMA's director of ethics and former chair of the WMA's Committee on Ethics, received 25 calls and emails opposing Israel's expulsion on Apr. 29 and 30. The CMA Public Affairs Department received more than 100 during the same period.

"The WMA has received no request whatsoever for the Israel Medical Association to be expelled," says Human. "We have decided to discuss the issues relating to physicians and health care in the Middle East conflict and will do so at our [May 2-5] meeting in France. It is not part of our agenda to discuss sanctioning or expelling the IMA. What we want to discuss is what we can do to help control violence targeted at health care professionals in the Middle East. The Israel Medical Association has been most helpful in this regard." — *Patrick Sullivan, CMAJ*