Reflections from young physicians

I had a feeling of great comfort and pride when I read the commentaries by Ben Hoyt[1] and by Sacha Bahtia and Adam Natsheh:[2] if the opinions expressed by these authors reflect the attitudes of young physicians to health care in Canada for the future, we are in safe hands. The medical establishment should heed their message. I have practised under systems of no health insurance and of multiple insurers in addition to our current national system. I would never want to see us return to some version of the former 2 systems or to adopt a costly, confused, limited scheme like that in the United States. I hope our current medical leaders and those they represent can see past their desire for immediate financial gratification with a long-term view of what is best for the average Canadian.

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REFERENCES

1. Hoyt B. Public versus private: the medical resident perspective [editorial]. *CMAJ* 2005;173(8):898-9.
2. Bhatia S, Natsheh A. Should Canadian physicians support parallel private health care? [editorial]. *CMAJ* 2005;173(8):901-2.

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It was heartening to read the articles by Ben Hoyt[1] and by Sacha Bhatia and Adam Natsheh[2] in response to the potential implications of the decision by the Supreme Court in the Chaoulli case. If these authors reflect the ideas of young physicians and medical students more generally, the Canadian approach to universal health care will not be compromised by short-sighted policy changes that could irrevocably undermine an ethically and professionally commendable approach to the provision of health care services to Canadians.

The evidence-based approach is an intrinsic part of the way young physicians assess potential clinical and policy changes. As these authors have indicated, the evidence from other jurisdictions is not there to support the contention that a so-called private, parallel system would enhance access and decrease wait times.

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REFERENCES

1. Hoyt B. Public versus private: the medical resident perspective [editorial]. *CMAJ* 2005;173(8):898-9.
2. Bhatia S, Natsheh A. Should Canadian physicians support parallel private health care? [editorial]. *CMAJ* 2005;173(8):901-2.

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Training more doctors

Every time I tell someone that I am doing my residency training in the United States, I get the same reaction: "Why are you in the United States? Are you going to come back to Canada? We need more doctors." Moving to the United States was a last resort for me.

When I graduated from McGill University's medical school in 2004, I failed to match to my chosen subspecialty. I obtained a training position in another field. Several months into my PGY-1 year I knew I would not be happy working in that field. Because I was no longer eligible to participate in the first round of the CaRMS match, I contacted most of the Canadian training programs in my preferred field to ask about the possibility of applying. Answers such as "We don't take out-of-province applicants outside the match" or "We don't have funding for another position" filled my email in-box. I entered the US match and obtained a training spot in my preferred field. Although I love what I am now doing, I still want to train in Canada. However, this year I am getting the same responses to my inquiries about PGY-2 positions in Canada.

Simply increasing the number of spots for medical students will not solve the problem of the lack of doctors in Canada. More residency training spots are also needed. In a recent *CMAJ* news article,[1] Health Minister Ujjal Dosanjh was quoted as saying that the barriers that prevent international medical graduates from working in Canada need to be lowered. Why don't we start with the barriers preventing Canadian graduates from coming home?

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REFERENCE

1. Eggertson L, Sibbald B. Med schools need to train more doctors: Dosanjh. *CMAJ* 2005;173(8):857.

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Unnecessary exposure?

In the informative article by Mithu Sen and colleagues[1] concerning neonatal exposure to active pulmonary tuberculosis, some very revealing, and I think irrelevant, details were provided about the index case. The reader learns not only this man's age and occupation, but also his ethnicity, immigration history and specific place of employment. Some of those pieces of information, by themselves, could have led to the identification of the subject. When taken together, they leave no doubt.

Would the scientific value of the article have been compromised by simply

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