the likelihood that these 2 very different products could be confused. We found no reference to maté as "green tea," and the many products to which we were directed when we requested green tea were all derived from *C. sinensis*; products made from *I. paraguayensis* were all labeled "maté." We were advised that maté is not very popular in Canada and is frequently out of stock. Nonetheless, Anderson makes an important point. Where products are relatively unregulated, consumers must gather the relevant information, ask lots of questions, check labels and purchase carefully.

Drs. Hajto and Saller correctly note that viscotoxins are not lectins; they are polypeptides. As Hajto and Saller note, the biological effects of mistletoe lectins are currently generating significant research interest. Research into the effects of the viscotoxins is at a very early stage.

Dr. Oppel raises an issue that has been voiced by several people who are concerned that standards for establishing safety and effectiveness may be inappropriately relaxed for unconventional therapies. We share this concern. As noted in the methodology section of the first article of our series, the Task Force on Alternative Therapies of the Canadian Breast Cancer Research Initiative found that the quality of the research available on the chosen therapies (both positive and negative findings) was not adequate to allow a formal critical analysis. The articles were therefore presented as summaries of the information found while preparing the 6 annotated bibliographies. These bibliographies were originally prepared to assist researchers with an interest in conducting high-quality research in this field by facilitating their access to the existing literature. Following completion of the literature reviews it became clear to the task force that the features of some unconventional therapies (specifically, the degree of patient involvement, the individualization of the treatment protocols and the extensive combinations of treatments) might require new or modified research strategies. Several Canadian researchers are now directing their creativity and energies to meet these challenges using sound scientific approaches, innovation, skills and a high degree of open-mindedness.

Oppel also expresses concern that patients will be unable to interpret the information they gather about unconventional therapies and their providers. Whether patients can interpret the information they obtain may be debatable; what is not in doubt is that they are using these unconventional therapies. They need, and are entitled to, accurate and understandable summaries of information on various alternative therapies as well as some guidance on how to collect and interpret the available information. We are trying to contribute to meeting these needs.

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Editor's note: Please see related editorials in this issue (pages 801 and 803).

No more Band-Aid solutions for rural medicine

I agree with Dr. Farida Atcha, who noted in the letter "Job wanted, anywhere!" (*CMAJ* 1998;158[13]: 1688) that there is a shortage of Canadian doctors willing to practise in rural communities in the North. However, I strongly disagree with the Band-Aid solution proposed by Atcha, who believes that international medical graduates (IMGs) should be granted residency positions in Canada if they "agree to serve in a rural area for a *certain period* after completing the residency" [emphasis added].

A more logical and permanent solution would be to ensure that Canadian medical schools recruit candidates who hail from these underserviced areas. These students would be likely to return home after graduation because they are accustomed to the environment, and when they do return they will be doing more than simply putting in time while waiting to seek employment elsewhere once their contracts expire. Students from Timmins, Espanola, Hurst, Thunder Bay and many other northern communities are well represented in my medical class at the University of Ottawa. More formally, the university is establishing an elective program in which the student will have a chance to be stationed in a rural community for a month during the ambulatory medicine rotation. In addition to providing more hands-on experience, these electives will undoubtedly showcase some of the virtues of rural medicine.

I do not share Atcha's sentiment that "it is sad that IMGs cannot even be included in the first iteration of the residency match." The matching process is an increasingly competitive and stressful event in a medical student's career, and it leaves many excellent candidates unmatched each year. In 1998, for example, only 35% of applicants who made ophthalmology their first choice were matched to the program; the figure was even lower (27%) for those who chose dermatology. Clearly, the incorporation of IMGs into an early phase of the residency match would increase the frustration of those for whom the first iteration is intended.

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