

Many aboriginal physicians and other health care professionals work in underserved areas and within aboriginal communities after graduation.³ Programs such as those in Manitoba and Alberta need to continue to promote medicine and other health careers for aboriginal people; in Canada, for instance, aboriginal physicians are still underrepresented when compared with the general population. Mentorship and support for premedical and medical students, and provision of academic, financial and counselling resources that are culturally appropriate, are of paramount importance to the continued success of these programs.

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References

1. Kent H. U of A proving popular with native students. *CMAJ* 2000;162(4):550.
2. Krause RG, Stephens MCC. Preparing aboriginal students for medical school. *Can Fam Physician* 1992;38:1187-93.
3. Stephens MC. The Special Premedical Studies Program — review of ten years of experience. *Circumpolar Health 90: Proceedings of the 8th International Congress on Circumpolar Health*; 1990 May. Winnipeg: University of Manitoba Press; 1991. p. 134-7.

Studying medicine abroad

The Canadian Federation of Medical Students receives regular requests for membership from Canadians studying medicine abroad.¹ As Canadians, they are anxious to return home to practise in the country that they know and love. However, even though they are Canadians they were turned away from receiving a medical education in Canada because the funding was not available. It is widely recognized that, on a per capita basis, the number of positions available for medical training is far lower in Canada than in other developed countries.

It is a shame that so many talented and worthy young Canadians have been forced to leave this country at a time when we need physicians so crucially, and that so many of them may never return. In fact, if the number of students who leave Canada to train in international locales is included in the brain-drain equation, I imagine that the loss for Canada is much higher than estimated.

The solution is to retain students before they are lost to international medical schools. If we begin to create enough positions to train doctors in this country, we won't have to deal with the dilemma of luring them back when they have finished their training. In the meantime, however, if repatriation is to be considered, it will have to be approached in a very thoughtful and careful way that remains respectful of the global community.

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Reference

1. Sullivan P. Shut out at home, Canadians flocking to Ireland's medical schools — and to an uncertain future. *CMAJ* 2000;162(6):868-71.

If something seems too good to be true . . .

On Apr. 13, 2000, I received a letter from a Nigerian philanthropic foundation informing me that I had been awarded an unsolicited research grant worth US\$125 000 (see www.canmed.net/fraud/). There was also an option for a 50% bonus following submission of a satisfactory progress report on my research. The letter added that a detailed accounting of how the money would be spent would not be necessary, although it was not to be used for military research or for human cloning studies. I also had to agree to present an expenses-paid lecture on my research at a Nigerian university and to return 2% of any licensing fees generated from the sale of my research results. All I had to

do was send 4 passport-size photographs, along with a handwritten letter of acceptance. I was also to provide my CV and complete a detailed form indicating my address, passport and driver's licence numbers and other information.

The RCMP's Commercial Fraud Division confirmed my suspicion that this was a scam, although it had an interesting twist because it was aimed at medical researchers, not business people. In my case, the passport photos and detailed personal information would likely be used to assume my identity in some fraudulent transaction, perhaps passport fraud. In similar scams originating in Nigeria and carried out with business people and lawyers, an individual would receive a letter indicating that someone needed the recipient's assistance to get money out of the country and to help launder it. The recipient would receive a generous commission for his or her efforts. Later, the person would be asked for a substantial sum to pay for taxes or bribes, after which the money would be able to leave the country. The explanation offered would always be plausible. Of course, that would be the last the dupe would hear.

Not everyone I showed my letter to recognized it as a scam; many people even offered me hearty congratulations. Undoubtedly, the people sending the letters are hoping plenty of naïve researchers will regard the offer as genuine.

Investigator beware!

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Advertisement for Relenza

Print ads for Relenza (zanamivir) that have appeared in *CMAJ* recently state clearly that "patients should be advised of the conditional nature of the market authorization for this indication." However, the patient information booklet on influenza published by Glaxo Wellcome does not mention