



And God said . . .

You may be interested in a page I pulled from my extensive file of nonsensical jottings after reading a recent News and Analysis item, "Grant applicants take note" (*CMAJ* 1998;158[5]:580), which concerned some information taken from the Internet. The item gave reasons why God does not get research grants. About 10 years ago I came across a similar piece that speculated on why God had never received tenure. Many of the items were the same or similar to those in your list, but a couple were different: "He rarely came to class, and simply told students to read His book," and "Some say He actually had His Son teach the class."

I guess this all goes to prove that what goes around comes around, particularly where cyberspace is concerned.

James J. Wiley, MD

Department of Orthopaedics
Children's Hospital of Eastern Ontario
Ottawa, Ont.

Job wanted, anywhere!

In response to the editorial "A warm place to practise: meeting the challenges of medicine in the north" (*CMAJ* 1998;158[3]:337-8), by Dr. Allon Reddoch, I would agree that there are not enough Canadian doctors willing to practise in rural areas. If doctors are needed in these areas, then Canada must open its doors to international medical graduates (IMGs).

When I was at McMaster University completing my undergraduate degree, the competition for getting into a Canadian medical school was intense, so I decided to leave Canada to study. Now that I am back, my first

choice is to practise here. Everyone keeps telling me that this will be tough to do because Canada does not need doctors. Perhaps not in the big cities, but I am willing to go wherever I can get a residency and a job. Unfortunately, no one wants IMGs!

If doctors are needed in rural areas, why does Canada not give IMGs like me a chance? It is ironic that one part of the Canadian government does not object to students obtaining their medical training abroad, for I did receive Canada Student Loans. But how does the government expect us to pay the loans back if we are unable to work? It is sad that IMGs cannot even be included in the first iteration of the residency match. Perhaps contracts could be made with IMGs: they would be accepted for a residency program but would have to agree to serve in a rural area for a certain period after completing the residency.

Farida Atcha, MD

Mississauga, Ont.

A really bad locum

Having done several locums lasting 1 to 3 weeks during the past year, I share some of the concerns expressed in Dr. Kirsten B. Emmott's article "A really bad locum" (*CMAJ* 1998;158[2]:235-6).

Although generally satisfied with the quality of the practices I took over for short periods, I would like to see the following arrangements made:

- All patients scheduled to be seen by the locum physician should be informed before their arrival that they will be seeing a new doctor.
- All patients scheduled to be seen by the locum physician should be asked to bring along all their

medications (with the containers), and whenever possible the regular physician should attempt to refill narcotic prescriptions (when indicated) just before or on completion of his or her leave.

Do others have additional suggestions?

Aaron D. Bernstein, MD

Ottawa, Ont.

As an emergency physician who has done the odd locum, I enjoyed Dr. Emmott's article. It is unfortunate that she had to encounter this type of practice, but I am glad that she took the time to describe her experiences. I have been in similar situations many times, both in the office and in the emergency department: a chart is opened or arrives by fax and contains nothing but a date for a visit and the word "well." I have discovered that this word can mean many things.

- Well, healthy as always.
- Well! I can't believe she said that.
- Well? Maybe I should consider the symptom that the patient spoke about.
- Well, I've got my billing quota in for the week.

In my experience, bad charts are a sign that "bad medical care is provided here." Medicine as a profession must learn better ways to assess physicians' ability to provide good medical care and either improve the skills of doctors who provide shoddy care or remove them from practice.

Terence Bergmann, MD

Winnipeg, Man.

As a physician who has both worked in a variety of locum settings and experienced the trials of finding a suitable locum physician for my own practice, I read with interest