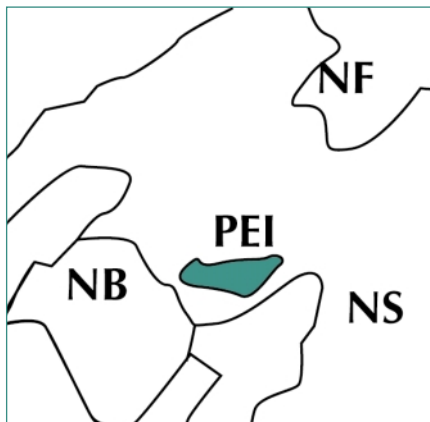


PEI spending \$4.2 million to boost physician supply

The Prince Edward Island government is spending \$4.2 million over the next 4 years to attract new doctors to the province. At the heart of the plan are



initiatives for sending local residents away to medical school on condition that they come home to practise. “New funding of \$4.2 million will provide strong incentives for young Islanders to

consider a career in medicine and return here to practise, while strengthening our current position in an increasingly competitive job market,” says Premier Pat Binns.

The 12-point plan, developed in consultation with the Medical Society of PEI, the health regions and Island medical students, includes strategies to support existing physicians, as well as recruit new ones. “It contains a balance of immediate and longer-term strategies to ensure that Islanders have continued access to physician services,” says Health and Social Services Minister Mildred Dover.

Under the plan, the government is purchasing 2 new medical school seats at Memorial University in Newfoundland for the exclusive use of PEI applicants. This brings to 8 the total number of seats set aside for Islanders (6 seats are allotted at Dalhousie University and 1 in Quebec).

More family practice training opportunities will also be created so that as many as 12 family practice residents can do at least part of their training in PEI each year. Family physicians who have practised in the province for a minimum of 2 years will have access to specialist training opportunities, while new medical trainee sponsorships will be put in place to help medical students and residents. They must agree to return to practise in the province for 1 year in exchange for each year they are sponsored.

The provincial government is also hiring a recruiter and allocating more resources for prospecting, advertising and marketing and host visits. In addition, location grants — on a par with those offered by larger provinces — will be provided to new doctors who agree to practise in specific communities for a set period. — *Donalee Moulton*, Halifax

Balancing controversy and intelligent debate in the media

The speaker at a recent seminar at McMaster University, which focused on ways to publish controversial evidence and stimulate an intelligent public debate while avoiding a media circus, was perfect. After all, *Lancet* editor Richard Horton is no stranger to controversial articles.

The most recent article involves the merits of breast cancer screening. He recounted that in early January, *The Lancet* published a paper concerning the analysis of randomized trials that investigated breast cancer screening. It revealed that the benefit of screening was only significant in those trials which were poorly randomized. “We felt this was a very technical inquiry into the details of randomization in these 8 trials, and that there needed to be some open debate about this, particularly because the Danish government had tried to suppress it,” he said. Recognizing that

the evidence was contrary to a decade of health policy, a commentary accompanied the paper; it noted that the trials were old and that the screening technologies were out of date.

Horton said media response in the UK was swift, with headlines declaring that breast cancer screening was a waste of time and that screening programs should be reconsidered. The hope of an intelligent debate was quickly lost: within days, media outlets determined that they couldn’t decide one way or the other on the issue, and then ignored the report. In essence, Horton said, “2 days of debate and move on to the next scare story.”

He experienced the same frustration with new variant Creutzfeldt-Jakob disease and beef consumption. While the media focused on the death of a new mother, the scientific debate was buried. He has come to appreciate, he said, the power the experience of an in-

dividual patient can have. The next step will be to determine “how one melds that narrative-based medicine, which fundamentally deals with the individual case, with other issues to do with more classical epidemiology.”

As editor, Horton must evaluate whether instigating a public controversy is worth it. Based on his belief that medical science should aim for a refinement of debate, he continues to publish controversial evidence, although he has learned some hard-earned lessons. He says it is important to “work closely with the authors to try to get a proper and consistent message out.” This may require participating in press conferences or even managing conflicts within a research team. Although not always successful, he now tries to anticipate and actively manage the spin that journalists may place on an issue. — *Wendy Wilson*, York, Ont.