

know their HBV status. However, students should be free from unwarranted immunologic discrimination based on remote risks that are generally tolerated within society, such as those seen in noninvasive medical procedures. But how much risk is acceptable?

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### Antismoking documents now available on Web site

I wish to clarify our position on claims made in a recent *CMAJ* article.<sup>1</sup> Your reporter stated that British Columbia is withholding internal tobacco industry documents (the Guildford documents) collected to support the government's lawsuit to recover health care costs associated with smoking-related disease.

That is not the case. To avoid any suggestion that government action might influence the outcome of a constitutional challenge to the legislation upon which the lawsuit was based, the province temporarily withheld publishing the Guildford documents until a decision in the constitutional challenge was rendered. After the decision was handed down, the documents were made public on Apr. 18 ([www.health.gov.bc.ca/tobacco](http://www.health.gov.bc.ca/tobacco)). These 15 000 pages of documents concerning British American Tobacco and its Canadian associate, Imperial Tobacco Ltd., were retrieved by BC from the Guildford document depository in Guildford, England. These documents were first made available at the depository as part of the settlement of Minnesota's lawsuit against tobacco companies. Another 5000 documents have recently been received from Guildford and will be added to our Web site shortly.

The documents provide inside information on the tobacco industry, including its marketing and promotional

strategies. With them, health organizations and governments interested in tobacco reduction can find information about business practices within the industry.

**Andrew Hazlewood**

Assistant Deputy Minister  
Public and Preventive Health Services  
BC Ministry of Health  
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**Reference**

1. Sibbald B. Physicians fight for access to tobacco info, hope to show criminal negligence. *CMAJ* 2000;162(10):1468.

### Licensing international medical graduates

Rodney Andrew and Joanna Bates recently reported on an attempt to manage the significant problems surrounding the licensing of international medical graduates (IMGs) in British Columbia.<sup>1</sup> The financial burden must be significant, yet this solution only accommodates 6% to 8% of eligible applicants. It will not satisfy the BC applicants who are not selected, nor the many more scattered across the country.

It should be no surprise that none of the successful candidates has left Canada for the United States, since this is becoming more difficult these days. The fact that only 4 candidates were recognized to have attitudinal difficulties is not surprising either. Most faculty give only lip service to this topic, and avoid it if possible.

I found parts of the report unclear. If, as they say, "No passing grades are set; IMGs compete against each other at each step ...," how are the top 2 candidates selected? The assumption would be that a bell curve was created from the grading system and a cut-off determined. If the selection is based on subjective evaluation, BC may face appeals by those not chosen. How is this eventuality avoided?

Finally, the federal government has created this problem, since immigration is a federal authority. IMGs

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