



Graham Ross

## Medical student profiles

Are medical students representative of the Canadian population? Irfan Dhalla and colleagues surveyed first-year students at Canadian medical schools outside Quebec and compared their demographic and socioeconomic profiles with Statistics Canada census data. Although the group of students was more ethnically diverse than the Canadian population, certain minorities (black and Aboriginal) were underrepresented and others (Chinese and South Asian) overrepresented. Overall, the students' parents had higher education levels and were more likely to be professionals or high-level managers than the Canadian population aged 45–64. The authors

suggest that the ethnic and socioeconomic dissimilarity of Canadian medical students to the general population may affect the future of health care delivery to disadvantaged groups, including rural, Aboriginal and low-income patients.

See page 1029

Medical school tuition fees have skyrocketed in Ontario while remaining essentially stable in other provinces. To determine the effect of these changes on the composition of classes and the financial outlook of medical students, Jeff Kwong and colleagues surveyed first- and fourth-year students at Canadian medical schools outside Quebec in 2001. In Ontario the proportion of students with a family income of less than \$40 000 declined, although this change did not differ significantly from that observed elsewhere. First-year Ontario students expected a higher debt load at graduation than did those in their final year, and the proportion expecting a debt load of more than \$100 000 doubled. Also, first-year Ontario students were more likely than fourth-year students to cite financial considerations as influencing their choice of specialty or practice location. The authors conclude that the dramatic increases in tuition are creating a burden on Ontario medical students that are not being observed in other provinces.

See page 1023

## Managing environmental health effects: a new series

Our environment can have a marked impact on our health, but many physicians do not have a ready approach to recognize and manage harmful effects in patients exposed to environmental contaminants. In the first article of a new *CMAJ* series on identifying and managing environmental health effects, Lynn Marshall and colleagues review toxic biological, physical and chemical exposures and describe a mnemonic tool for eliciting a patient's exposure history. In a related commentary, Erica Weir introduces the new se-



ries and discusses environmental health challenges in Canada. She also describes an accredited online continuing education course, to be held in May 2002 in conjunction with the series, that will educate physicians about the health effects of outdoor air pollution.

See pages 1041 and 1049

## The art of sexual dysfunction

Medical education in Canada has cultivated an increasingly humanistic emphasis in recent years, focusing not only on the science but also on the art of medical practice. Medical students at Dalhousie University, Halifax, have been putting their own spin on the "art" of medicine, producing an annual exhibition of artistic interpretations of medical topics ranging from attention deficit disorder to dementia. In *The Left Atrium*, participants discuss their contributions to this year's project, on the provocative theme of sexual dysfunction.



Ian Mackey

See page 1072

## Hormone replacement therapy after breast cancer

Although hormone replacement therapy (HRT) may confer health benefits and relieve menopausal symptoms, it may also play a role in the development of breast cancer. To address the possible risks and benefits of HRT in women with a previous diagnosis of breast cancer, Kathleen Pritchard and colleagues conducted a systematic review of the available evidence and offer their recommendations to help inform and guide women and their physicians on this issue.

See page 1017