

vote on the issue, but the bill's sponsors say lawmakers and the governor are elected to make these tough decisions in a reasoned and thoughtful debate.

In 1992 California voters defeated a physician-assisted suicide ballot 54% to 45%. In a poll last year, 70% of Californians surveyed were in favour of doctors being allowed to help terminally ill patients die.

The California Compassionate Choices Act is expected to be discussed in March in the Senate Judiciary Committee. The issue is particularly sensitive this year because many governors and lawmakers are up for re-election in November, including in California.

Also fuelling the debate is the legacy of Terri Schiavo, the comatose Florida woman caught in a power struggle between family, the courts and state and federal officials.

A growing and vocal disabled-rights community banned together against the "Death with Dignity" movement in 1996 after Jack Kevorkian was acquitted of helping 2 non-terminal disabled patients die. That's also when many state legislatures passed laws criminalizing the act. — Patricia Guthrie, Atlanta, Georgia

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Yukon physician shortage taxes family doctors

About 5000 patients in the Yukon Territory lack a family physician, and the shortage of specialists is putting increasing strain on existing doctors, says the president of the Yukon Medical Association.

"A lot of our time is spent working at the hospital and trying to get specialist services that are not available here," says Dr. Rao Tadepolli, the YMA president.

The Yukon, home to about 31 000 people, lacks a cardiologist, for example, and has only one psychiatrist; 2 pediatricians and an internal medicine specialist visit regularly.

When a specialist is not available, local physicians must arrange for patients to be transported to hospitals in other provinces. Although the White-

horse General Hospital has traditionally been linked to BC institutions, Tadepolli says they have had trouble recently getting patient beds in BC. That means that physicians have to spend a lot of unpaid hours finding a hospital bed elsewhere.

Often there are 2 or 3 patients a day requiring medical evacuation, Tadepolli says. "We would certainly like some help."

The territorial government is running a one-year pilot program to attract international medical graduates. The IMGs must pass an evaluating exam and be sponsored and overseen by a full-time physician. So far, one physician is participating in the Health Canada sponsored program.

The territorial government also provides office start-up funds and supports residents who are interested in taking part of their training in rural and remote areas. But few doctors are interested.

The Yukon government is waiting for confirmation of federal funding to help develop and implement a health human resources strategy, says spokeswoman Patricia Living. — Laura Egertson, *CMAJ*

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News @ a glance

Funds to fight TB: The Global Plan to Stop Tuberculosis (2006–2015), a partnership led by WHO, was launched with a UK commitment of US\$74 million and tripling of funding from the Bill and Melinda Gates Foundation to more than US\$900 million. The global plan (www.stoptb.org) calls for a tripling of spending on TB to US\$56 billion by 2016 to increase access to TB control programs and accelerate research on new tools to fight the disease, including a vaccine. Some \$25 billion is available from affected countries and other donors, leaving a gap of \$31 billion. The plan aims to provide treatment to 50 million people and prevent 14 million deaths over the next decade. "Tuberculosis is a disease that should have been eliminated years ago," Mario

Raviglione, head of the TB eradication for WHO told reporters in Ottawa on Jan. 27. Each year, 8.8 million people worldwide suffer from TB and 1.7 million die of it. Individual treatment costs less than Can\$30 annually.



Canapress

Sobering thought: Almost 50% of seriously injured snowmobile drivers had been drinking alcohol — double the number from 5 years ago. New data from the Canadian Institute for Health Information confirm that snowmobile incidents are still the number one cause of winter sports and recreation-related injuries treated in trauma units (2003–2004). They accounted for 41% of these types of injuries, more than snowboarding (20%), skiing (20%), hockey (9%), tobogganing (7%) and ice-skating (3%).

Toxic tobacco smoke: California is the first US state to place secondhand tobacco smoke alongside tailpipe and smokestack exhausts as a toxic air pollutant and candidate for regulation. It is expected to revive legislative efforts to ban drivers from smoking when children are in their vehicles and to curb smoking in multifamily dwellings.

Tube feeding: Commercial Alert, a consumer advocacy group, has launched a Web site devoted to ending direct-to-consumer prescription drug advertising (www.stopdrugads.org). More than 200 American medical school professors signed a statement from Commercial Alert opposing drug ads. The statement declared that the drug industry's "onslaught of advertising to promote prescription drugs ... does not promote public health" and increases costs and unnecessary prescriptions. The statement was sent to the US Food and Drug Administration advisory committee hearing on DTC advertising.

Junk TV: American advocacy groups and parents in Massachusetts are suing the Nickelodeon TV network and Kellogg Co. in a bid to stop junk food marketing to children. The plaintiffs are the Center for Science in the Public Interest, a non-profit US advocacy group, the Boston-based Campaign for a Commercial-Free Childhood, and 2 parents. In a study last fall, CSPI found that of the 168 ads for food that appeared on Nickelodeon, 88% were for foods of poor nutritional quality. Of the 54 Kellogg ads shown during 27.5 hours of Saturday morning programming, CSPI found 98% were for nutritionally poor foods. "Nickelodeon and Kellogg engage in business practices that literally sicken our children," says CSPI Executive Director Michael F. Jacobson. The lawsuit seeks to stop the companies from marketing junk food when 15% or more of the audience is 8 years old or younger. — Compiled by Barbara Sibbald, *CMAJ*

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PULSE

How do we choose our specialty?

