

At Nestlé we are proud of our commitment to infant nutrition and the well-being of children and mothers around the world. We believe that breast milk is the best source of nutrients for developing infants, and we encourage mothers to breastfeed for as long as possible. We understand that some mothers cannot or might choose not to breastfeed, and in these circumstances we believe that iron-fortified formula is the next best alternative.

Nestlé complies with laws regarding marketing of infant formula in every country in which it does business. In developing countries where specific laws regarding infant nutrition do not exist, Nestlé voluntarily follows the World Health Organization's International Code of Marketing of Breast-Milk Substitutes guideline.¹ For further information about Nestlé's adherence to this code visit www.babymilk.nestle.com.

In Canada, Nestlé supports the position of the Canadian Paediatric Society, the Dietitians of Canada, and Health Canada. This position is outlined in the document entitled *Nutrition for Healthy Term Infants*,² which states that breastfeeding for as long as possible is the best option, and that formula is appropriate if mothers choose to supplement or discontinue breastfeeding. In addition, Nestlé complies with the Food and Drug Act and the Competition Act, which regulate the infant formula industry here in Canada.

Nestlé Canada's marketing practices support parents' right to make an informed choice by: stating on all our infant formula products that breast milk is the optimal method for feeding infants and that parents should consult their health care professionals before making a feeding change; providing information to parents about infant feeding and our products; providing infant formula samples to families only upon request; and providing healthcare professionals with educational materials and samples for professional use.

Our commitment to infant nutrition was forged in 1867, when Henri Nestlé developed and introduced an infant food source for mothers unable to breastfeed. From the beginning, he maintained that

a mother's breast milk is best for her baby. This remains a core belief at Nestlé today.

—Catherine O'Brien
Corporate Affairs
Nestlé Canada Inc.
North York, Ont
by e-mail

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Training and rural physicians

I have just read Dr Roger Strasser's article¹ on training rural physicians. He suggests beginning by aiming our attention at rural high school students and then continuing to support and encourage these students during their undergraduate years.

I then read Cal Gutkin's article² on a common first year of postgraduate training (PGY-1) and the Wilson and Cox reports^{3,4} suggesting that there should be three PGY-1 streams: one for family medicine residents, one for specialists, and one for those who have not yet decided.

Make your views known!

Contact us by e-mail at letters.editor@cfpc.ca on the College's website at www.cfpc.ca by fax to the Scientific Editor at (905) 629-0893 or by mail to *Canadian Family Physician*
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Faites-vous entendre!

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I then read the letters to the editor⁵⁻¹² about extending residency to include a third year—be it an extra year of family practice or a year to focus on a speciality, such as emergency medicine, which has historically caused residents to practise in that area of interest, rather than in family medicine.

Now putting these thoughts all together, should we not be looking at the undergraduate years? In the past, Canada had a 2-year premedical program. Returning to this system would capitalize on Dr Strasser's suggestion and allow for more help to rural students. If all medical students were in the same undergraduate program, rural students could then receive the extra attention that Dr Strasser considers necessary.

Students currently complain that MD really means “mega debt,” and adding years of study compounds this, as some of the letters to the editor argued. Many medical schools now require a 4-year undergraduate degree before admission to medical school. McMaster's first class of medical students essentially consisted of PhD students, the second class, Master's students, and the third and subsequent classes, students with 3-year undergraduate degrees. This implies that less is equally good.

If we went back to a 2-year premedical program, or even if we required a 3-year undergraduate degree, then adding a PGY-3 requirement would not be the hardship that many students currently fear. If we went back to a 2-year premedical program, then attention and help could be given to rural students, and these students could be encouraged to practise family medicine.

—Richard Denton, MD, CCFP, FCFP
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by e-mail

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Correction

The editorial entitled “Humanity in long-term care; ethical, clinical, and social challenges” by Dr Michael Gordon in the December 2004 issue of *Canadian Family Physician* was based on a paper presented by Dr Gordon as winner of the 2004 Carl Moore Lectureship in Primary Care. The Lectureship is awarded annually by the Department of Family Medicine at McMaster University in Hamilton, Ont, to those who have made an important contribution to the understanding or development of primary care and have the ability to present a lecture that will engage, challenge, and be accessible to a general audience. *Canadian Family Physician* apologizes for failing to attribute this editorial to the Carl Moore Lectureship in Primary Care.