

## MD shortage may reignite US recruiting in Canada

After years of pleading physician surplus, medical planners in the US now face the possibility of shortages of both primary care and specialist physicians.

A report for the Council on Graduate Medical Education (COGME), a government-appointed advisory committee, says medical school enrolment should be increased by 15% and 3000 new residency slots should be added by 2015. It predicts that if enrolment increases are not implemented, the US could face a shortage of up to 96 000 physicians by 2020.

Because COGME's congressional authorization expired just after it received the report, it was unable to adopt the recommendations. But Dr. Carl Getto, its

chair and the senior vice-president, medical affairs, at the University of Wisconsin, told *CMAJ* the council will likely endorse them if COGME is re-authorized.

This would signal a dramatic reversal of the long-held position that the US has a surplus of MDs, and it might be bad news for Canada. "If we think we've seen aggressive recruiting of good Canadian physicians in the past, we haven't seen anything yet," said Dr. Hugh Scully, cochair of a task force studying physician human resources for the federal government.

He says the number of medical school applicants has declined in the US, where applications to surgical programs

are down "dramatically" and some specialties, such as internal medicine, are not filling all of their residency positions. He says there is already "tremendous concern" about having a shortage of surgeons to treat an aging population.

Scully says Canada should start worrying about increased cross-border poaching because Canadian doctors are "very marketable." Fortunately, the negative reputation of managed care and the liability insurance crisis may have coloured Canadian physicians' attitudes toward the US. "Many Canadian physicians who might have been attracted earlier certainly would think twice about it today." — *Milan Korcok*, Florida

## Israel assumes unwanted role as world leader in disaster management

Recent suicide bombings and other attacks within Israel are turning that country into a world leader in disaster management.

The latest refinement involves an increasingly common problem. In a country with over 6 million residents, how can seriously injured people with no identification be identified if they cannot communicate with rescue personnel?

Israeli emergency officials have responded with an electronic network linking hospitals throughout the country. A few months ago, they began taking pictures of unidentified victims and/or belongings immediately after an

incident. These are then transmitted across the country.

Shmuel Reznikovich, a representative of the Israeli Ministry of Health, told the Second International Conference on Urban Health in New York in October that the process allows anxious relatives to visit local hospitals, where social workers show them the pictures.

During a panel presentation on urban disasters, Reznikovich and some colleagues described the ways Israel has attempted to deal efficiently with its recent spate of multicaseualty disasters. Gili Shenhar, a retired colonel and senior adviser in emergency and disaster management, explained that the media now plays a key, if unofficial, role at every disaster scene because their reports are "the only way to get to every family in real time, and to give guidelines."

Not only do the reports "make the public feel more secure because the situation is under control," added Doron Kotler of *Magen David Adom*, the country's emergency services organization, but they also mean that fewer people flock to the scene and hamper emergency personnel. When there are bystanders, "we often navigate them to our benefit" by putting them to work as stretcher bearers.

Although the response to disasters is coordinated by the police or, for larger incidents, by the Home Front Command responsible for civil defence, the

Ministry of Health has overall responsibility for medical readiness.

At the hospital level, specific staff are available to handle major disasters, while all staff will be aware of guidelines, said Reznikovich.

"We have learned that effective primary evacuation is crucial in light of the complexity of relocation," he said. Emergency personnel attempt to send critically injured patients directly to the hospital best suited to their care, since having to transfer them later will waste resources.

But the danger doesn't subside even after the bombs have gone off. Ambulances and police officers are blocked from coming directly into hospitals — all must be checked first because of the risk of hijackings and disguises.

At the site of an emergency, said Kotler, rescue work begins immediately, despite personal risk. He cited a building collapse in 2001 in which 339 of 650 guests attending a wedding were injured and 23 killed, and 75% of the casualties were evacuated in less than an hour.

The final step is identification of the dead. Today, all unidentified bodies are sent to the National Forensic Medical Institute for identification by DNA testing or other methods. This routine was established because of some incidents in which several families attempted to claim the same body. — *Ann Silversides*, Toronto



Woman receives aid after an attack by a suicide bomber in Israel

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