

Pulse

A good match for the Class of '99

Of the 1149 medical school students who entered the 1999 Canadian Resident Matching Service (CaRMS) match, 56.7% were matched to their first program choice, slightly ahead of the 1998 total of 55.8%.

McMaster students enjoyed the greatest success, with 63.7% of the Class of '99 matching to their first-ranked program (discipline and location). They were followed by students from the University of Toronto (63.6%) and Memorial University (60%). There were more out-of-town matches than in previous years, with only 42% of students matching to their home school. As in past years, graduates applied to an average of about 13 programs in 2 disciplines.

Oversubscribed specialties — those in which the number of first choices exceeded the quota — were dermatology, diagnostic radiology, emergency medicine, ophthalmology, orthopedic surgery, otolaryngology, pediatrics, plastic surgery, thoracic surgery and urology. Fewer students registered in the couples match in 1999 (25) than in 1998 (32), and all couples but one matched in the first iteration.

The Department of National Defence sponsored only 8 supernumerary positions in the match in 1999, compared with 22 in 1996.

The 1999 CaRMS match			
Medical school	Applicants	First choice	%
Memorial	55	33	60.0
Dalhousie	78	44	56.4
Laval, Montreal, Sherbrooke	1 <i>7</i>	8	47.1
McGill	78	45	57.7
Ottawa	80	40	50.0
Queen's	71	33	46.5
Toronto	171	107	62.6
McMaster	91	58	63.7
Western	97	57	58.8
Manitoba	67	40	59.7
Saskatchewan	50	25	50.0
Alberta	106	55	51.9
Calgary	69	36	52.2
British Columbia	119	71	59.7
Total	1149	652	56.7

This column was written by Lynda Buske, Chief, Physician Resources Information Planning, CMA. Readers may send potential research topics to Patrick Sullivan (sullip@cma.ca; 613 731-8610 or 800 663-7336, x2126; fax 613 565-2382).

MDs resign from BC palliative care centre for kids

A rash of resignations of physicians and nurses at Vancouver's Canuck Place last fall has drastically reduced the end-of-life care program at North America's only palliative care centre for children. Twenty-four of the original 35 clinical staff, including all 8 doctors, resigned over long-standing differences with the centre's volunteer board.

The doctors joined the 8-bed private facility 2 years ago to launch its palliative care program. A 24-hour respite program and bereavement support program were also provided. Now the centre has been reduced to providing respite care for a maximum of 6 children at a time. Jane Darville, executive director of Canuck Place, says they are planning

"a gradual return to end-of-life care by the end of this summer."

What began as a very good idea ended with health professionals questioning the board's actions and the lack of accountability. Dr. Fraser Black, one of the physicians who resigned from the facility, says most of the board's members have business and donor-group backgrounds, with few having expertise in palliative care. He favours the type of representation recommended by the Canadian Palliative Care Association, where the board includes caregivers, patients and families.

"This board did a wonderful job of building a house, but it needed a different skill set for building a home," says Black, who once spent about half his practice time at Canuck Place, which is housed in a mansion bequeathed to the City of Vancouver.

Representation wasn't the only problem. Under the centre's structure, the private facility is not accountable to any government agency. The doctors complained of a lack of consultation by the board and a lack of understanding of the physicians' palliative care philosophy.

A report by an independent panel confirmed many of the doctors' concerns. The report said that board members never fully understood their roles and that differing views of hospice care were at the heart of the

(See page 1282)