

Training for internal medicine

I read with amusement the proposal to increase by one year the training for internal medicine specialists.¹ Does everybody today want to be known as having a “special skill”?

I submit that if residents who complete four years of training in internal medicine find themselves lacking skills, it is the training that is deficient, not the time spent training. Four years is a substantial amount of time and clearly should suffice for becoming a general internist — of which, incidentally, we have too few. Most residents subspecialize and then, over time, lose the skills necessary to view the patient as a whole.

Increasing training by one year will do very little to address a deficient program or the shortage of general internists. It merely keeps students in school for one more unnecessary year.

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For the full letter, go to: www.cmaj.ca/cgi/eleletters/182/12/1287#595910

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Vitamin D for mental health and cognition

Hanley and colleagues have written an excellent article.¹ Further, vitamin D and receptors have been increasingly implicated in the pathology of cognition and mental illness. Vitamin D activates receptors on neurons in regions implicated in the regulation of behaviour, stimulates neurotrophin release and protects the brain by buffering antioxidant and anti-inflammatory defences against vascular injury.² There is growing evidence for a relationship between vitamin D receptors in the brain, hypovitaminosis D and abnormal executive cognitive functions,^{3,4} major depression,⁵ bipolar disorder⁶ and schizophrenia.⁷

Further studies are needed to investigate the impact of vitamin D supplementation on cognition, mood disorders and schizophrenia. Given current evidence, ensuring normal vitamin D levels may be critical for prevention and treatment in people at high risk of mental and cognitive illness and for treatment in those for whom mental illness has already been diagnosed.

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Decriminalize prostituted women

It is inaccurate to describe prostitution as a legal activity in Canada. It is an activity that is criminally prohibited indirectly rather than directly, making it illegal in almost all instances.

Shannon¹ treats decriminalization as monolithic, when in fact Sweden and other Nordic countries have decriminalized prostituted persons, who are overwhelmingly women, while continuing to criminalize johns and pimps. Women are also offered support to find other sources of income, something most women in prostitution say they want. This approach, which has been quite successful in reduc-

ing trafficking and sexual exploitation, ought to be adopted in Canada.

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REFERENCE

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Flipside of the dialysis argument

Although I don't have the expertise to take a position in the debate about chronic cerebrospinal venous insufficiency, Stanbrook and Hébert's aside about the common finding of venous stenosis in patients receiving dialysis¹ lends itself to a corollary. Since venous angioplasty of stenosed dialysis access veins is a common procedure with a low rate of complication, it is somewhat disingenuous for those railing against Zamboni's treatment² to claim that it is new, unproven or potentially dangerous.

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DOI: 10.1503/cmaj.110-2127

Correction: Clinical guidelines

In the letter “Clinical guidelines may need ethical component,”¹ the first author's name was misspelled. The name should have appeared as W. Göttgens-Jansen. *CMAJ* regrets any inconvenience this error may have caused.

REFERENCE

1. Göttgens-Jansen W, van Leeuwen E, De Smet PAGH, et al. Clinical guidelines may need ethical component. *CMAJ* 2010;182(14):1546-7.

DOI: 10.1503/cmaj.110-2123