Results from the 2004 National Physician Survey illustrate interesting differences in how physicians choose their specialty (Fig. 1).

Among second-year residents who completed the survey, those who chose family medicine claimed that the most important factors were the doctor-patient relationship, and workload flexibility and predictability; the least important factors included prestige, earning potential and research potential. Residents enrolled in specialties reported being influenced mostly by the level of intellectual stimulation and challenge; prestige and earning potential played a greater role than they did for family medicine residents.

There were also differences between male and female residents. In family medicine, female trainees were more likely than their male counterparts to

choose level of intellectual stimulation and challenge, doctor-patient relationship, and workload flexibility and predictability as important influences, whereas the opposite was true for ability to pursue non-work-related interests, training opportunities and earning potential. Among residents in specialty training programs, female trainees were again more likely than the male residents to choose doctor-patient relationship as an important influence, whereas more male than female residents chose training opportunities, workload flexibility and predictability, influence of a mentor, ability to pursue non-work-related interests, earning potential, research opportunities and prestige.

The results give some insight into

how today's medical trainees select which career path to follow. Although factors such as earning potential and prestige played an important role for some, most residents were influenced by their interest level in a particular field and the level of intellectual challenge involved as well as by lifestyle issues such as workload predictability and flexibility. These survey results support the current view that today's trainees are more interested in factors related to lifestyle than to prestige, and they may help explain the decreased interest in fields such as cardiac surgery and neurosurgery, which were previously highly competitive. — Mark O. Baerlocher, Toronto

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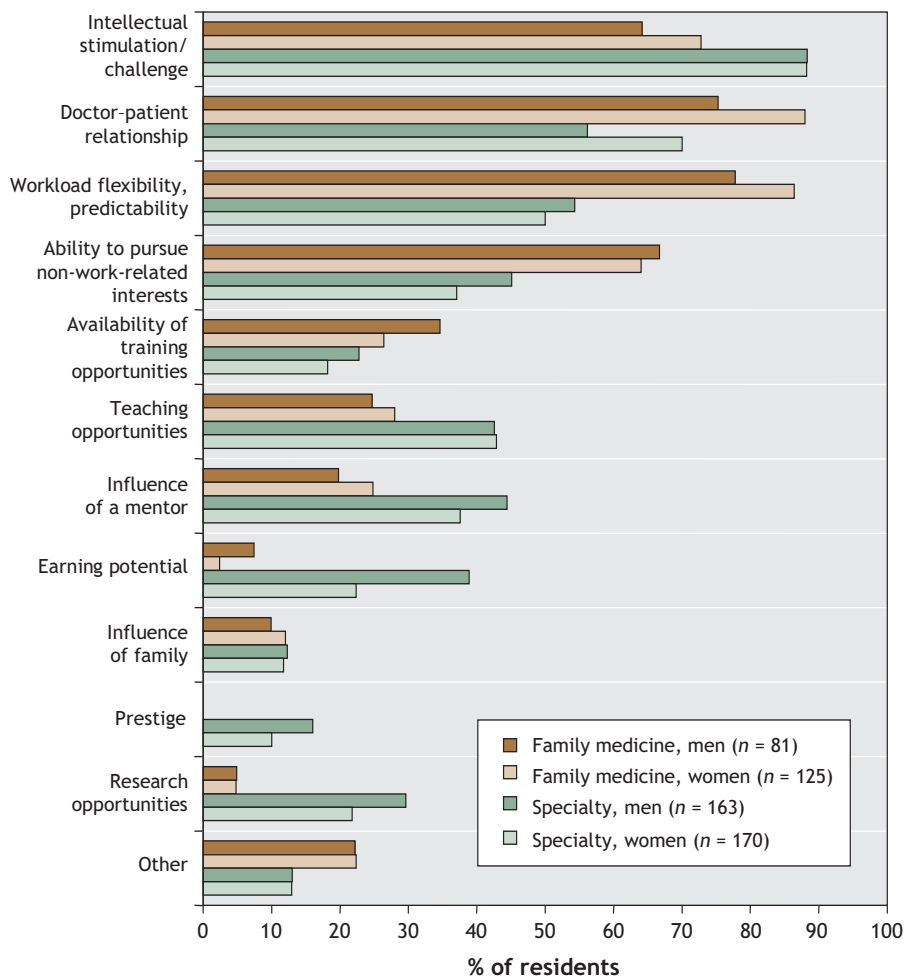


Fig. 1: Factors influencing second-year residents' choice of residency training, by sex and broad residency class (family medicine v. specialty medicine). Source: 2004 CFPC/CMA/RCPC National Physician Survey.