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?

Robert Colistro
Fourth-year medical student
University of British Columbia
Vancouver, BC

Antismoking documents now available on Web site

I wish to clarify our position on claims made in a recent CMAJ article.¹ 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). 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
Victoria, BC

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.¹ 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
should be clearly informed about the licensing problems they will face before they arrive in Canada. The federal government decides who is allowed to immigrate to Canada and knows the professional status of immigrants. It should either be prepared to tell the IMGs that most of them will be unable to practise in Canada, or it should pay the total cost of the selection process and the training required.

The BC Human Rights Commission’s ruling involving 5 foreign-trained physicians must be appealed.1 The commission seems to be unaware of the provincial college’s role in protecting Commission seems to be unaware of the

T.B. MacLachlan
Obstetrician (ret’d)
Saskatoon, Sask.

References

The authors reply:

T.B. MacLachlan comments on the method of selection of the 2 candidates1 and whether this may be per-

References

Emergency contraception

I found a recent letter1 offensive because of its suggestion that the provision of emergency contraception is unrelated to providing a service to patients or to reducing violence against abortion providers.

Why is it easier for young people to buy street drugs than to get emergency contraception? Why had none of my friends in high school ever even heard of the morning-after pill? A 2-dose regimen of levonorgestrel is more effective and better tolerated than the traditional Yuzpe regimen.2–4 If women were better informed and had better access, a lot fewer therapeutic abortions would be performed in Canada.

Safe abortions are an essential service. I am grateful to all physicians and nurses who have chosen to put themselves at risk in the name of justice, and I long for the day when all physicians act as patient advocates: pro-children and pro-choice.

Madeleine Cole
Family physician
Iqaluit, Nunavut

References

Oldest at graduation

I’m responding to your request for information on the oldest age at graduation among Canadian physicians.1 I think I must have been one of the oldest medical graduates. I graduated from the University of Toronto medical school in 1995 at the age of 49. One of my son’s high school classmates was a classmate of mine in medical school.

I now practise family medicine in the Hamilton area and am forever grateful to the admissions people at the University of Toronto who took a chance on me.

Rachelle Sender
Family physician
Hamilton, Ont.

Reference

You wanted to know who among Canada’s physicians was the oldest at graduation.1 A good friend of mine,

Letters