

important question that needs to be addressed. Our study was not designed to assess the “validity” of the health care provided, but rather the quality of the interactions between patients and providers. It has been suggested that patients seek CAM because they are dissatisfied with conventional care, often with interactions with conventional physicians. Yet our data suggest that interactions between patients and naturopathic practitioners are not as different from interactions between patients and family physicians as has been predicted. Clearly much more research is needed to answer the questions raised by Dr Oppel as well as others, such as how patients’ beliefs and expectations affect the outcome of treatment. We hope that our findings stimulate additional inquiries in this evolving field.

—Heather Boon, PHD

—Moira Stewart, PHD

Medicinal effects of alcohol?

Over history, alcohol has been suggested to have “medicinal benefits.” A delightful octogenarian recently found a new therapeutic indication for a “touch of the good stuff” . . . literally!

She has been fighting varicose ulcers for several months and was informally advised to try direct application of whisky to the ulcers. Canadian whisky worked so well for her that she then treated herself to Scotch whisky with further benefit. I offered my assistance with administration if she ever considers the well-known remedy of Irish whisky!

—Kevin Hay, MRCPI, CCFP
Wainwright, Alta
by fax

Do we need international medical graduates?

I read Vital Signs¹ in the November issue of *Canadian Family Physician* with much interest.

I am proud of being both Canadian and an international medical graduate, but I am disappointed

with Dr Gutkin’s article. His heart is in the right place, but something is missing.

Now I have questions for Dr Gutkin: What are you going to do about it and what is the College of Family Physicians of Canada going to do about it? Please forgive me, but talk is cheap. Where are the actions?

I have been living in Canada for more than 20 years, and I have seen it all. This issue was in the newspapers, on television and radio, in Canadian medical journals, in research studies, and even in some articles I wrote myself.

If the College of Family Physicians of Canada or any other medical establishments in Canada are up to the challenge, I have a few helpful and practical ideas, but I need the political will and no bias toward international medical graduates.

Let’s work together and resolve this ancient issue. If we don’t, we will all fail and lose, and worst of all, our patients will suffer.

—Kouros Dinyari, MD
Edmonton, Alta
by mail

Reference

1. Gutkin C. International medical graduates. Do we need them? [Vital Signs]. *Can Fam Physician* 2003;49:1570 (Eng), 1569 (Fr).

Response

I am pleased that you feel the College of Family Physicians of Canada’s (CFPC) heart is in the right place when trying to integrate qualified international medical graduates (IMGs) into the Canadian health care system. Your impression that all we are doing is talking, however, is not valid.

While the CFPC is unable to change Canada’s immigration policies or the entire health care system, we have nonetheless been active and vocal in addressing the challenges related to IMGs. The positions we have shared at these meetings are reflected in my article.

Apart from our role in these national multi-organizational deliberations, we have also arranged our own meetings with IMG representatives to try to better understand the issues you

and your colleagues face. We also held a special symposium for IMGs (free of charge to them) during our Annual Family Medicine Forum in Calgary in October 2003. Those with whom we have met have complimented us for the interest the CFPC has shown and for the opportunity our College offers practising IMGs to attain Certification in Family Medicine (something not as readily available in other disciplines).

To help IMGs achieve this credential and to help them gain full independent licences to practise, we have also been advocating for the human and funding resources needed to support both the IMGs and the many mentors, supervisors, and teachers who will need to be involved.

The fact that the article you read in *Canadian Family Physician* was distributed to more than 32 000 physicians and many medical and health care organizations across Canada (and thousands more via *Canadian Family Physician* on-line) is of itself evidence that we are doing more than just talking. If we have a bias, it is to do all we can to find the best ways to welcome qualified IMGs as part of the cadre of family doctors practising in Canada.

Things are starting to happen to make this possible. The CFPC welcomes your input and looks forward to continuing to be part of a process that will resolve this situation once and for all.

—*Calvin Gutkin, MD, CCFP (EM), FCFP*
Executive Director and Chief Executive Officer

