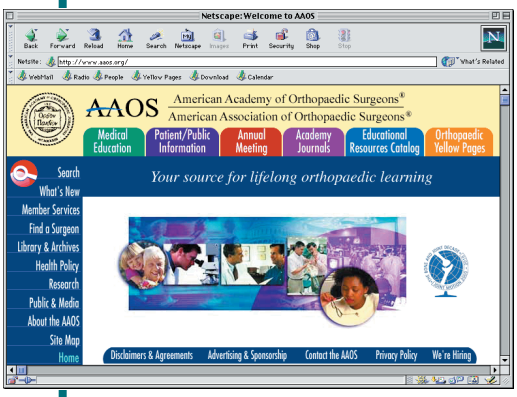
ON THE NET

Down a dark (carpal) tunnel



Researchers at the University of Pennsylvania who reviewed online resources for patients with carpal tunnel syndrome have concluded that the information available online "is of limited quality and poor informational value."

The study was conducted by typing "carpal tunnel syndrome" into 5 popular search engines. Using established clinical practice as their guideline, they assessed the first 50 sites named by each search engine.

Of the 250 sites, 75 were duplicates. Of the remaining 175, the researchers found that 14% provided misleading content, 9% offered "unconventional" information and 31% had content that was based only on opinion or sales pitches.

"Internet users are unlikely to encounter complete, unbiased and conventional information," states Dr. Pedro Beredjiklian, an assistant professor of orthopedic surgery at the university's medical school and the lead author.

His research also revealed that 63% of the sites were commercial ventures, with half of these (33%) offering products online. "Some Web sites are selling 'miracle cure' treatments that have no scientific validity and could worsen a person's condition," explains Beredjiklian, who thinks physicians have a duty to help patients evaluate the quality of information they will encounter online. He says they can do this by raising issues such as Web site authorship and potential conflicts of interest.

He recommends that doctors include open-ended questions about what patients know about their condition, with time being devoted to "clarifying myths and errors."

His paper, "Evaluating the source and content of orthopaedic information on the Internet: the case of carpal tunnel syndrome," was published in the November 2000 issue of the *Journal of Bone and Joint Surgery* (**jbjs.kfinder.com**).

If patients are seeking information about carpal tunnel syndrome, consider directing them to the Web site of the American Academy of Orthopaedic Surgeons, which provides a patient-friendly (and reliable) brochure (**www.aaos.org**). Select "patient education," and then "hand" to find the document. — *Michael OReilly*, mike@oreilly.net

One country, one medical licence!

The Society of Rural Physicians of Canada (SRPC) says it's time for a one-size-fits-all medical licence that would allow physicians to practise anywhere in Canada, but licensing authorities are sceptical.

The society, which thinks portable licensure might help ease physician shortages, has pursued the idea for several years. Its cause was bolstered by the Agreement on Internal Trade (AIT) that the provinces and territories signed in 1995, which the society says should ensure mutual recognition of medical licences between jurisdictions. Dr. Peter Hutten-Czapski, the SRPC president, says society lawyers think implementation of the AIT should give doctors free mobility throughout Canada, but it has yet to be enforced.

The AIT allows various professionals to use their certification anywhere in Canada. Although it is now in effect, there is still some debate over whether it can be applied to medical licences, since this type of certification is covered under specific provincial statutes.

Dr. Gary Johnson, executive director of the Federation of Medical Licensing Authorities of Canada, says it isn't possible to develop a one-size-fits-all licence. Currently, provincial and territorial licensing bodies review requests for licensure as they arise. In response to mobility issues raised under the AIT, the federation has prepared a mutual-recognition agreement that has been signed by all regulatory agencies save the Yukon. It spells out explicitly the criteria to be used to grant medical licences.

However, the criteria become somewhat less explicit for general practitioners who have not completed the 2-year family medicine residency that became mandatory 7 years ago. These doctors must demonstrate that they are "in good standing" within their home province and have a "level of competence acceptable to the receiving licensing authority."

The SRPC thinks this process takes too long and unfairly discriminates against GPs who completed their training before 1994, when the 2-year residency was introduced. It says they should be able to practise anywhere in the country as long as they are licensed in good standing in a single jurisdiction. "If you are competent in 1 jurisdiction then you should be able to move freely," maintains Hutten-Czapski. "Competency levels are fairly uniform and physician resources are a national issue, so instituting a common Canadian medical licence would make it easier to bring physicians into needed areas."

However, Johnson maintains that a single licence would make it too difficult to track "bad apples" who are under investigation by a provincial college. "Allowing a physician [who is under investigation] to cross the border and keep practising in another province does not serve the public's interest."

Hutten-Czapski says this is a nonissue. "There will always be bad apples. The various jurisdictions should be able to communicate well enough to deal with them, and you certainly don't do that by putting up a fence up at the edge of town." — *Steven Wharry*, CMAJ