

Doctors can't give their practice away

FOR SALE: family practice in rural Nova Scotia. Asking price: absolutely nothing.

Even when the price seems to be right, it remains extremely difficult to convince family physicians to set up shop in rural Nova Scotia. Dr. Susan Hergett and her husband, Dr. Brian Burke, recently closed their practice in Canning, a 2-hour drive from Halifax. In an effort to ensure that their 2000 patients had a family doctor, they offered to hand over their practice and all its equipment free of charge. They ran ads with the Medical Society of Nova Scotia and in journals like *CMAJ*. They even emailed every family medicine res-

ident in Nova Scotia and Newfoundland. In the end, Burke, who is doing his residency in psychiatry at Dalhousie University, and Hergett, who is taking some time off to spend with their 2 children, received only 2 replies. There were no takers.

So, says Hergett, the practice and the equipment were sold for \$1 to the Canning Village Commission, which is continuing the town's search for a family physician. Ironically, she notes, King's County, where her practice was located, has always been considered a favourable spot to practise. The scenic town is relatively close to both Halifax and Wolfville, a university town that has an active cultural community.

If financial incentives, a favourable location and a thriving practice aren't enough to convince doctors to set up shop, what will work? The answer may be absolutely nothing, says Dr. Louise Cloutier, president of the Medical Society of Nova Scotia. Cloutier is convinced that the key to recruitment and retention is to meet the needs of a new breed of doctor.

The society receives more than 400 phone calls a month from Nova Scotians looking for a family physician. The province estimates that it now has more than 40 vacancies for FPs, and Hergett says the shortage "is just starting to hit." — *Donalee Moulton, Halifax*

Medical marijuana law goes up in smoke

The federal government has a year to devise a better way to monitor who can use marijuana for medical purposes after an Ontario Court of Appeal ruling that the federal law prohibiting the possession of marijuana is unconstitutional.

"This seems to be a clear message from the courts to the federal government saying, 'Wait a minute, you have to get your act together on this,'" says Dr. Norbert Gilmore, associate director of the McGill Centre for Medicine, Ethics and Law. He says decisions on who can use marijuana for medicinal purposes are difficult to make, mainly because most existing research has focused on the drug's toxicity and not on potential benefits. "We need a better way to deal with those who rely on marijuana to alleviate their pain and suffering. Just slapping criminal sanctions on them is not enough."

Last October, Allan Rock lifted those criminal sanctions for 14 Canadian suffering from a range of illnesses, including AIDS and multiple sclerosis. This allowed them to grow and use



Catherine Devries, 1 of about 40 Canadians legally entitled to smoke marijuana, lights up in Kitchener, Ont., after a judge ordered police to return 21 g of the drug to her.

marijuana without fear of arrest. The list has since grown to about 40 people.

Obtaining the drug legally and proving its medical benefit are just 2 of many issues that are not dealt with under current federal law and must be addressed, according to both Gilmore and the Ontario Court of Appeal.

"Medically this is a very confusing area, but the bottom line is that the medicinal use of marijuana must be separated from recreational use," said Gilmore. "Many people believe it is helpful to them and they are using it for relief, not to get high." — *Steven Wharry, CMAJ*