

Dentistry ranks first, medicine second, in tuition fees

Law faculties lead the way in terms of tuition fee increases for the 2002/03 academic year, Statistics Canada reports, but they still rank a distant third to medical and dental faculties in overall fees charged.

Tuition fees for law students increased by 15% this year, to an average of \$5020. The second largest increase was in medicine — up 8.1%, to \$8062 — followed by dentistry, up 6.6%, to \$9703. The lowest fees for professional training are in education, with would-be teachers paying an average of \$3019, up 3.7%.

The results for medical and dental schools are skewed because of Ontario's decision to deregulate tuition fees for professional programs. Thus, while medical students at the University of Montreal still pay tuition fees of around \$3000 a year, their counterparts at the University of Toronto pay about \$15 000. In 2001/02, when average fees in Ontario were approaching \$13 000, medical students in Quebec's 4 schools were paying less than \$2900.

This year, researchers reported that financial concerns among Ontario students are affecting their decisions about what or where to practise (*CMAJ* 2002;166[8]:1023-8).

Dr. George Sweetnam, president of the Canadian Dental Association, says rising tuition fees are also having an impact in dental education, with 16% of faculty positions at the country's 10 dental schools currently vacant. In a presentation to the House of Commons Finance Committee in fall 2001, he said many potential dental educators are being wooed by US programs that offer to pay off debts incurred during their student years.

The CMA chairs the National Professional Association Coalition on Tuition, which represents 9 professional groups (see www.cma.ca). Its main goals are regulated tuition fees and increased federal funding to lessen the pressures driving fee increases. — *Patrick Sullivan, CMAJ*

Meakins accepts Oxford post

Dr. Jonathan Meakins, coeditor at the *Canadian Journal of Surgery* since 1992 and a mainstay of Montreal's surgical community, has been named Nuffield Professor of Surgery at Oxford University. Meakins, the head of surgical services at the McGill University Health Centre, becomes the fourth person — and the first Canadian — to hold the prestigious post, which was created in 1937.

Previous chairs are Hugh Cairns, the first appointee, who helped establish neurosurgery in the UK. He was followed by Phillip Allison, a leader in heart valve homografting and pig xenografting and the first physician in England to employ the heart-lung machine. Meakins succeeds Sir Peter Morris, a pioneer in kidney transplantation.

He says his primary responsibility will be to build on the strong academic traditions at Oxford, which were established in the Nuffield Department of Surgery by Morris. "The areas of immunology will be expanded and major efforts will be made to expand the transplant program and surgical oncology areas," he said. "In many respects the position is similar to the one I presently have at McGill, but in a new and exciting environment. ... It is a very good job." — *Patrick Sullivan, CMAJ*



Jonathan Meakins: "It is a very good job."

Blood donations dwindle in US after post-Sept. 11 wastage publicized

So much donated blood was wasted after last year's Sept. 11 terrorist attacks that US blood banks have struck a special task force to ensure that it doesn't happen again. More than 200 000 units of whole blood had to be thrown away after Americans donated 500 000 extra units in September and October.

Donated blood is discarded if it remains unused after 42 days. (A spokesperson for Canadian Blood Services says no blood was wasted in Canada even though twice as many units as normal — 37 000 — were collected in the 8 days following Sept. 11, 2001.)

Ironically, that flood of donations in the US has since turned into a drought that was caused, at least in part, by news that so much blood was wasted and that fewer than 260 units were actually needed to treat victims of the attacks in New York and Washington.

The task force has responded with a call for multiyear awareness campaigns that emphasize the need for donors to make regular, periodic blood donations instead of responding once to a single

emergency. It also says that all blood banks should keep a minimum 7-day supply of red blood cells in all communities at all times.

Plummeting donations have meant that one-third of the nation's independent blood banks now have only a day's supply or less on hand. The New York Blood Center, which was flooded with donors last September, saw 13% fewer donors in June 2002 than in June 2001.

If a Sept. 11-type attack occurred today, said Karen Shoos Lipton, CEO of the American Association of Blood Banks, the task force would develop "a single, consistent public message" about what is needed and what is not.

No one knows if the unprecedented donor response will ever be repeated. Dr. Jerry Squires, vice-president and chief scientific officer at the American Red Cross, says the Sept. 11 attacks resulted in a wave of patriotism and civic duty not seen since WW II.

"Now we must re-energize these donors to give every 56 days." — *Milan Korcok, Florida*