

Residents strive to raise public awareness of their role

Medical residents are in the midst of a concerted drive to educate Canadians, including fellow workers, about who they are and what they do.

“Sometimes you’re working in the middle of the night and you go up to the ward and one of the nurses says, ‘Oh, you must be on the night shift,’” says Dr. Joseph Mikhael, the 31-year-old president of the Professional Association



Mikhael (right): Residents pursue a higher profile with annual campaign

of Internes and Residents of Ontario (PAIRO). “And then I say, ‘No, I’m actually on the day-night-day shift, and I’ve been here for 28 hours.’”

Mikhael hopes that Resident Awareness Day on Apr. 15, an annual initiative by 7 residents’ associations, will help to educate the public — not to mention the occasional health care professional. Residents at information booths across the country will try to cast some light on the realities of their lives, such as lack of sleep, fatigue, increased rates of depression and strained personal relationships.

“There is a higher and higher expectation that if you want to be hired on in an academic centre you need a degree beyond what you have in your medicine and postgrad training,” Mikhael explains. “They only want the best, so the bar has definitely been raised. It’s just one more hoop you have to jump through.”

Mikhael, a sixth-year hematology resident, knows the stresses residents face. He combines his residency with work toward a master’s degree, weekend stints as a preacher, and his marriage.

He also has a 6-figure student loan.

But he’s quick to point out that the situation has improved immensely since PAIRO was formed in 1968. Then, residents had to live in the hospital, worked without a salary and were expected to be on call every second night. Today, Ontario residents work 1-in-4 call.

“The notion that you give your life away to become a physician has changed with each generation,” Mikhael says. “We know now that a fuller life outside of medicine makes us better doctors.” — *Brad Mackay, Toronto*

Pediatricians take stand against genetic testing of healthy children

The Canadian Paediatric Society is advising parents against pursuing genetic testing of healthy children. Its new guidelines state that children should be tested only to provide medical care during childhood. Otherwise, it is better to wait until children are old enough to make their own decision.

“The ethics of genetic testing in adulthood necessitate respect for autonomy,” says clinical geneticist Laura Arbour, the lead author. “We have to give children the same opportunity, the same respect — we have an ethical obligation.”

Arbour, who practises at the Children’s and Women’s Health Centre of British Columbia, says genetic testing can be appropriate for medical monitoring or newborn screening for conditions that might arise during childhood. However, it should be left to the children to decide when and if they want to be tested for adult-onset diseases such as breast cancer.

Arbour says many parents are unaware of the ethical issues surrounding genetic testing of healthy children, “but once they understand, it’s rarely a problem.” She says it’s also important for primary care physicians to be aware of the issues. The new guidelines are available at www.cps.ca. — *Barbara Sibbald, CMAJ*

UK physicians may be asked to share consultation letters with patients

Physicians in the United Kingdom may soon be asked to share all referral letters and consultation results with patients, regardless of the information they contain.

Harry Cayton, director of patient experience and public involvement at the Department of Health, says referral letters and consultants’ responses are symbols of doctors’ power, since they are *about* patients but not *for* them. He says the new relationship between health professionals and patients requires openness and joint decision-making, and sending these letters to patients is a step on the road to rebalancing this relationship.

Proponents say that patients may not be able to digest everything being said to them in the doctor’s office, and reading a letter at home will allow for better decision-making.

The General Medical Council says it welcomes improved communication with patients, but “care must be taken to ensure that the information letters contain is clear and does not cause unnecessary worry or distress.”

However, the Royal College of General Practitioners is skeptical. “Routine copying of all letters by one health care professional to another provides no opportunity for individuals to seek clarification or further information,” it says. “This will undermine the usefulness of the traditional referral letter between a GP and a specialist colleague.” Also, “a referral will often be made when a serious diagnosis is a possibility. Many GPs will not wish to burden their patients with the full extent of diagnostic possibilities at such an early stage and will resort to covert language. This will diminish the quality of the communication.”

Twelve pilot projects are being used to test the new initiatives. Patients have responded positively, with a recent survey indicating that 98% favoured receiving the letters. — *Mary Helen Spooner, West Sussex, UK*