

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.² The commission seems to be unaware of the provincial college's role in protecting the Canadian public.

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

References

1. Andrew R, Bates J. Program for licensure for international medical graduates in British Columbia: 7 years' experience. *CMAJ* 2000;162(6):801-3.
2. Kent H. College to appeal discrimination ruling. *CMAJ* 2000;162(6):854.

[The authors reply:]

T.B. MacLachlan comments on the method of selection of the 2 candidates¹ and whether this may be perceived as unfair and open to challenge. The initial examinations by the Medical Council of Canada are externally set and validated, and the objective structured clinical examination has demonstrated reliability in psychometric evaluation. During the 6-week clinical evaluation, skills are evaluated by clinical faculty with extensive experience. The director of the international medical graduate (IMG) program remains at arm's length from candidates, grants no interviews and plays no personal role in the evaluation. IMGs who have participated in the process indicate that it is as fair as possible, although senior and experienced IMGs feel that the process is demeaning.

The financial costs are considerable, given that so few residents are produced. The evaluation component could be expanded at relatively low cost to produce more residents, but the

largest part of the cost is residents' salaries. Still, the cost of producing a licensable physician from the IMG pool is much lower than the additional cost of 4 years of medical school incurred by Canadian graduates.

We agree that many IMGs arrive here with scant knowledge of the requirements that must be met to enter medical practice. Many of our candidates comment on the extreme hardship involved in acquiring a licence and the considerable barriers to residency training. Many are so daunted that they never do practise medicine here.

Canada's colleges of physicians and surgeons have a crucial role in ensuring that only competent physicians gain the right to practise here. Our experience is that, with appropriate evaluation and residency training, many more IMGs could make a contribution to the health care of Canadians.

Rodney Andrew
Joanna Bates

Department of Family Practice
University of British Columbia
Vancouver, BC

Reference

1. Andrew R, Bates J. Program for licensure for international medical graduates in British Columbia: 7 years' experience. *CMAJ* 2000;162(6):801-3.

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

1. Gutowski WD. Access to the morning-after pill in BC [letter]. *CMAJ* 2000;162(11):1554.
2. Task Force on Postovulatory Methods of Fertility Regulation. Randomised controlled trial of levonorgestrel versus the Yuzpe regimen of combined oral contraceptives for emergency contraception. Task Force on Postovulatory Methods of Fertility Regulation. *Lancet* 1998;352:428-33.
3. Glasier A, Thong KJ, Dewar M, Mackie M, Baird DT. Mifepristone (RU 486) compared with high-dose estrogen and progestogen for emergency postcoital contraception. *N Engl J Med* 1992;327(15):1041-4.
4. Task Force on Postovulatory Methods of Fertility Regulation. Comparison of three single doses of mifepristone as emergency contraception: a randomised trial. *Lancet* 1999;27(353):697-702.

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

1. Sullivan P. We protest! [letter]. *CMAJ* 2000;162(12):1664.

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

Anne Draginda, graduated from the University of Alberta at age 48. At the time, she was a mother of four and grandmother of two. I don't know whether she was Canada's oldest medical graduate, but she may hold the unique distinction of being the only grandmother to graduate from medical school.

J.B. Hunter

Edmonton, Alta.

Reference

1. Sullivan P. We protest! [letter]. *CMAJ* 2000; 162(12):1664.

Not fade away

At my age — I retired 8 years ago — I find the Deaths section of *CMAJ* interesting and informative. In your May 2 issue,¹ I noted the passing of Douglas Harvie, who followed my dad in his practice in Chapleau, Ont., in 1927. I also noted the names of John Simpson, an old student friend,

and Woodie Woodsworth, whom I valued as a teacher of anesthesia. Woodie's father founded the Cooperative Commonwealth Federation, the forerunner of the New Democratic Party.

I am writing to congratulate *CMAJ* for inviting readers to submit brief death notices, but in particular to comment on the death of Donald Williams, also announced in your May 2 issue. He was an outstanding teacher and practitioner of dermatology, and I believe he headed the Canadian army's venereal disease program during World War II. The story of how he became interested in dermatology is in itself a great one. As is the case with many of your death notices, more needs to be told about him.

It is unfortunate that few readers have responded to your request to supply more information. As others have discovered, physicians are an endless source of fascinating detail within the web of Canadian history, and their contributions are not limited to the confines of medicine.

Perhaps we should have a permanent file to remember physicians upon their death. Too many of them fade away quietly.

William M. Brummitt

Anesthesiologist (ret'd)

Carrying Place, Ont.

Reference

1. Deaths. *CMAJ* 2000;162(9):1387.

St. John's wort and schizophrenia

In recent years St. John's wort has become a popular natural medicine for the treatment of depression¹ and general symptoms such as tiredness and lack of energy. Unfortunately, the potential harmful effects of St. John's wort have not been fully recognized. It inhibits monoamine oxidase² and the reuptake of serotonin and norepinephrine.^{3,4} Such mechanisms of action underlie the therapeutic effects of antidepressants. Like antidepressants, St.