

Saving the medical marriage

I am the wife of a rural physician. During the night, I often hear the buzz of my husband's pager, and I sink deeper under the warm covers as he stumbles out of bed. In the grey light of dawn, I often sense the empty space beside me in the bed after he's gotten up to deal with the piles of paperwork that call out to be completed before the clinic day begins. I have had Valentine's Day dinner with my sons instead of my husband because the last patient of the day came in with crushing chest pain — and how can matters of the emotional heart trump matters of the physical one? I watch my husband spend every day torn in multiple, equally worthy directions, with virtually no time for himself.

On reading Dr. Ursus's candid piece on marital counselling,¹ I felt great empathy for the author and his wife. I'm generalizing, but I believe that the qualities of compassion and dedication that make a loveable spouse can also cause strife in the marriage of a rural physician. The sense of loyalty and commitment that sent them down their career path in the first place now leaves them torn between 2 groups of people who really do need them — their patients and their families. The challenge of finding balance between work and family is especially raw for rural physicians, and I hope that some of Dr. Ursus's colleagues can help him gain insight into achieving that balance.

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REFERENCE

1. Query. *CMAJ* 2006;174(3):418.
DOI:10.1503/cmaj.1060084

It was touching to read Dr. Ursus's account of the troubles in his marriage.¹ Touching because I know of too many colleagues who have actually lived through or fear a similar scenario. Our all-consuming passion to help patients often places a huge strain on our personal relationships with spouses and children.

Fortunately, there are some excellent books to help physicians preempt difficulties in their personal lives before they reach the stage where counselling becomes necessary. *The Medical Marriage: Sustaining Healthy Relationships for Physicians and Their Families*, by husband-and-wife team Wayne M. Sotile and Mary O. Sotile, describes key factors in sustaining successful medical marriages. The book includes simple self-assessment tools for identify-

ing important stressors and personality traits that can harm a marriage. *Iron-doc: Practical Stress Management Tools for Physicians* is a new book by Canadian expert healer of doctors, psychiatrist Mamta Gautam. It shows that when physicians try to be all things to all people, their personal needs are often neglected. Dr. Gautam describes, in practical, easy-to-read prose, how to stay in medicine and enjoy it and ensure that one's family enjoys it too.

We doctors need to learn how to help ourselves if we are to be able to continue helping others.

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REFERENCE

1. Query. *CMAJ* 2006;174(3):418.
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Sex ratio for medical residencies

Mark Baerlocher and Allan Detsky report that, between 1995 and 2004, men were more likely than women to be rejected from their top-ranked discipline when applying to Canadian residency programs.¹ They suggest that female residency applicants might have had a competitive edge on their male counterparts or that selection committees might have been consciously or unconsciously exhibiting bias.

Another factor might be sex-related differences in admissions to Canadian medical schools. Of the 10 957 applicants receiving at least one offer of admission from 2000/01 to 2004/05, 4554 were men and 6403 were women.² Two factors appear to have contributed to this imbalance. First, fewer men (18 277) than women (23 620) applied to Canadian medical schools over that period.² Second, male applicants were less likely than female applicants to be

granted admission: 24.9% of the male applicants and 27.1% of female applicants received at least one offer of admission.² The net result is that female medical students outnumbered male medical students (by a ratio of 7:5) over this 5-year period.

Being outnumbered by the competitively superior and/or preferred sex suggests that men may continue to experience greater difficulty than women in acquiring a residency position in their top-ranked discipline.

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REFERENCES

1. Baerlocher MO, Detsky AS. Are applicants to Canadian residency programs rejected because of their sex? *CMAJ* 2005;173:1439-40.
2. Association of Faculties of Medicine of Canada. Admission requirements of Canadian faculties of medicine: admission in 2006. Ottawa: The Association. Available: www.afmc.ca/docs/2006_admissions_book.pdf (accessed 2006 Mar 20).

DOI:10.1503/cmaj.1060063

Yes to “febrile,” no to “flu-like”

I would like to suggest that all physicians make an effort to stop referring to febrile illnesses as “flu-like.” This habit gives the lay public an incorrect idea of the symptoms of influenza.

I have read numerous articles on gastroenteritis in the lay press that contain phrases such as “many people think they have the flu, since the symptoms are similar” or “it can be tricky to iden-

tify a food-borne illness, since symptoms are similar to flu symptoms.”

If the people of Walkerton, Ontario, had known that there is no nausea, vomiting, or diarrhea associated with influenza, maybe they would have sought medical help much sooner and lived.

So, doctors, please make an effort to call an illness with fever and myalgia a “febrile illness.”

R.P. Strachan
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Corrections

In our recent article on hepatitis C,¹ the correct sentence is “For analgesia, small doses of ASA (< 2 g/d) are vastly preferable to NSAIDs in patients with liver disease.” The medication is acetaminophen instead of ASA as printed. Also, the correct e-mail address for Dr. Tom Wong is tom_wong@phac-aspc.gc.ca.

REFERENCE

1. Wong T, Lee SS. Hepatitis C: a review for primary care physicians. *CMAJ* 2006;174(5):649-59.

DOI:10.1503/cmaj.060484

In the References section on page 484,¹ listings 12–18 are out of order. Citation 12 in the text actually refers to number 16 in the References listing; citation 13, to the listing numbered 12; citation 16, to listing 17; citation 17, to listing 18; and text citation 18, to listing 13.

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1. Calon F. Nonpatentable drugs and the cost of our ignorance. *CMAJ* 2006;174(4):483-4.

DOI:10.1503/cmaj.060485

The DOI published in a recent News item¹ was mistakenly listed as 10.1503/cmaj.06022. It should have been read 10.1503/cmaj.060229.

REFERENCE

1. Hass J. Nurse practitioners now able to work across Canada. *CMAJ* 174(7):911-2.

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Mécanisme de présentation des lettres

Le site amélioré des lettres du *JAMC* est désormais le portail de réception de tous les textes destinés à la chronique Lettres. Pour rédiger une lettre, consultez un article sur le site www.jamc.ca et cliquez ensuite sur le lien «Lettres électroniques : répondre à cet article», dans la boîte en haut à droite de l'article. Toutes les lettres seront étudiées pour une éventuelle publication dans le journal imprimé.

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