

back into their community to work. Like Aborigines, ... are they financially able [to become a doctor]? Same with students from rural communities.”

The Canadian Association of Internes and Residents also found that debt load was one of the biggest factors when it comes to choosing a residency, Pellerin adds. “There is a feeling that students or medical residents are less likely to choose lower-paying residencies such as family medicine, due to the debt load they are carrying.”

A survey conducted last year by the association indicated the average debt of postgraduate trainees stands at \$158 728. The association, which surveyed 5538 residents at 13 medical schools, also found that debt grows during residency training. “In some cases, almost half of your take-home income as a resident can go to servicing student debt,” Brost says.

The length of residency varies, as does the income. Family Medicine requires a 2-year residency, whereas most Royal College specialties are 4–6 years long. Incomes range from \$37 000 per year in Quebec to \$47 000 in provinces such as Ontario, Saskatchewan, BC and Alberta. — Becky Rynor, Ottawa

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## News @ a glance

**Patient safety:** Ontario Health and Long-Term Care Minister George Smitherman has introduced amendments to the province’s Health System Improvements Act that will require all regulated health professionals to publicly report whether they have been found guilty of malpractice or professional negligence. The amendments oblige medical professionals to report such findings to their respective regulatory colleges. In turn, the colleges are obliged to post on their Web sites all such reports of professional misconduct, as well as all matters referred to their disciplinary committees and all suspensions or revocations of a member’s certificate of registration.

**Yellow fever:** Immunization campaigns will be re-launched in 12 West African nations (Benin, Burkina Faso, Cameroon,

Côte d’Ivoire, Ghana, Guinea, Liberia, Mali, Nigeria, Senegal, Sierra Leone and Togo) that are now at high risk of epidemic outbreaks of the acute hemorrhagic viral disease after previous vaccination initiatives were discontinued in the 1990s. The WHO launched the 12-nation campaign last month backed by a (US)\$58 million contribution from the GAVI Alliance (formerly known as the Global Alliance for Vaccines and Immunization). Some 48 million people are projected to be immunized in the 12 nations over the next 4 years.

**Nutrition guides:** The Physicians’ Committee for Responsible Medicine says it will distribute, free of charge, a 900-page Nutrition Guide for Clinicians to all interested medical students in Canada and the US in a bid to elevate their awareness about the role of nutrition in preventing and treating disease.

**Home care spending:** In its first attempt to quantify government spending on home care, the Canadian Institute for Health Information reports that outlays grew to \$3.4 billion in 2003/04 from \$1.6 billion in 1994/95, an average annual growth rate of 9.2%. Yet, the number of patients rose only to 26.1 from 23.9 per 1000 over the same period, which indicates that home care users each consumed more of the home care pie in 2003 than they did a decade earlier.



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**Pedestrian injuries:** Hospital admissions for pedestrian injuries decreased 31% between 1994 and 2005, from 4516 to 3117, according to the Canadian Institute for Health Information 2006 *National Trauma Registry Injury Hospitalizations Highlights Report*. But 9 Canadians continue to be admitted to hospital daily for such injuries. The decline “might be the result of measures such as the speed limit reduction around schools and play-

grounds, education about walking between parked cars and awareness about children in driveways. As well, car manufacturers have changed the design of bumpers to a rounded design, which may have had an impact in reducing the severity of injuries when they happen,” says Margaret Keresteci, the institute’s manager of clinical registries.

**Moving on:** Former American Medical Association President and family physician Dr. Edward Hill has been elected Chair of the World Medical Association. During the annual council meeting when Hill was elected, members also voted in favour of urging national medical associations to provide more support to member doctors who have been pressured to remain silent and condone, or even participate in, degrading, inhumane procedures or acts of torture. “We urge medical associations to use the Declaration of Hamburg as an aid in resisting these procedures,” Hill stated.

**Screening successes:** A Canadian Cancer Society special report in *Canadian Cancer Statistics 2007* indicates that the death rate for breast cancer for Canadian women has dropped 25% since 1986. Increased participation in organized breast screening programs (particularly by women aged 50–69) has led to earlier detection and made it more likely that patients who have breast cancer receive successful treatment, the society states ([www.cancer.ca/ccs](http://www.cancer.ca/ccs)).

**Country food:** The federal government has unveiled its first-ever national food guide for First Nations, Inuit and Métis ([www.hc-sc.gc.ca/fn-an/pubs/fnim-pnim/index\\_e.html](http://www.hc-sc.gc.ca/fn-an/pubs/fnim-pnim/index_e.html)). Inuit Tapiriit Kantami President, Mary Simon, was delighted “to see ‘country food’ being recognized in the Canada Food Guide as an essential element of a nutritious diet for Inuit. Country food for Inuit includes caribou, Arctic char, seal, whale, walrus, muskox, ptarmigan and many other plants, animals and fish. This food guide will be a useful tool to educate Inuit youth across the Arctic and in the South.” — Wayne Kondro, *CMAJ*

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