

government — federal or provincial — should pay for it, and today this involves many billions of dollars.

So we medical school professors relinquished control without putting up much of a fight. Then we hunkered down in our academic trenches and began to produce a vast array of urban-based super-specialists, while almost completely ignoring the now disastrously depleted state of rural health manpower.

This new order of medical education seems to have replaced the skill of history-taking and facility for the classic Oslerian methods of physical diagnosis (observation, palpation, percussion and auscultation) with almost complete dependence on increasingly sophisticated laboratory testing and diagnostic machinery. Now randomized clinical trials and evidence-based medicine have taken over the helm. Add to this the sorry fact that the medical school curriculum has ignored the teaching of communication skills for too long — and it shows.

All this might be dismissed as the rant of an old retired dinosaur, but our profession has somehow lost its way and it is nobody's fault but our own.

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Competing interests: None declared.

REFERENCE

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DOI:10.1503/cmaj.1070105

Correction

In the July 31 issue of *CMAJ*, a news story on national standards for forensic pathology training¹ should have identified Dr. Charles Smith as a resident in anatomical pathology within the University of Toronto residency training program in 1979.

REFERENCE

1. Lett D. National standards for forensic pathology training slow to develop. *CMAJ* 2007;177:240-1.

DOI:10.1503/cmaj.071432