Letters

Correspondance

Training aboriginal health care workers

Perhaps I let my pride in our program and its achievements carry me away when I told your writer that the University of Alberta has graduated the largest number of aboriginal physicians in Canada.[1] It was not my intention to demean the Professional Health Program at the University of Manitoba, nor its success in training aboriginal health professionals.[2] I should have qualified my statement by noting that although we have graduated the largest number of aboriginal physicians in the shortest time — 20 since 1993 — the University of Manitoba program, with its longer history, has a larger number of aboriginal graduates overall.

At the same time, I'm sure that the University of Manitoba did not intend to reduce the achievements of our program to a single sentence. Far from selecting only qualified applicants nationally, we have offered positions to out-of-province students who did not qualify for admission to medical schools that have no admissions policies for aboriginal Canadians, as well as to applicants who qualified in the general pool. Nor have we found our national recruitment policy incompatible with developing a strong aboriginal applicant pool in Alberta. In the 1999/2000 academic year, 8 of the 12 aboriginal students enrolled in our medical program were Albertans.

However, rather than launching a debate about numbers, we need to talk more with our sister medical schools and other health professional training programs, particularly those that have not been as active in training aboriginal health professionals. In its 1996 report, the Royal Commission on Aboriginal Peoples identified a need for 10 000 aboriginal health professionals in Canada. This would include about 1000 physicians — roughly 10 times the current number — to bring the ratio close to that for the general population.

Despite the best efforts of both our programs, we are far from being on track to achieve this goal. We need a concerted effort from all 16 medical schools, coordinated through the Association of Canadian Medical Colleges and the Canadian Association for Medical Education, to develop plans to achieve these targets.

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References
1. Kent H. U of A proving popular with native students. *CMAJ* 2000;162(4):550.
2. Pinette G, Herrmann R, Hennen B. Training aboriginal health care professionals in Manitoba [letter]. *CMAJ* 2000;162(12):1661-2.

Hepatitis B and medical students

Because of hepatitis B virus (HBV) infection and other infectious diseases, several Canadian medical schools have created controversial admissions policies that have led to ethical debates about the rights of students and their future patients.

One prevention strategy requires students to provide evidence of vaccination before clerkship or face training and career restrictions, thus making successful immunization a condition of employment. To minimize high-risk encounters, most schools steer HBV-positive students into community medicine, administration, laboratory medicine, psychiatry and research. Only one school permits students to enter family medicine or certain subspecialties, with the understanding that they are not to perform any elective obstetric or invasive procedures. To allow students to make informed decisions regarding career goals and preferred training locations, all Canadian medical schools should be reading off the same song sheet.

Given the perception of exposure risk, public disclosure of (future) physicians' serologic status would have devastating effects on their livelihood and invade their right to privacy. A delicate balance must be struck between a patient's right to informed decision-making and the potential harm caused by disclosure. Physicians and ethicists must make a "best-interest judgement" and determine the risk that a reasonable person in the patient's position would be willing to take. Unlike medical students, who agreed to a certain level of risk upon entering medicine, it may not be right to assume that patients also agree.

The principles of biomedical ethics do not point to a clear course of action but provide conflicting guidance. In the meantime, schools must inform (prospective) students of the risk of training-related disability, offer appropriate counselling services and provide options for income security through meaningful work or retraining.

The debate over the suitability of potentially infectious students raises legal, ethical and individual issues. Voluntary testing, coupled with an intensive public health initiative to vaccinate the entire population, may be the most respectful of solutions. Nevertheless, patients must come first. Students performing "exposure-prone" procedures have a moral and ethical obligation to