Opening of new medical school may be postponed 1 year

The founding dean of Canada’s newest medical school says he will know later this month if its opening will be postponed for a year.

The delay is being considered because of teething problems related to creating the unique school — the first in Canada to have 2 distinct campuses (in Sudbury and Thunder Bay, Ont.) and to focus solely on rural medicine.

“We are reviewing the risks and benefits [of a postponement] at the moment,” Dr. Roger Strasser, dean of the Northern Ontario Medical School (NOMS), told CMAJ Apr. 14. The opening had been planned for September 2004, but the school received a setback when 2 newly hired campus deans quit shortly after accepting their posts.

Dr. Louis Francescutti spent only a few days on site at Lakehead University in Thunder Bay before resigning. Dr. Tim Allen resigned as campus dean at Laurentian University in Sudbury the same week the Canadian Journal of Emergency Medicine (CJEM) carried a full-page article announcing his arrival at NOMS.

He had been on the job 2 months on a part-time basis. In a letter to CJEM, he said he left because “unforeseen circumstances made me realize that I would be unable to fulfill my mandate in a manner acceptable to my standards and to the needs of the medical school.”

Strasser said the resignations were “clearly something we weren’t expecting” but added that they caused no delays. Dr. Arnie Aberman, former dean of medicine at the University of Toronto, is now acting as campus dean in Thunder Bay on a temporary basis, and Strasser says a full-time replacement for Francescutti will be in place there within 2 to 3 months. In Sudbury, the campus dean’s duties “have been redistributed” among some newly hired associate deans. One, Dr. Jill Konkin, is president of the Society of Rural Physicians of Canada.

Strasser said the resignations “clearly caused some concern,” but support from residents of Northern Ontario “has been overwhelming.” — Patrick Sullivan, CMAJ

MDs mostly mum on Iraq

The controversial US-led war in Iraq has generated a groundswell of debate across all levels of Canadian society. But for David Morley, executive director of Doctors Without Borders Canada, the response from physicians has been “muted.”

“It’s like people across the country have been just waiting and watching,” he says. Still, the organization’s international parent, Médecins Sans Frontières (MSF), has for months had a waiting list of members willing to head to the Middle East. The list includes 3 Canadians, 1 of whom, New Brunswick FP Joni Guttill, left to work in a Syrian outpatient clinic in early April.

A month earlier, nonpartisan MSF sent 6 doctors to a Baghdad hospital to deliver supplies and assist in treatment. Those efforts were suspended after 2 of the physicians disappeared briefly in early April. “It’s getting harder and harder to help,” Morley said. “Now, as the war seems to be winding down, we are concerned about the independence of humanitarian assistance.”

Dr. Joanna Santa Barbara of Hamilton, president of Physicians for Global Survival (Canada), said its members tried to take an activist approach. “It’s extremely important for us as doctors to express an opinion on this,” she said. “We felt like we had access to knowledge about health effects that we in particular could present to the general public.”

Unlike MSF, her organization has not tried to remain neutral. A statement issued Jan. 15, 2003, stated: “We are opposed to this war, and therefore call on the Canadian government not to provide military, material or moral support for it.”

“I think that political or diplomatic decisions often have a direct impact on health, but they’re often made by people who have great difficulty imagining that their decision may mean a baby dying of diarrhea — and not 1 baby, but 10 000 babies,” says Santa Barbara. “So it’s physicians or the health workers who can help redefine this and put it into health terms for politicians and ordinary people.”

Dr. Donald Payne, the Toronto psychiatrist who heads Amnesty International’s Medical Network, says it has been difficult to criticize the war because the US was involved. “This is another issue that has tended to polarize people as being for or against the USA, rather than focusing on the issues of human rights and international law.”

Dr. David Swann, a Calgary physician who recently went on a month-long humanitarian mission to Iraq, adds that “we’ve had a tough go in terms of popular support out here.”

On the other side of the issue, Dr. Noel Hershfield, a columnist for Alberta Doctors’ Digest, was angered by marchers who protested against the war but not against “psychopathic suicide bombers” or Saddam Hussein. “My diagnosis is that these well-meaning folks have defects in their brains,” he wrote. — Brad Mackay, Toronto

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