Is medical school only for the rich?

Times are getting tough in Canada for those who aspire to a post-secondary education but are not from wealthy families. Surveys done at the University of Western Ontario reveal that medical students are a privileged crew, coming from homes with family incomes in the top few percentiles. This phenomenon has intensified dramatically in the last few years, coinciding with huge increases in tuition fees. It struck me as unfair when I read in *CMAJ* that some of those unable to gain admission to a Canadian medical school can buy their way into an Irish one.[1] It's sad to see us regressing as a society and abandoning the legacy of the 19th century social activists who fought for equal educational opportunities for rich and poor.

Chris Milburn
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Reference

1. Sullivan P. Shut out at home, Canadians flocking to Ireland's medical schools — and to an uncertain future. *CMAJ* 2000;162(6):868-71.

Brain refill from Down Under

Your article highlighting Canadians studying medicine in Ireland put a new spin on how Canada might fill an emerging need for physicians.[1]

As one of more than a dozen Canadian students at the University of Sydney, I also face an uncertain future. I am in a 4-year, graduate-entry medical program, so I am paying 2 years' less tuition than the students in Ireland. In Australia we also have a more favourable exchange rate. However, it is the daunting task of returning to Canada, with its associated expenditures, waiting and frustrating bureaucracy, that puts me in the same predicament as the "Irish-Canadians."

Currently, the Medical Council of Canada (MCC) does not consider Canadian citizens trained overseas as distinct from non-Canadians attempting to immigrate to Canada to practise medicine. In its attempt to enforce its own immigration policy, the MCC has effectively shut the door to a group of Canadian citizens who want to return to their country. We are, in effect, the brain refill — and we have cost our governments nothing in terms of training costs. What we need is a chance to be treated fairly and to be recognized as doctors-to-be who simply want to practise where they grew up.

If the MCC and the provincial governments are looking to relieve the pressure to train more physicians but are balking at the thought of bigger bills, they should look off both the east *and* west coasts to find an ideal solution.

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Reference

1. Sullivan P. Shut out at home, Canadians flocking to Ireland's medical schools — and to an uncertain future. *CMAJ* 2000;162(6):868-71.

What's in a name?

We echo Peter Wing's sentiments regarding the use of the word "patient" rather than "client" for people seeking health care.[1] The choice of words has perhaps more relevance in psychiatry than in other medical disciplines. Failure to call an ill person a patient may lead to suboptimal management of psychiatric disorders and may deprive the person of some state and insurance benefits. Indeed, the Mental Health Act continues to use the term patient.

Via a self-administered questionnaire, we surveyed the preferences of 402 consecutive people (median age 42 years) who sought outpatient mental health care between October 1997 and January 1998 from 5 psychiatrists in Langley, British Columbia. A similar questionnaire was also administered to 60 physicians (6 psychiatrists, 54 family physicians), 30 nurses, 16 social workers and 13 occupational therapists at Langley Memorial Hospital and Langley Mental Health Centre.

Seventy-two percent of the care seekers (289/402) preferred to be addressed as patients, with 27% preferring the term clients and 1% the term consumers. Older people preferred to be called patients. Ninety-five percent of the physicians preferred to address those for whom they care as patients. In contrast, 57% of the nurses and 15% of the occupational therapists preferred the term patient. None of the social workers wanted to use the term patient; they preferred the term client (75%) or consumer (25%).

There is a clear dichotomy between the preferences of physicians and non-