Sustainability of family medicine

Canada is experiencing a shortage of family physicians. Bruce Wright and associates[1] have identified several factors that might be used to increase the number of medical students choosing to enter family medicine. For its part, the Professional Association of Internes and Residents of Ontario recently developed a position paper on the sustainability of family medicine, offering a view of this crisis from the perspective of Ontario's new physicians.[2]

As our position paper states,[1] we believe that the lack of interest in family medicine initially develops during training, for a variety of reasons, including a lack of exposure to effective teamwork between family physicians and specialists. In addition, the position paper identifies many societal factors that have influenced the decline in supply of family physicians in Canada. All of these factors will require short-term interventions married with a long-term strategy.

Positive exposure to family practice in medical school and clerkship can spark new interest in the field, as well as reinforcing existing interest. For such exposure to occur, a cadre of dynamic and enthusiastic family physicians is required both within medical schools and in community practice. The concerns of practising family physicians, including reasonable workloads and appropriate payment mechanisms, must be addressed to make such student experiences possible, and new family physicians must be encouraged to undertake a mentorship role and must be supported in fulfilling that role.

Alex McPherson
Psychiatry (PGY4)
University of Toronto
Toronto, Ont.

References
1. Wright B, Scott I, Woloschuk W, Brenneis F. Career choice of new medical students at three Canadian universities: family medicine versus specialty medicine. *CMAJ* 2004;170(13):1920-4.
2. Primary importance: new physicians and the future of family medicine. Position paper on the sustainability of family medicine. [place unknown]: Professional Association of Internes and Residents of Ontario; 2004. Available: www.pairo.org/Content/Files/Primary%20Importance.pdf (accessed 2004 Aug 23).

DOI:10.1503/cmaj.1041157

Right reaction, wrong response

I was disturbed by Lucie Opatrny's description[1] of viewing a second-trimester termination when she was a 15-year-old high school student. This encounter was unethical from the patient's perspective; furthermore, it was inappropriate for a high school student to witness such a procedure — no wonder she fainted!

Opatrny also describes her recent reaction as a practising physician to viewing what was clearly an incident of child abuse. She "reproached" the mother, then vomited. Why did she not call child protection services, as she is required to do by law? Did her visceral reaction not indicate how abhorrent the behaviour she had witnessed was? In both situations, her "uncontrollable visceral responses" were appropriate, not idiosyncratic. Opatrny should learn to listen to her body.

Barbara A. Bulleid
Dr. Everett Chalmers Hospital
Fredericton, NB

Reference
1. Opatrny L. Achilles' heel. *CMAJ* 2004;171(8):910.

DOI:10.1503/cmaj.1041704

[The author responds:]

Dr. Bulleid may be placated to know that this case was abbreviated to preserve patient confidentiality, and that the child protection authorities were involved appropriately. However, physician responsibility to contact Child Protection Services in cases of suspected child abuse is always a worthwhile reminder. As for my reactions, I do not claim they were anything but appropriate extreme reactions, in response to extreme situations.

Lucie Opatrny
McGill University
Montréal, Que.

DOI:10.1503/cmaj.1041705

Neural tube defects

The primary finding reported by Joel Ray and associates[1] in their study of ethnicity in relation to the development of neural tube defects — that babies born to First Nations women have a higher risk of neural tube defects — should be interpreted with caution.

The calculation of the relative risk of a neural tube defect for a child with a First Nations mother is based on 5 cases occurring among 1551 subjects. The ethnicity category for "other" (which included Hispanic women) had 1 case among 10 009 subjects. The protective effect observed in this group was not mentioned in the study's interpretation, despite the broader base of subjects.

Such small numbers may cause several problems. One is that a few misclassifications of the First Nations cases could create the appearance of an effect where none actually exists. Also, given that multiple categories were examined, the authors should have considered some form of adjustment for multiple comparisons.[2]

In general, one should be careful not to overinterpret results obtained in small subpopulations. While the hypothesis suggested by Ray and associ-

© 2005 Canadian Medical Association or its licensors