



for these limitations will better prepare us to practise in rural or remote settings.

Alison Long
Nepean, Ont.
Received by email

[The author responds:]

It was disconcerting to learn that medical students feel that their training is insufficient to allow them to practise where the need is often the greatest. Ms. Long echoes my own concern that current medical training is not always providing suffi-

cient technical training to allow young physicians to practise in rural and remote areas.

In 1992 the CMA released its *Report of the Advisory Panel on the Provision of Medical Services in Underserved Regions*. This year the CMA Board of Directors has again identified rural and remote practice issues as a priority project for the association. The Society of Rural Physicians of Canada has offered rural critical care workshops on chest tubes, central lines, ventilators and emergency transport. Because Canada has so many remote regions, it is unfortunate that this type of rural medical

training is not offered as part of the core curriculum.

I encourage medical schools to develop and expand rural practice programs and encourage trainees to take advantage of the ones that are currently available. I also congratulate Long for recognizing the needs of rural physicians. I hope she will lobby to ensure that the training programs meet her needs.

Allon Reddoch, MD
President-Elect, CMA
Whitehorse, YT

A match made in heaven?

The courtship has been hideous, a roller-coaster ride.
Yet here I am on Match Day with you, CaRMS, my loving bride.
I'm quite surprised to see you, for I didn't think we'd meet.
Your jilted suitors would attest you tend to get cold feet.
How was it that I did become so haplessly seduced
That fateful day a summer past when we were introduced?
You were so full of harsh demands, of deadlines and decrees.
You asked for letters of intent, CVs and referees.
And even though you warned me that your love came with a price
You stunned me when you whispered "cash or cheque will both suffice."
I overlooked your every flaw, although none could be missed —
Your screaming need for order and for making endless lists.
My patience was near infinite — I never raised my voice.
And now you tell me that I've got my seventeenth-ranked choice?
It's not to say lab medicine in Moosonee ain't swell.
But surely there was something at more southern parallels?
I fear I'm having second thoughts, perhaps we could elope?
I don't need a marriage licence, please keep this envelope.
What's that you say? It's far too late? Your program owns my soul?
I've got no rights to speak of and you'll never let me go?
Forgive me if I say so, but this deal sticks in my craw.
And don't remind me that possession's nine-tenths of the law.
How can you dare deny me? All I ask for in due course
Is an open-marriage concept, or else a quick divorce.
Why yes, I do respect you, and thy love I wouldn't spurn.
But is it truly better still to marry than to burn?
Please let there be one present who protests our wedding vows.
Speak up I say! Don't hold your peace! Forever begins now!
We're standing side by side, my dear, in body — not in heart.
United by a contract lasting till death do us part.

Aaron Cass

Hospital bean-counting

Dr. W. John S. Marshall's article "Administrative databases: Fact or fiction?" (*CMAJ* 1998;158[4]:489-90) struck a chord with me. Each year my local hospital grants each physician admitting privileges, along with a print-out of past performance re-



Aaron Cass, a 4th-year medical student at the University of Ottawa, published the poem "A farewell to CaRMS" in the Mar. 10 issue (*CMAJ* 1998;158[5]:631-2). On Mar. 11, he was matched with his first choice, and he will be starting a residency in internal medicine at the University of Toronto in July.