

## Word watch

At the risk of sounding pedantic, I would like to point out that, according to *Webster's New Twentieth Century Dictionary*, "disinterested" means "not influenced by personal interest, impartial, unbiased." I believe that the word Michael Schull and Donald Redelmeier intended in the title of their recent commentary<sup>1</sup> is "uninterested."

"Uninterested" is occasionally given as a secondary meaning for "disinterested," but careful users of the English language find the distinction worth preserving.

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## Reference

- Schull MJ, Redelmeier DA. Infection control for the disinterested [editorial]. *CMAJ* 2003;169(2): 122-3.

## [The authors respond:]

Gary Pেকেles suggests that the term "disinterested" is prone to misinterpretation. We agree, and would add that another misconception is to equate the term with the concept of "no longer interested." We also agree that the term "uninterested" is more appropriate

for situations where the agent lacks interest or concern.

What we failed to mention in our article<sup>1</sup> was that we chose the term "disinterested" deliberately. Our purpose in writing the article was to provide a fair personal account from the perspective of 2 physicians not heavily involved with severe acute respiratory syndrome (SARS). Make no mistake: we have always been mindful of infection control when conducting invasive procedures and other treatments that require sterile technique.

We wish we had expressed ourselves more clearly in another regard. Specifically, the SARS outbreak affected millions of people, whereas our article is physician-centric. Canadian data currently indicate that there have been 43 deaths from SARS in this country, including 2 nurses and 1 physician.<sup>2</sup> Many people suffered far worse than the 2 of us.

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## References

- Schull MJ, Redelmeier DA. Infection control for the disinterested [editorial]. *CMAJ* 2003;169(2): 122-3.
- Canadian SARS numbers: September 3, 2003*. Ottawa: Health Canada, Population and Public Health Branch; 2003. Available: www.hc-sc.gc.ca

/pphb-dgsp/sars-sras/cn-cc/numbers.html (accessed 2003 Sep 3).

## Physician supply: future tense

It is unfortunate that *CMAJ* published the article by Frank Denton and associates<sup>1</sup> on the sensitive and complex subject of physician shortages without including any editorial clarification to assist the reader in understanding the many other crucial aspects of this issue that were not examined by the authors. It was inevitable that the lay press would notice the article and misinterpret it,<sup>2</sup> thinking that it supports the notion that physician shortages will lessen in the future.

In their commentary, the authors look back over the past 30 years and conclude that the increase in requirements for physicians is related more to population increase than to aging. They then postulate that because population increases are now lessening, the future need for physicians will increase to a lesser extent than in the past. Yet health care planners must stop looking backward and start looking ahead when making recommendations about physician shortages.

The problem is 2-fold and is well known to all practising physicians.

First, the patient population is changing, and patients are requiring (and de-

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manding) far more physician services than in the past (as indicated by data from the Ontario Health Insurance Plan [OHIP] database). Furthermore, although the authors point out that the type of services needed will not be the same as in the past, they base their calculations solely on population change rather than other inevitable shifts such as type of disease and the development of new technology (not to mention the likelihood of new challenges such as the recent outbreak of severe acute respiratory syndrome). Second, physicians too are changing. They are now opting for a more balanced lifestyle, which means they are no longer working 60 to 90 hours per week, are no longer seeing large numbers of patients each day and will not be practising medicine until the age of 70 or beyond.<sup>3,4</sup> Thus, we are seeing a rapidly growing demand for physician services at the same time as individual physicians are cutting back on hours of work.

We simply must not repeat the mistakes made by health care planners 12 years ago and must not base our policies on retrospective reports. The need for physicians and other health care providers will continue to escalate, and the time to prepare is now.

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**References**

1. Denton FT, Gafni A, Spencer BG. Requirements for physicians in 2030: Why population aging matters less than you may think [editorial]. *CMAJ* 2003;168(12):1545-7.
2. Laucius J. MD shortage to ease: report. Declining population means fewer doctors will be needed. *Ottawa Citizen* 2003 Jun 10; Sect A:3.
3. Dawes R, Willett J, Lofsky S, McNestry G, Gould M, Tepper J, et al. OMA position paper on physician workforce policy and planning. *Ont Med Rev* 2002;69(4):17-28.
4. Chochinov A, Adams O. *Getting there from here! Prospects for a sustainable physician workforce* [appendix to reports to General Council]. Canadian Medical Association 136th annual meeting; 2003 Aug 18-20; Winnipeg.

Frank Denton and associates<sup>1</sup> found that population aging would have little effect on the required supply of physicians in the future, although a redistribution among medical disciplines would be needed. Although we agree that a “Chicken Little” approach must be avoided, we feel that some acknowledgment of population aging is needed in planning for future physician resources.<sup>2</sup>

First, we would like to raise a methodological concern. The analysis by Denton and associates<sup>1</sup> is based on current payments to fee-for-service physicians in Ontario, but it is doubtful that this is the most appropriate way to fund physician services for aging patients with multiple problems. Also, using historical data to project future needs is suspect; it implies that the way we do things now is optimal. In this case, it masks the changes that will be required in physicians’ practices.

As the proportion of older adults in the population increases, the propor-

McNeill

Motrin (Children’s)

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New material