

Establishing goals and setting priorities at different stages of life should be the objective. The rise in the number of female physicians has forced the importance of parenting responsibilities to surface. These issues are of equal importance to men. Flexibility in practice settings and training programs is helpful to all physicians — parents or not.

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Battling opiate overdoses

I thoroughly enjoyed your recent articles on substance abuse in the June 13 issue of *CMAJ*, especially Kyle Stevens' essay.¹ I cannot help but think that if the narcotic antagonist naloxone was made readily available to heroin addicts and others as a harm reduction measure (perhaps as an expansion of a needle exchange program) there would be fewer deaths from opiate overdose. After all, most addicts would have little trouble subcutaneously or intravenously injecting naloxone into an unresponsive friend while awaiting a 911 response,² and the drug would certainly not be used for recreational purposes. Indeed, this idea is being seriously explored in the addiction literature.^{3,4}

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You can't have one without the other

Did anyone else note the rather bizarre, if not macabre, juxtaposition of 2 articles in the July 11 issue?^{1,2} One dealt with the prevention of motor vehicle injuries, whereas the other concerned improvements in organ donation rates. Seems to me you can't have it both ways!

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Attitudinal problems facing international medical graduates

T.B. MacLachlan's recent letter illustrates the attitudinal problems Canadian citizens who graduate from schools outside Canada face when they attempt to obtain licensure in Canada.¹

The article on British Columbia's experience with the licensing program for international medical graduates (IMGs) showed that the program had a 100% licensure and in-country retention rate at a much lower cost than that of training a physician from scratch.² The program also eliminates the possibility of having newly minted, Canadian physicians ending up paying taxes to Uncle Sam after having had several hundred thousand taxpayer dollars spent training them in Canada.³

Instead of seeing such programs as cost-effective, short-term solutions to the oft-reported Canadian physician shortage,⁴ people quibble about the "significant cost" or about whether such programs really meet the needs of all IMGs in Canada.

When faced with the possibility that IMGs might have to be considered for practice in Canada, Canadian doctors — at least the ones who have written to CMA publications — react by enacting rules to exclude them⁵ or faulting them for having to study abroad.⁶ This is done despite reports about the need for more physicians⁷ and about how hard it is to get into medical school in Canada.⁸

Being a Canadian citizen and an IMG who has at least US\$400 000 worth of postgraduate medical training in the United States, I find myself having to head back to the United States to join other Canadian citizens who are also IMGs, after being unsuccessful in my attempts to obtain licensure here. I knew I would have a hard time trying to get medical training here but I didn't know how hard it would still be after I received accredited training in the United States.

Canadians deserve the best medical care in the world, but are they getting it when doctors feel so overworked they take job action to get funding for additional manpower, as physicians have done in British Columbia?

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MD-wanted signs. *CMAJ* 1998;159(10):1292.

8. Sullivan P. Shut out at home, Canadians flocking to Ireland's medical schools — and to an uncertain future. *CMAJ* 2000;162(6):868-71.

Be careful how you report survey results

I read with great interest a recent Pulse column in *CMAJ*.¹ However, I have several major concerns with Lynda Buske's reporting of the survey of residency program directors concerning job opportunities in their specialties over the next 5 years.

While the statement that a majority of program directors in 4 specialties (occupational medicine, neurosurgery, pediatrics and community medicine) thought that job opportunities in their specialties would either remain constant or deteriorate over the next 5 years is technically correct, it is misleading.

A detailed review of the CaRMS survey report shows that respondents were asked to specify if they believed job opportunities in their specialty would (1) improve, (2) remain constant or (3) deteriorate over the next 5 years. For these 4 specialties the results of the survey were as follows: 100% (2/2) of occupational medicine program directors felt that job opportunities would remain constant; 22% (2/9) of neurosurgery program directors felt that job opportunities would improve, 44% (4/9) felt that they would remain constant and 33% (3/9) felt that they would deteriorate; 46% (6/13) of pediatrics program directors felt that job opportunities would improve and 54% (7/13) felt that they would remain constant; and 50% (2/4) of community medicine program directors felt that job opportunities would improve and 50% (2/4) felt that they would remain constant.

By choosing to group "remain constant" and "deteriorate" together, Buske presented a distorted view of the results. Imagine how the article would have read if she had chosen to group "constant" and "improve" together. I would suggest that in only 1 of these specialties — neurosurgery — is it true that pro-

gram directors thought job opportunities would deteriorate over the next 5 years. In the other 3 the survey results indicate that opportunities are expected to either remain constant (occupational medicine) or actually improve (pediatrics and community medicine) over that time period.

Unfortunately, this article has misinformed the journal's readers, particularly medical students who depend on sources such as *CMAJ* to make difficult career decisions.

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1. Buske L. Where do medicine's job opportunities lie? *CMAJ* 2000;162(13):1865.

[The author responds:]

Bart Harvey's points are well taken. The detailed results of the survey of program directors conducted by the Canadian Resident Matching Service in 1999 are shown in Table 1. I hope this will clear up the confusion caused by the presentation of the survey results in my *CMAJ* Pulse column.¹

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Reference

1. Buske L. Where do medicine's job opportunities lie? *CMAJ* 2000;162(13):1865.

Table 1: Responses of Canadian program directors surveyed by the Canadian Resident Matching Service to the following question: Please speculate as to how job opportunities in your specialty will change in the next 5 years

	Response (%)		
	Increase	Remain constant	Decrease
Family medicine	73	27	0
Internal medicine	92	8	0
Obstetrics and gynecology	83	8	8
Anesthesia	77	23	0
Radiology	100	0	0
Psychiatry	62	38	0
Pediatrics	46	54	0
Laboratory medicine	82	9	9
Dermatology	75	25	0
Emergency medicine	70	30	0
Neurology	85	15	0
Physical medicine and rehabilitation	67	33	0
Community medicine	50	50	0
Medical genetics	100	0	0
Nuclear medicine	50	25	25
Occupational medicine	0	100	0
General surgery	100	0	0
Cardiac surgery	71	29	0
Neurosurgery	22	44	33
Ophthalmology	67	33	0
Orthopedic surgery	67	25	8
Otolaryngology	86	14	0
Plastic surgery	86	14	0
Thoracic surgery	100	0	0
Urology	67	33	0
Overall	74	23	3