Iraq: Time to PAUSE?

Physicians have been leaders in making the world aware of potential health hazards such as cigarette smoking, nuclear-arms proliferation and land-mine production. We now have an opportunity to remind elected officials in Canada, the US and elsewhere of the devastating effects of punitive air raids on innocent people. The sanctions against Iraq have already caused a breakdown in the country's health care system. How much additional suffering will another one-sided war inflict?

Perhaps PAUSE — Physicians Against Unnecessary Suffering Everywhere — would be an appropriate acronym for doctors who believe that bombing civilians is a major health concern. Politicians might also heed this advice and take time to reflect and seek other means of extirpating the underlying malignancy characterized by the dictatorship in Iraq.

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Received by email

A GOFM and damn proud of it!

In his letter explaining the Royal College of Physicians and Surgeons of Canada policy on acceptance of non-Canadian specialist training ("Where does our duty lie?" *CMAJ* 1997;157[12]:1740), Dr. Hugh Scott loyally attempts to defend an apparently indefensible position. His last sentence — "surely, our first duty is to Canadians" — contradicts the rest of his thesis. Certainly our duty does lie there, and the first duty of the Royal College is to do all that it can to ensure skilled specialist services are available for Canadian patients *today*, not at some indefinable point in the future.

When I came to Canada in 1956, I received credit for 2 years' training in Europe. I did 2 more years of residency training in Saskatoon and passed the certification exams in 1958. We were desperately short of specialists then, and 40 years later things haven't changed in the provinces perceived as unattractive.

We still rely heavily on physicians born and trained, in whole or in part, outside Canada. I have listened to 40 years of talk about self-sufficiency, maldistribution and the export of physicians, during which the Royal College has not addressed the issue in any concrete fashion. Consider the facts in Saskatchewan: there are 5 radiologists where there should be 12 and 2 endocrinologists where there should be 12. Certainly the fault is not the Royal College's alone, but equally certainly the college should not be exacerbating the situation.

Are we really to believe that candidates for specialty examinations who receive part of their training in "the UK, Ireland, South Africa, Australia and New Zealand" have "little chance of success" and a "failure rate . . . exceed[ing] 90%" in Canadian examinations? I would like some hard figures. Does only the US train to Canadian standards? Does the Council of the Royal College expect its policy to produce a magic flood of Canadian-trained specialists from sea to sea, including the unattractive bits? The policy seems much more likely to make things worse.

During the last 40 years I have become accustomed, if not inured, to derogatory and pejorative epithets on my origins — FMG [foreign medical graduate], GOFM [graduate of a foreign medical school] and the like. However, Canada still depends on people like me for much of its medical care. The Royal College should remember that, and we at the grass-