Cross-disciplinary training: Time to remove the blinders

I can certainly empathize with Dr. Douglas Hamilton's difficulty in finding suitable work in Canada, as reported in the article "Frustrated by lack of job opportunities in Canada, MD moves to US space-medicine program" (*CMAJ* 1998;158[3]:384-5), by Lynne Sears Williams. Hamilton's combination of training in medicine, engineering and informatics no doubt puzzled many potential employers, whose traditional blinders prevent them from realizing that cross-training in other disciplines can benefit medicine.

During my residency in general surgery, I developed an interest in medical informatics. Some of the staff surgeons were supportive, but at least one advised me to "quit wasting time" on computers. After my training ended, I worked in rural Alberta for a year and then moved to the US to pursue a master's degree in informatics. Near the end of my fellowship I started to search for a position that would allow me to combine my learning in these 2 fields.

Whenever I identify my specialty as informatics, the most common question from other physicians is: "What is that?" After explaining that informatics involves computer technology and information management, a second question inevitably follows: "What does that have to do with surgery?"

This failure to see beyond the walls of the operating theatre has meant that I have faced a prolonged job search. I contacted several Canadian academic centres with little success. One centre did seem interested, but a site visit quickly convinced me there was no support for the position.

Like Hamilton, my peculiar combination of degrees is pointing to a career south of the border, where several institutions have expressed interest in a surgeon with expertise in informatics. If and when a similar position becomes available in Canada, I will be happy to consider it. I have a suspicion, though, that I may be waiting for a while.

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Princess Diana's tragic legacy

I read with emotion the article "A princess dies, a surgeon reflects" (*CMAJ* 1997;157[10]:1402-3), by Dr. Ian B. Ross. His experience is a telling reflection of the personal aspects of such an event. What is astounding is that so many of us grieved for the princess.

Although Ross also discussed the major, and at times insensitive, role of physicians during such tragedies and examined the need for us to reflect on these events, he only scratched the surface of our very important role as advocates of accident prevention. We must not let Diana's misfortune dim from our minds without considering this aspect of our profession.

As a neurosurgeon working in a busy trauma centre, I care for injured patients every day. Unfortunately, injuries are far and away the commonest cause of death and serious disability in those under 40. Motor vehicle crashes, not surprisingly, account for a significant portion of them.

Of course, most car "accidents," including the one that claimed Diana's life, are not accidents at all. They are, as Ross correctly states, "crashes," most involving some form of high-risk behaviour. Crashes involving drinking and driving, speeding or a failure to wear safety restraints are not accidental at all, and this is where our opportunity lies.

We can become agents of prevention by counselling our patients. Many physicians are not aware that brief interventions may be the most cost-effective approach to prevention, especially for drinkers who are not alcohol dependent.[1] As well, most are not aware that counselling by physicians can lead to increased use of children's car seats[2] and that these seats reduce the risk of death or serious injury by approximately 70%.[3]

Physicians need to reflect on this tragedy on both an emotional and a professional level. If Princess Diana had never entered a car with a driver who had been drinking, had refused to allow the driver to speed and had worn her safety belt, she would probably have made it home to her beloved children. Her death should force us to reconsider what actually happened — and what happens countless times every year in the communities we serve. Ironically, this could be her greatest gift to humanity.

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Familial abuse: a multifaceted problem

When approaching a problem as politically and emotionally charged as domestic violence, one has to choose between the mythology of the day and reality. The "Edi-