



mitment to a resident by the program and to a program by the resident is more comfortably made after daily exposure during an elective. That kind of contact is far more valuable than any number of interviews or letters of reference from people the program director does not know.

Young entered a much-sought-after program and was obviously very well qualified. The number of programs she applied to does not reflect the dishonesty of the system as much as her insecurity about being accepted. That is a trait possessed by almost every applicant to every job in the 1990s, and it will not soon change.

Meanwhile, we will continue with a flawed but fair system in which, human nature being what it is, candidates will self-aggrandize and flatter programs and programs will self-aggrandize and flatter candidates. In the end, however, the vast majority of students will be placed in programs high on their lists.

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I found this article quite amusing. Young describes a moral dilemma faced by many students during interviews for residency positions: be honest, or lie to get ahead. I can assure her that this will not be the last nor even close to the greatest strain on moral integrity that these young physicians will encounter. Yet many do indeed fail this minor test of integrity by choosing to lie. They then justify their lack of integrity by saying that everybody is doing it and that the end justifies the means, since being truthful may be very costly.

In keeping with current trends in ethics, rather than laying the blame with those who tell the lies, Young

accepts their justification and then provides an even better excuse. She asserts that the process has taught these students to lie. This presupposes that these talented students arrived at medical school unable to lie and with their integrity intact. Then, without a lecture, seminar or lab on the subject, these clever men and women were finally taught to lie. If only we could teach physiology or pharmacology as efficiently!

I suspect that medical students actually learn mendacity during their childhood like everyone else. Later, like everyone else, some will learn to stop lying and acquire integrity. Many do not. It should be apparent to Young and her mentors that the residency match does not teach students to lie. It simply identifies those who do.

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I read Young's excellent paper, for which she won a deserved prize. I fear, however, that she has missed the point in her criticism of honesty. The ability to deceive and lie is really part of the assessment process for young residents so that the assessors may determine who will be capable of facing the real world when they enter independent practice.

Physicians must now be able to deal with bureaucrats, the media, provincial health authorities and, of course, politicians, all of whom are skilled in being economical with the truth. She will find in the world that our own colleagues are not immune to this practice, nor are some of our patients.

In medicine the whole process begins when the aspiring medical student is asked that famous question — "Why do you want to be a doctor?" — and obviously it continues once this hurdle has been successfully managed.

Young's comments are admirable and altruistic, but out in the real world there is a jungle.

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Young correctly points out the lying and deception that goes on in the CaRMS match. The applicant's fear of not being matched is reinforced by school administrators who ultimately are more concerned about matching all of their candidates and making their program look successful than about students' integrity, aspirations and happiness in their matches.

Institutionalized deception is rampant and contrary to professional honesty, and it requires intervention. However, honesty begins within the candidates, and it is their choice whether they will give in to this competitive deceitfulness. Once individuals say No, the lying will stop. I think it is better to be unmatched and maintain your integrity than to be matched to an undesirable program and regret the lies on your application.

I also was involved in the CaRMS match of 1996. I made the decision to go into family medicine in my fourth year despite my previous attraction to obstetrics and gynecology. I believe I got into my program of first choice because I was honest about my change of heart and my references supported my decision. I do not think I am unique in being successful and honest in the CaRMS match. I can only encourage those preparing to enter it to yield to the threat of being unmatched and present themselves as they are. I think they will find that honesty goes farther than lies.

I also believe in the confidentiality of the CaRMS match, which means that programs are not permitted to ask questions about candidates' rank-order list. This information should be irrelevant to the programs, since they