alleviating Canada’s physician shortage, have noted, numerical deficiencies and uncertainties are hardly the foundation on which to make policy decisions aimed at ensuring that “the right kind of physicians, trained to offer the right kind of care, are working in the right parts of the country at the right time,” (CMAJ 2006;174[13]:1827–8).

— Elizabeth Howell, CMAJ

DOI: 10.1503/cmaj.080028

Doctors call for plan to curb physician shortage

With many doctors from the baby boom generation set to retire in the near future, leaders in the health care community are calling for the creation of a national strategy to ensure the physician workforce can sustain itself.

Of the 20 000 doctors who responded to the 2007 National Physician Survey, 6% said they plan to retire within 2 years and 1% said they plan to leave practice for other reasons. That would mean the loss of about 4000 doctors, and Canadian medical schools aren’t producing enough graduates to fill the void.

“Unfortunately, universities are underfunded,” said Dr. Louise Samson, president of The Royal College of Physicians and Surgeons of Canada. “But we need to train more doctors.”

The Montréal radiologist says Canada is in desperate need of other types of health care workers as well, such as administrators and medical technicians. The lack of staff at the Université de Montréal Hospital Centre, where she works, means she sometimes has to handle her own administrative duties, such as rescheduling patients’ magnetic resonance imaging exams. The lack of technicians, she says, results in magnetic resonance imaging machines sitting idle at night while patients wait months for tests.

Dr. Calvin Gutkin, executive director and chief executive officer of The College of Family Physicians of Canada, says progress has been made in increasing medical school enrollments in recent years, but more spaces are needed.

“We need at least 300 more entry positions to create a sustainable entry flow into practice in Canada,” said Gutkin.

Other proposed solutions to compensate for the doctor shortage include increasing opportunities for international medical school graduates, adopting new practice models to enhance patient flow, further embracing technology and encouraging health care workers to work more closely together.

“Family physicians need to be working with specialists in a more shared system,” says Gutkin.

Other highlights from the 2007 National Physician Survey include:

• 49% of physicians rate access to advanced diagnostic services as fair to poor
• 64% of family physicians rate patient access to psychiatrists as fair to poor
• 13% of physicians communicate to patients by email
• 55% of survey respondents less than 35 years old were female
• 10.5% of survey respondents more than 65 years old were female
• 35% of physicians plan to reduce their weekly work hours over the next two years. — Roger Collier, CMAJ

DOI: 10.1503/cmaj.080071

Cigarette ads return to Canadian magazines

If Mags and Fags doesn’t carry a magazine that interests you, chances are you aren’t interested in anything. With somewhere between 6500 and 7000 titles, on subjects ranging from miniature doll houses to elk hunting, the store offers the widest selection in the nation’s capital.

The variety of magazines is matched only by the variety of ads within their pages. Every product imaginable — wrist watches, throat lozenges, spark plugs — is promoted somewhere on these shelves. For the past 10 years, however, one product has been absent from Canadian magazine ads: cigarettes. Now, much to the chagrin of anti-smoking advocates, they’re back.

Last summer, the Supreme Court of Canada upheld the advertising restrictions listed in the Tobacco Act, which the federal government passed in 1997. The Act states, among other things, that no person or fictional character can be used to promote a tobacco product. That spelled the end of lifestyle advertising campaigns, such as those featuring the über-rugged Marlboro Man or cartoon hipster Joe Camel.

The Canadian tobacco industry’s “big 3” — Imperial Tobacco Canada Ltd., JTI-Macdonald Corp. and Rothmans, Benson and Hedges Inc. — opposed the new restrictions. During the decade-long court battle that ensued, the companies refrained from advertising in mass-market publications, arguing that the restrictions were so limiting as to essentially constitute a ban anyways.

About 5 months after the Supreme Court’s June decision, however, JTI-Macdonald launched several new products with accompanying ad campaigns. The ads have appeared in entertainment magazines, such as Montréal’s Mirror and Vancouver’s Georgia Straight, and in the Canadian edition of Time.

The new cigarettes contain additives to improve their taste or mask the smell of their smoke. One brand, called More International, comes in whisky or liqueur d’orange flavours. Another, called Mirage, emits a vanilla aroma when smoked and is be-
Tony Clement. Health Canada is investigating the complaint.

"People will think that if there is less of a smoke smell, there is less smoke and therefore less harm," said Callard.

JTI-Macdonald defends the Mirage ad campaign, claiming it contains no ambiguous health messages and adheres to the Tobacco Act. It also claims the ads are to promote a new brand to existing smokers, not to recruit new smokers. "In our minds, we have the right to communicate new products to smokers," said André Benoît, vice-president of corporate affairs and communications. "The only way to do that is through advertising."

Callard believes Mirage cigarettes will compromise non-smokers’ health. When the smell is masked, people will unknowingly expose themselves to more second-hand smoke. The return of tobacco ads can only harm Canadians’ health and by not issuing a comprehensive ban, the government is responsible for allowing it to happen. "I don’t entirely blame the tobacco companies. It’s their job to sell cigarettes."

As 1 of 168 members of the World Health Organization’s (WHO) Framework Convention on Tobacco Control, Canada is obligated to ban all tobacco product advertising by 2010. But the ban must adhere to each member country’s constitution and antismoking advocates say that gives Canadian tobacco companies some wiggle room, which they will be sure to take advantage of. "Nothing short of a complete ban on advertising and sponsorship is effective," said Douglas Bettcher, director of WHO’s Tobacco Free Initiative.

Bettcher says many studies have shown partial bans have no effect on reducing tobacco consumption. Restricting one form of advertising merely results in a shift to another form. Complete bans, however, can reduce smoking rates by as much as 6%, according to the World Bank Group’s 1999 report "Curbing the Epidemic." About 20 countries have such bans in place.

In addition to implementing advertising bans, Bettcher would like to see countries forbid retailers from displaying cigarettes and require them to keep tobacco products under store counters. "The package itself is the last point of promotion to the customer."

Keeping Canadian tobacco companies out of the ad game won’t be easy, says Richard Pollay, a University of British Columbia marketing professor who has followed the advertising practices of tobacco companies for 20 years. The industry is endlessly creative, he says, not only adapting to new legislation or changing public sentiment, but anticipating them: "They’re playing chess when everyone else is playing checkers." —Roger Collier, CMAJ

DOI:10.1503/cmaj.080046