

for a full student loan. I received only \$3600 in student loan money from the Ontario government because they claim that I am still “dependent” on my parents. With tuition approaching \$9000, I cannot live off student loan money. This restriction clearly discriminates against medical students who enter their studies immediately after their undergraduate degree. Medical students and former medical students must come together to suggest economically sensible policies that will allow medical students to survive the financial crisis referred to as medical school.

Sarah Giles

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Reference

1. Kwong JC, Dhalla IA, Streiner DL, Baddour RE, Waddell AE, Johnson IL. Effects of rising tuition fees on medical school class composition and financial outlook. *CMAJ* 2002;166(8):1023-8.

For too long the issue of medical school tuition has been raised once each year, at which time students protest, administrators respond that they can do nothing and increases are railroaded through compliant university governments. Your recent articles on tuition^{1,2} reached conclusions similar to our in-house, student-conducted research. The latter showed that the percentage of medical students at the University of Western Ontario from families with incomes of less than \$60 000 had declined from 25% of the total in 1998 to 14% in 2000 (unpublished data).

In 2001, during a contentious debate about raising Western’s tuition fees to a near Canada-wide high of \$14 000 a year, studies were quoted by both sides. We hope the findings published in *CMAJ* will lay to rest the notion that endless increases in tuition fees can be executed without a corresponding decline in accessibility¹ and student diversity.²

At Western, a commitment that no student will be denied access to a medical education because of financial sta-

tus, either initially or during the program, rings hollow in the face of these recent studies. For one thing, student aid such as the Ontario Student Assistance Plan is not indexed to inflation;³ the portion allocated for tuition, \$4500, has not increased in more than a decade. For another, remedies aimed at residents and new doctors, such as incentives to practise in rural areas, will never solve the problems of accessibility and student diversity. To attract students from underrepresented groups and classes, tuition fees must be cut in order to reduce the “sticker shock.”

In this era of doctor shortages, creating financial impediments for potential students will ensure that ongoing problems of diversity and accessibility get worse.

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Classes of 2004 and 2005

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1. Kwong JC, Dhalla IA, Streiner DL, Baddour RE, Waddell AE, Johnson IL. Effects of rising tuition fees on medical school class composition and financial outlook. *CMAJ* 2002;166(8):1023-8.
2. Dhalla IA, Kwong JC, Streiner DL, Baddour RE, Waddell AE, Johnson IL. Characteristics of first-year students in Canadian medical schools. *CMAJ* 2002;166(8):1029-35.
3. Statistics Canada. Consumer Price Index historical summary. Available: www.statcan.ca/english/Pgdb/Economy/Economic/econ46.htm (accessed 2002 April 28).

[Three of the authors respond:]

Panayiotis Glavas’ letter highlights a weakness we discussed in both of our articles.^{1,2} We too were disappointed in our inability to include Quebec medical schools. We relied on Canadian Federation of Medical Students (CFMS) representatives to publicize the study at each site; because the 3 francophone schools are not CFMS members, we had little control of how the survey was promoted in Quebec. Gathering email addresses for all Que-

bec students proved to be an unachievable goal. In fact, we were told by the Sherbrooke representative of the Fédération des associations étudiantes en médecine du Québec (FAEMQ) that many students still do not use email. Glavas also comments that we could have “easily eliminated [premedical student] responses from the final analysis if [we] wished to do so.” Without resurveying the Quebec students, separating premedical and medical students would have been impossible.

We agree that our results are applicable only outside Quebec. There are several reasons (e.g., lower tuition fees, different admissions requirements) why Quebec medical students may be different from those elsewhere in Canada. In the end, we had no choice but to reluctantly exclude the Quebec data from our main analyses. However, we have made the data available to the FAEMQ and are willing to share the data more widely if others are interested.

The 2 letters by Sarah Giles and Clare Bastedo and colleagues eloquently describe the personal financial hardships faced by many medical students. Both letters question the adequacy of existing financial support programs. We agree that government loan maximums have not kept pace with tuition increases and hope that the findings of our study lead to reviews of existing programs by which medical students receive support.

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