Decrease in CMPA's legal bills

I read with interest Patrick Sullivan's recent *CMAJ* article[1] describing the issues that were discussed at the annual meeting of the Canadian Medical Protective Association (CMPA) in August. Sullivan reports, "By last year, legal bills had declined to $83 million." I would like to point out that the CMPA's legal expenses in 1998 were not $83 million but $62 million. I assume that Sullivan was referring to the $83 million that the CMPA paid in awards and settlements on behalf of members in that year.

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Reference

1. Sullivan P. CMPA "amazed" as number of new legal actions against MDs declines in '98. *CMAJ* 1999;161(6):741.

Support for support hose

I enjoyed reading the article by Jeffrey Ginsberg and colleagues on post-phlebitic syndrome.[1] I would like to share my observations from 15 years of treating swollen legs related to varicose veins, leg ulcers, post-phlebitic leg and lymphedema. I am not a scientist, but as a result of my clinical experience I believe that compression support knee-highs are superior to extremity pumps because they provide continuous pressure while allowing a patient to ambulate. In my estimate, support knee-highs are one of the least understood and most underused treatment modalities in medicine.

Patients usually initially require stockings that provide 20–30 mm Hg of compressive pressure, which can be reduced to 8–15 mm Hg once the patient's condition has improved. These stockings should be worn indefinitely, a notion patients often resist. Resistance can be overcome through counselling, referral to experienced fitters in designated pharmacies and instruction in the use of devices to assist aged hands with putting on the stockings. My preferred length is the knee-high because it most easily allows for ambulation.

As an aside, I have also observed that patients with post-phlebitic syndrome seem to present more often than the general public with concomitant varicose veins. Treating varicose veins with surgery, sclerotherapy or compression seems to relieve most of the signs and symptoms of post-phlebitic syndrome.

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Reference

1. Ginsberg JS, Magier D, Mackinnon B, Gent M, Hirsh J. Intermittent compression units for severe post-phlebitic syndrome: a randomized crossover study. *CMAJ* 1999;160(9):1303-6.

Why do we force Canadians to study medicine abroad?

Canada is in the midst of a serious shortage of physicians,[1] yet another sign that the provinces were shortsighted to reduce medical school admissions in 1993/94. Enrolment should have been left alone, with newly graduated physicians encouraged to dedicate at least a few years at the beginning of their career to work in underserviced areas. The encouragement could come in the form of tax credits, extra income or some other type of "carrot."

To increase the number of physicians, we should open residency positions for foreign-trained physicians already in our midst. At the moment, they are in a catch-22 situation: they cannot take Canadian exams because they cannot get a residency position, and they cannot get a residency position because almost all of these positions go to Canadian graduates.

Patrick Sullivan's article[1] mentioned that Canada's medical schools currently receive 4 applications from qualified students for each available space. Many of the students who are rejected still want to fulfil their dreams and are accepted into medical schools abroad. My own daughter, who is currently in the fourth year of a 6-year program in Ireland, is a case in point. We should be rescuing students such as her by increasing enrolment in the clinical years, making it possible for these students to transfer to Canadian schools and graduate here.

With tuition costs in the range of $30 000 per year, my daughter will have a debt of more than $150 000 by the time she graduates, practically mandating that she apply for a residency position in the US.

It is shameful that a Canadian citizen has to exile herself to another country at a time when we are in dire need of new doctors. When are the CMA and its provincial divisions going to put their collective pants on and demand that our governments address these gross aberrations?

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Reference

1. Sullivan P. Concerns about size of MD workforce, medicine's future dominate CMA annual meeting. *CMAJ* 1999;161(5):561-2.

Probing Premarin

In a *CMAJ* letter to the editor on Premarin,[1] Aldo Baumgartner states that "no other estrogen products have ever been developed that can match Premarin's unique composition of more that 10 estrogenic components." This is no doubt the case, as a large quantity of estrogenic metabolites are excreted via the urine of pregnant mares, not only of estradiol, but also of equilins, which are specific to horses. It is surprising that so many estrogenic components