



outcome data from the laser centre they are considering as well as documentation of the clinical efficacy of innovations implemented since those procedures were performed.

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Doubts about the college

The registrar of the College of Physicians and Surgeons of British Columbia is incorrect in advising physicians to have implicit trust in their provincial colleges.¹

Despite attempts at evolution, our law remains adversarial. During investigations the college's perspective is always that of the public, whereas the perspective of the Canadian Medical Protective Association is always that of the physician. The difference between the quasijudicial setting of a college in-

vestigation and the court setting is the college's relaxed procedure regarding evidence and judgement. This rarely favours the physician.

Considerable pressure is often applied to have accused physicians comply with a college judgement instead of defending themselves vigorously in an openly adversarial manner. Until colleges conduct themselves with the judicial rigour of our courts, I will doubt the value of professional self-government.

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The walnut manoeuvre

Probably most of us have encountered brutal or sneering teachers during our medical training. Usually we think of a rebuttal too late, or do not respond for fear of reprisal. Robert Patterson's "Fear and loathing in residency"¹ reminds me of an encounter that a colleague described to me many years ago in which the student gained the upper hand.

During his education at Harvard Medical School, my colleague was taught clinical skills by a renowned clinician, physician to a president of the

United States. This man was well known for his delight in picking out one student in each group for gruelling questioning until the student was reduced to jelly. He would ask sneeringly, "And just what do *you* know about *that*?"

In one clinical skills group was a student whom I shall call Collins. From the first session Collins realized he was to be favoured with this special attention. He prepared himself accordingly. When asked to examine a patient, he felt the inguinal nodes and casually remarked, "Yes, I feel a lump ... definitely a lump."

"Well, describe it."

"It is firm ... not mobile and ... about the size of an English walnut."

"So ... and just what do *you* know about English walnuts?"

Collins stood up, looked his teacher in the eye, and began. He described the tree, its height and breadth, its geographic location and climatic limits, its production of walnuts, their size, consistency, industrial uses and value to the economy, and so forth, continuing without pause until the end of the session. Collins was never troubled again.

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1. Patterson R. Fear and loathing in residency. *CMAJ* 1999;161(4):419.

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