

As long as the healthcare system is based on the Canada Health Act, healthcare funds can be generated only through taxation, or by diverting them from other priorities, such as education and housing. Rather than address this obvious and ultimately fatal flaw in our present system, the CMA sees fit to propose a charter that bypasses the real issue and only entrenches the attitude that the Canada Health Act is sacred and inviolate.

Should this proposed charter achieve anything approaching legal status, it is the legal profession who will be rejoicing as the various parties fight for their unaffordable "rights."

This proposal is nothing but a political declaration and does not deserve the support of the membership.

Roger Leekam

Diagnostic Radiologist
West End Diagnostic Imaging
Toronto, Ont.

Hippocrates reflect

Thank you for pointing your readers back to some ancient principles of medicine in your "Hippocrates redux" editorial.¹ I do agree that a new vision is necessary to pull modern medicine up from its current valley of disillusionment and greed. But I doubt that the new Charter of Medical Professionalism² will be able to chart the course up to the mountaintop once again.

A fundamental Hippocratic principle is missing in the Charter you summarized. Patient welfare, patient autonomy and social justice are empty phrases without regard for the sanctity of life. Whose welfare, autonomy and justice are we seeking? Increasingly, medicine is treading upon sacred ground, whether that is in the womb or at a dying widow's bedside. Injustice reigns when one individual is deemed worthy of life while another is snuffed out. In contrast, Hippocrates would

pled that we serve to our utmost even the least of these.

Karen Stel

Family Medicine Resident
Queen's University
Kingston, Ont.

References

1. Hippocrates redux [editorial]. *CMAJ* 2002; 166(7):877.
2. Medical professionalism in the new millennium: a physician charter. *Ann Intern Med* 2002;136(3):243-6. Available: www.annals.org/issues/v136n3/full/200202050-00012.html (accessed 29 Apr 2002).

Your "Hippocrates redux" editorial¹ was remarkable, not because it quite rightly concluded that a new vision is needed but because of the hyperbolic and questionable assumptions on which this conclusion was based.

While some *members* of the profession are doubtless "demoralized," it is far from clear that the *profession* is. Yes, the profession is challenged, questioning, stressed and certainly overworked, but I dispute the generalization of demoralization.

Your allegation of "debilitating cuts in health care budgets" is inconsistent with the multi billion-dollar increases in my province's spending. Restructuring issues, structural inefficiencies and inadequate resources exist, but "debilitating cuts" is inaccurate.

It is true that more than a decade ago some experts posited that physicians were cost centres and thus their numerical reduction would save money. Since then I have not seen literature that seriously considers physicians in this light. Instead, they are viewed as scarce expert resources whose skills and knowledge require careful and functional deployment.

No evidence is presented that medical schools graduate their students with a "not-so-shiny degree." While I dispute this in general, Queen's medical school continues enthusiastically to expend considerable intellectual resources on ensuring access of the best qualified and most appropriate candidates to an enriched and effective MD program. Our students are engaged in a curricu-

lum that prepares these future physicians for a lifetime of critical inquiry, self-directed learning and confident practice. Our application numbers and offer/accept ratio [1.5:1] would suggest a functional program.

Few students graduate with "a debt of \$100 000." We are profoundly concerned about the effect of debt on our students — on access, diversion, fiscal viability and stress, and on debt's effects on career choice. We assess, track and address these influences, while we prioritize maximizing offsetting supports, grants and bursaries to those in need. Support for our students has tripled in the last 3 years to a 2001 total of \$1.5 million. In the 2001/02 academic year, with tuition fees of \$11 500, 10% of our students received grant/bursary support above \$10 000, 25% received support between \$8000 and \$10 000, and another 36% received substantial support below \$8000. Students are also eligible for student loans.

A journal that espouses the centrality of evidence in decision-making might consider the effect on an otherwise sensible conclusion of such mythical, unsubstantiated and incorrect assumptions.

David M.C. Walker

Dean, Faculty of Health Sciences
Queen's University
Kingston, Ont.

Reference

1. Hippocrates redux [editorial]. *CMAJ* 2002;166(7):877.

Correction

In a recent article by Jacqueline Lewis and colleagues,¹ on the second line of page 1146, Fred Sarkis' affiliation is incorrectly given as "Spacelabs Medical." His correct affiliation is Distributor, Vita-Stat blood pressure machine.

Reference

1. Lewis JE, Boyle E, Magharious L, Myers MG. Evaluation of a community-based automated blood pressure measuring device. *CMAJ* 2002; 166(9):1145-8.