Health and legal statutes do vary from province to province. In British Columbia physicians are not required to report patients who test positive for antibodies to HIV. We certainly do not suggest keeping 2 sets of records or charts: we advised that only the medical information pertinent to a request be sent to the interested party. For instance, medical information requested by an automobile insurance company should be specific to the area of concern.

There was no documentation or intent in our article to indicate that if a patient with a heart condition applied for life insurance an abridged or modified version of the chart should be sent to an insurance company. Where life insurance is concerned, all medical information must be divulged.

There is no misunderstanding here. The physician must be the patient's advocate and abide by the CMA *Code of Ethics*.

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## This experiment has failed

I thank Dr. Donald G. Marshall for his letter "Our future physicians deserve better" (*Can Med Assoc J* 1997;156:1701).

Medical students do indeed experience undue anxiety about making premature career choices. Discussions with my peers have been extremely disquieting. I am concerned that their preoccupation with their future may adversely affect their well-being. In the rush to choose a career and acquire a residency spot, students too often lose sight of the purpose of medical school and why they decided to enter medicine.

I have yet to find anyone who believes the current system serves the needs of the profession, yet it takes people like Marshall to make us admit what we have all known for a long time: this experiment has failed! If during a clinical trial an intervention is found to be detrimental to patients, the experiment is stopped. Should the next generation of physicians not be entitled to the same respect as such patients?

Despite government cutbacks and disillusionment among residents and practising physicians, I look forward to the future. I remember why I decided to become a doctor. I believe that medicine can be an exciting, noble and rewarding profession. I only hope my peers and future students can feel the same way.

To those charged with caring for our education system, I make this plea: let's have no more committees or resolutions to look into the matter. Let's fix the problem! I would be delighted to work with you to ensure that our medical schools turn out the world's most humane, well-rounded, content and proficient physicians.

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I heartily endorse the letter from Dr. Marshall, which says that requiring medical students to choose their future career path long before they know enough is grossly unfair.

The old system of junior rotating internships for everyone produced much more balanced graduates from both family practice and specialty programs. Very few physicians-in-training have a good sense of what true practice entails or whether they have the interest and stamina for it. Every branch of medicine deserves to have only those who want to be there. We have all experienced the lukewarm participation of those who would rather be somewhere else. For the sake of our students, our profession and, most of all, our patients, we must return to common sense in specialty training.

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## Physician payment: incentives change with supply

The articles "Primary care reform: Is it time for population-based funding?" (*Can Med Assoc J* 1997;157: 43-40, by Dr. David Mowat, and "A new primary care rostering and capitation system in Norway: Lessons for Canada?" (*Can Med Assoc J* 1997;157: 45-50), by Drs. Truls Østbye and Steinar Hunskaar, examine different physician payment mechanisms.

Each of the recognized methods of payment results in different incentives, and these change when a certain line is crossed. The location of this line depends on whether there are too many or too few physicians in the particular market, or, more accurately, on whether the physicians involved believe that there are too many or too few of them in the market.

Fee-for-service payment provides incentives for physicians to work hard and efficiently when there are too few physicians, but when there are too many physicians with too little work it encourages the generation of unnecessary work. Capitation-based payment encourages patient satisfaction as long as the physicians are competing for patients; however, as happened in Britain, once there are too few physicians, all with full lists, this payment system encourages physicians to reduce work to a minimum. The effect of salary payment is less clear, but it goes something like this: if there are too few physicians in the system, the incentive is to reduce work to the minimum; whereas, if there are physicians trying to get into the salaried positions, the physician