Physician distribution: everybody's responsibility

There have been many suggestions about how to encourage physicians to practise and remain in underserviced parts of Ontario, including proposals that communities and government offer incentives. What I have not heard are the responsibilities of physicians practising in overserviced areas.

I suggest that all physicians in overserviced areas could serve as a locum in an underserviced area, perhaps for 1 week every 5 years. This would provide our family practice and specialist colleagues in underserviced areas with time off when they want or need it. An alternative for specialists in overserviced areas would be to provide consultation services for underserviced areas 1 weekend every 2 to 3 years.

Reasonable exemptions would have to be permitted, and central coordination would be required to match needs with services and to organize accommodations and travel stipends. The frequency of required services per physician would depend on the assessed need.

This is just one suggestion, and it would require a commitment from physicians in overserviced areas and the government. However, it would make an important point: finding a solution to physician-distribution problems is everyone's responsibility, and government and new physicians should not have to bear the brunt alone.

Tracey Asano, MD
Toronto, Ont.

Repressed memories: Middle ground or no man's land?

In response to the article, "The repressed memory controversy: Is there middle ground?" by Dr. P. Susan Penfold (*Can Med Assoc J* 1996;155:647-53), total repression is a presumed ability of the human mind to push memories of repeated, traumatic events into the unconscious, completely and involuntarily, and to recover them years or decades later. The human mind either possesses this ability or it does not. There is nothing in between. What is erroneously perceived as "middle ground" is a moderate position in which total repression is still accepted as a valid psychologic mechanism.

Despite the many people with allegedly repressed and recovered memories of sexual abuse in the past decade, the promoters of the repression concept have failed to prove in a systematic, acceptable way that it exists. Unwisely defending a middle-ground position for the sake of a "balanced" view, in the absence of solid evidence, contributes to the proliferation of potentially harmful beliefs. For example, Dr. Penfold's conclusion that "both genuine recovered memories and fabricated memories appear to exist" is unfounded. Unfortunately, her well-intentioned article only adds to the existing confusion.

To overcome the mental health care crisis brought about by the recovered-memory movement, all parties should strive not for middle ground but for common ground. Common ground does not call for compromise between 2 irreconcilable views. It involves finding points of agreement and working from these toward a common goal. A great step in curbing harmful therapeutic practices would be achieved if clinicians, licensing bodies and memory researchers agreed that (1) false memories are not rare and can appear spontaneously or under the influence of an authority figure, and that (2) there is no way to distinguish between true memories and pseudomemories without independent external corroboration. Universal acceptance of the need for corroboration in cases involving "recovered memories" would put an end to the harmful practices that have damaged so many lives.

Paula Tyroler, PhD, PEng
Associate Professor
Laurentian University
Sudbury, Ont.

As one of the 14 contact people in Canada for people falsely accused on the basis of ideas of abuse generated in repressed- or recovered-memory therapy, I am offended by suggestions that there is a possible middle ground.

On one side are a large number of middle-aged "survivors," 100 000 people in Canada alone by a conservative estimate. This group did not exist 10 years ago, before the advent of trauma-search therapies, but survivors now believe that they were sexually abused for years on end.

On the other side is an equally large group of people, 60 years of age and older, who tell the world that these accusations are false. Where can the middle ground possibly be for them? Dr. Penfold, as a "neutral" observer, confused by the array of books and literature by advocates on both sides, may think or wish that there is a middle ground, meaning that half of the memories are recovered and true and half are fabricated and false. However, this is pathetic nonsense.

If half of the memories are false, this would still give us a "therapy epidemic." In that case, half of the memories have to be true. Hence, the police, the courts and the jails had better be prepared for a crowd of male senior citizens to be arrested, convicted and incarcerated. This could be one of the best job-creation programs in Canada. Large numbers of therapists would have to deal with the convicts and the guilty consciences of the "enablers": the wives of the convicted men.

Penfold believes that more research about memory is needed. That may be so. In the absence of such