

## Nontraditional medical students

Dr Pimlott's editorial, "Who wants to be a family physician?" in the June 2011 issue<sup>1</sup> articulates the challenges faced in trying to attract medical school graduates to consider careers in family medicine. He notes that in 2008 and 2009 the proportion of students choosing family medicine has risen to 31% but has failed to reach the goal of 45% set forth by the College of Family Physicians of Canada.

While there are many factors that affect a medical student's choice of specialty, there has been little research into whether or not a medical student's undergraduate academic history conveys a tendency toward or away from family medicine. Currently, by far most Canadian medical schools require a strong foundation in the traditional sciences from all applicants. This is manifested through prerequisite courses including biology, biochemistry, physics, chemistry, and organic chemistry. In addition, many schools still weigh an applicant's MCAT (Medical College Admission Test) score as an important determinant in the overall application rubric. While considering such criteria is certainly a logical and fair way of assessing the ability of prospective students wishing to enter a profession as academically demanding as medicine, this might serve to inadvertently influence medical students away from specialties focused around human interaction (and family medicine is certainly that) toward more advanced specialties (academically speaking) by the nature of the advantages applicants who have undergraduate educations in the traditional areas of science possess.

As Dr Pimlott notes, family medicine "is the only discipline to define itself in terms of relationships, especially the doctor-patient relationship."<sup>1</sup> This raises the question of how Canadian medical schools can attract applicants who are interested in developing their careers in medicine with a focus on the aspect of relationships. The ability to build, and sustain, positive inter-personal

relationships is a skill as important to family physicians as the ability to interpret electrocardiogram readings might be to a specialist.

Therefore, it is no surprise that this emphasis on academic ability has resulted in most of the recent medical school graduates having strong academic interests. It stands to reason that students with advanced science degrees coupled with medical training find satisfaction from the rigorous academic challenges found in non-family medicine specialties. The added allure of a certain lifestyle and wage has contributed to the family physician shortage by drawing medical graduates toward advanced specialties.

If Canadian medical schools are to reach the targeted levels of 45% of medical students choosing family practice, Canadian medical schools must rethink the application process in order to draw a more diverse pool of applicants who can vie for admission as competitively as those applicants with traditional academic backgrounds in the sciences.

As of this year, several institutions have changed their enrolment process to reflect this thinking, and this might result in a greater number of graduates from these schools choosing family medicine. The University of Calgary in Alberta and McMaster University in Hamilton, Ont, have both increased the weighting of the personal interview and are only considering the verbal-reasoning score from an applicant's MCAT. The advantage of this is that it allows students from non-traditional backgrounds (defined here as having an undergraduate degree in a field other than science) to apply to these medical schools as competitively as applicants from the fields of science.

Students with academic backgrounds in the social sciences or humanities might possess innate academic interest in human interaction that has evolved naturally by virtue of their area of study. Will a psychology student wish to pursue a specialty such as internal medicine as quickly as a student with a background in biochemistry? Or is what attracts that psychology student to the field of medicine the human element and the interplay of the doctor-patient relationship? Currently, there is no literature that supports the claim that non-traditional medical students choose human interaction-dominated specialties at higher rates than traditional medical students do; however, the number of non-traditional medical students who successfully gain entrance into medical school is often so low compared with their counterparts that any study would have insufficient data. If the application model set forth by the University of Calgary and McMaster University yield a greater number of graduates choosing family medicine in the years to come, the medical community should take note. Such a change might serve to address Canada's need for family physicians in the future.

### The top 5 articles read online at cfp.ca

1. **RxFiles:** Opioids for chronic noncancer pain in the elderly. *An osteoarthritis case* (August 2011)
2. **Clinical Review:** Zopiclone. *Is it a pharmacologic agent for abuse?* (December 2007)
3. **Commentary:** Chronicity and complexity. *Is what's good for the diseases always good for the patients?* (December 2008)
4. **Case Report:** Chronic vulvar irritation: could toilet paper be the culprit? (April 2010)
5. **Motherisk Update:** Safety of antihistamines during pregnancy and lactation (May 2010)

However, a balance must be struck between enabling nontraditional students the chance to contend competitively for medical school spots while attracting the next generation of non-family medicine researchers and specialists. The development of medical schools that favour traditional students and those that favour nontraditional students runs the risk of creating a 2-tiered medical community.

What remains is the idea that students from the social sciences and humanities might have as innate an interest in the human element of medicine as the biochemistry student does in proton pumps. By attracting more students from broader academic backgrounds, Canada might just reach the coveted goal of 45% of medical graduates choosing family medicine.

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### Competing interests

None declared

### References

1. Pimlott N. Who wants to be a family physician? *Can Fam Physician* 2011;57:643 (Eng), 645 (Fr).
2. College of Family Physicians of Canada. *Supporting the future family medicine workforce in Canada: is enough being done today to prepare for tomorrow?* Report Card. Mississauga, ON: College of Family Physicians of Canada; 2008.

## Good intentions are not enough

Dr Hale raises some interesting thoughts in her commentary, “The greatest good,”<sup>1</sup> 2 of which deserve further exploration. In speaking of her encounter with a young Haitian boy, she states “[h]is only hope lies in the kindness of strangers.” She later endorses the use of images of “emotionally or politically ‘hot’ topics, like malnourished children” by aid agencies to raise funds.

While I certainly appreciate the intentions behind these statements and the stories she shares that drive them, their implications are not benign. Too often when Canadians are asked to donate toward development projects or disaster relief in low-income countries, images of ragged, fly-covered women and children are put forward. Whether explicitly or implicitly, the message is clear: only through your donations and that non-governmental organization’s actions can the course of these lives be changed.

This fundraising tactic might be effective in the short term, but it feeds into a larger and very subversive narrative in the long term. It appeals to and cultivates feelings of pity and works to dehumanize those we seek to serve. We are not knights gallantly rescuing damsels in distress.

What if fundraising were focused instead on sharing stories of resilience, of innovation, and of empowerment? What would happen if the minority of non-governmental organizations doing so became the majority? Good intentions are not