

Letters Correspondance

Canada's shortage of physicians

While there are numerous factors contributing to Canada's shortage of physicians, three significant ones are migration to the United States, reluctance of medical students to choose specialties and locations where they are most needed, and new practice patterns (lifestyle goals and use of the health care system).

For the first and second factors, we can review the current practice locations of all Canadian medical graduates from the 16 medical schools from 1991 to 1995. Evidence^{1,2} suggests that 18% had left Canada for the United States by 2003. Reviewing the medical classes of the University of Western Ontario (UWO) in London from 1991 to 1995 inclusive suggests a similar percentage might be in the United States (19%).^{1,2} Eighteen UWO medical graduates from these 5 years appear to be in Windsor, Ont, and 46 in London, Ont.^{1,2} Only 14 (2.7%) graduates out of the 507 graduates over this 5-year period chose to practise in the remaining and primarily rural areas of southwestern Ontario.

The UWO is located in the middle of southwestern Ontario. Remarkably, the eight rural underserved counties of southwestern Ontario, with possibly half its population, received only 2.7% of the graduates while the two largest cities received 12.5% of the graduates. There are currently 195 designated vacancies for family physicians in southwestern Ontario, and none are located in London.³ Losing possibly 18% of all Canadian medical graduates to the United States within 8 to 13 years after graduation seems excessive, especially when there is a shortage of physicians in Canada. The observation that only 14, or 2.7%, of the graduates chose to practise in the rural areas of southwestern Ontario also appears to be grossly out of line. Both these observations should raise considerable concern among educators and governments.

A possible solution to this problem might be to raise yearly medical tuition to the level of the cost in the United States (\$50 000 per year) with the offer of a non-repayable bursary in return for participating in one of a number of options, ie, 3 years' service in a remote area, 4 years' service in a northern or rural area, 5 years' service in an underserved area within 2 hours of a medical school, and 7 years' service in a community with a medical school coupled with the obligation to provide a 2-week locum a year in an underserved community.

Similar proposals have been considered after the Supreme Court of Canada made a ruling in 1995 based on the "Charter of Rights and Freedoms" (BC physicians vs BC government). The essence of the decision was that provinces could not restrict licences for new physicians moving to the province to practise in underserved communities for even a limited time. The physician shortage is extremely complex, but this proposal could be a basis for dialogue on the topic.

—Ross McElroy, MD, CCFP (retired)

Tavistock, Ont

by e-mail

References

1. MD Select. *Canadian Medical Directory CD-ROM 2003*. Ottawa, Ont: Canadian Medical Association; 2003.
2. The Association of Canadian Medical Colleges. *Canadian medical education statistics*. Vol 24. Ottawa, Ont: Association of Canadian Medical Colleges; 2002.
3. Underserved Area Program, Ontario Ministry of Health and Long Term Care. *List of areas designated as underserved*. Toronto, Ont: Ontario Ministry of Health and Long Term Care; 2004.

Rebuttal

Editor's note: Dr Rivet did not receive the letters published in the December 2003 issue in time to respond in the same issue.

I thank Mr Hill,¹ Dr Bhimji and Mr Harrison,² and Dr Taylor³ for their comments on my Critical Appraisal article "Circumcision and cervical cancer. Is there a link?"⁴ I chose a topic and an article that are controversial, and their lively letters do not

disappoint. I do not want to leave a false impression: I am not in favour of routine circumcision—before or after reviewing the article⁵ in the *New England Journal of Medicine*.

I said that the article⁵ made me “rethink” my stance on circumcision but “re-examine” is more accurate. The article has definitely not changed my mind or my advice to parents that routine circumcision is not medically indicated.

Mr Hill mentions the poor methodology of the article I appraised. I am aware of the methodology flaws; as I said in the Critical Appraisal article⁴: “[this paper] has the usual limitations of retrospective studies.” I also mentioned that only a prospective cohort study (an RCT would of course be unethical and unthinkable) would help clarify any cause-effect relationship between circumcision and cervical cancer.

Mr Hill, Dr Bhimji, and Mr Harrison mention that safer sex (not circumcision) prevents human papillomavirus. I agree; in the Critical Appraisal article⁴ I said: “we are reminded of the protective effect against cervical cancer of low-risk sexual behaviour.”

—Christine Rivet, MD, CM, CCFP(EM), FCFP

References

1. Hill G. Evidence sketchy on circumcision and cervical cancer link [letter]. *Can Fam Physician* 2003;49:1591.
2. Bhimji A, Harrison D. Evidence sketchy on circumcision and cervical cancer link [letter]. *Can Fam Physician* 2003;49:1591-2.
3. Taylor JR. Evidence sketchy on circumcision and cervical cancer link [letter]. *Can Fam Physician* 2003;49:1592.
4. Rivet C. Circumcision and cervical cancer. Is there a link? [Critical Appraisal]. *Can Fam Physician* 2003;49:1096-7.
5. Castellsagué X, Bosch X, Muñoz N, Meijer C, Shah K, De Sanjosé S, et al. Male circumcision, penile human papillomavirus infection, and cervical cancer in female partners. *N Engl J Med* 2002;346:1105-12.

Ups and downs of publishing

With respect to the cover image of the January 2004 issue, when I went through medical school (class of 1986), the prostate was felt (pun intended) to reside “below” the bladder....

Perhaps had I taken the 2-year FP residency vice a rotating internship, I too, would be standing on my head with joy as depicted on your cover!

Keep up the good (original research articles) work.

—K. Burke, MD
Halifax, NS
by e-mail

The first thing I did was turn the picture upside down and things became a lot clearer.

—Eric Grantner, MD
Nanaimo, BC
by mail

Response

Caught your eye? Mission accomplished!

—Tony Reid, Scientific Editor