

dren this may be impossible. Instead, reach for a child's pinwheel. Blow on the pinwheel to make it spin and then hand it to the patient, saying "Wait while I put my stethoscope back on your chest — okay, now blow!" This inexpensive equipment can save a lot of explanation.

Jeannie Rosenberg
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A national public health system

It was with surprise and disappointment that I read the commentary by Carolyn Bennett,¹ the minister of state for public health. The mandate of Canada's new Public Health Agency is to improve Canada's ability to deal with new and emerging infectious diseases and to improve our nation's emergency preparedness. Presumably, Bennett believes there may be some small role for Canada's emergency departments in meeting this challenge. If so, she will need to spend some time reversing the effects of a decade of neglect on Canada's emergency health system.

Recent reviews have highlighted concerns about the ability of Canadian emergency departments to respond to emerging infectious diseases and terrorist attacks.^{2,3} Indeed, current conditions in our nation's emergency departments profoundly affect their ability to provide timely care for even routine emergencies, let alone a national public

health emergency.

Many of our emergency departments suffer from a lack of operational support, are insufficiently staffed, are chronically overcrowded and have no recognizable regional response plans. It would not be unreasonable to suggest that these problems are directly attributable to insufficient government attention. Rather than being members of the "tyranny of the acute," most emergency physicians might more readily see themselves as oppressed victims of government neglect.

Good for Bennett for addressing the deficiencies of the national public health system. However, if she is truly concerned with our preparedness to meet national health emergencies, she must spend some time reversing the chronic neglect of Canada's emergency departments.

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3. Kollek D. Canadian emergency department preparedness for a nuclear, biological or chemical event. *Can J Emerg Med* 2003;5(1):18-25.

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Match or mismatch?

Patrick Sullivan¹ reports that 177 residency positions remained unfilled after the first iteration of this

year's resident match, but I am unclear why he believes that the 71 unmatched Canadian medical students "should match easily when the second iteration is held."

The Canadian Resident Matching Service projects that for the second round of matching, 758 international medical graduates will also be competing for those same 177 positions.² These numbers are bad news for everyone involved, including the Canadian public, who would benefit greatly if funding were made available to train each and every one of these qualified students as soon as possible.

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References

1. Sullivan P. Students still ambivalent about family medicine. *CMAJ* 2004;170(9):1380.
2. *Forecast for 2004 second iteration match*. Ottawa: Canadian Resident Matching Service; revised 2004 Mar 25. Available: www.carms.ca/matchProjection2nd.html (accessed 2004 May 6).

DOI:10.1503/cmaj.1040764

Correction

An article about the Jean Chrétien Pledge to Africa Act¹ incorrectly stated that developing nations that will be permitted to import generic versions of brand-name patented drugs can only do so for public health emergencies. In fact, there is now no such restriction on the importation of the drugs. We regret this error.

Reference

1. Eggertson L. Cheaper HIV/AIDS drugs coming. *CMAJ* 2004;170(13):1905.

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