

Many of us who have served on therapeutic abortion committees and who have been part of the surgical teams carrying out therapeutic abortions would agree that abortion is not a joyful solution to a difficult dilemma. The fate of the young, unwed mother and her child is, likewise, hardly salubrious.

For Cunningham to suggest that those who provide abortion services do so only for gain and that they are to be likened to Clifford Olsen is scandalous.

Cunningham's righteousness does not grace the pages of *CMAJ*.

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Correlates of certification in family medicine in the billing patterns of Ontario general practitioners

We read with interest the results of the analysis by Dr. Christel A. Woodward and colleagues (*Can Med Assoc J* 1989; 141: 897-904) that suggested differences between the billing patterns of Ontario physicians who were and were not certified in family practice. At first glance these data appear at odds with our recent finding of few, if any, differences in billing patterns between residency-trained and internship-trained practitioners (*Can Med Assoc J* 1989; 140: 913-918). On closer inspection, however, we believe that the results of the two studies are not incompatible; indeed, we argue that the work of Woodward and colleagues supports our recent observations.

We will leave aside the facts that theirs was a secondary analysis of a data set collected for other purposes that overrepresented one medical school (as acknowledged

by the authors), that it pertained to only 1 year of billings and, most importantly, that the age and sex distributions of the patients appear not to have been taken directly into account. As well, the proportion of physicians submitting at least one billing in a given category does not appear to be a particularly illuminating variable.

The most interesting finding, in our view, was that when on the basis of a billing criterion similar to ours Woodward and colleagues removed from their analysis the lower one-third of physicians their differences all but disappeared. This suggests that the overall certification effect that they reported must reside primarily in the physicians who were excluded. It is noteworthy that significantly more of their noncertificants than of their certificants were classified as working part-time (21% v. 14%; $p = 0.028$). Although the authors did adjust for binary part-time versus full-time status in their regressions, the question is raised whether such an adjustment is informative if, as their restricted analysis suggests, there might be an interaction between certification effect and active work status as we defined it.

The fundamental difference between Woodward and colleagues' study and ours rests, therefore, on the inclusion in the analysis of physicians at the lowest end of the billing spectrum. Woodward and colleagues used a billing range extending as low as \$5000 in total annual billings and only for the year 1986. It seems likely that they will have captured many of the physicians who spend several years after graduation doing various types of part-time and locum work or who moonlight at such work while still in postgraduate specialty training. In addition, over half of their sample had graduated during 1980-83 and, given 2 years of residency, could be in at most their fourth

and possibly only their first year of practice during the study year. On the other hand, we took pains to exclude such physicians by requiring 0.75 of the mean regional group billings for 3 consecutive years. Although our colleagues note that this reduced our sample by about 50% the bulk of the attrition was due to physicians who had simply graduated too recently to have established stable full-time practices and was similar in the two groups.

In our view a significant proportion of physicians who are in their first few years after training and who bill as little as \$5000 in a single year are likely to be in a very transient phase of their careers, and their practice patterns are neither stable nor particularly relevant to the question of long-term training effects, a key question for those investigating the effects of family practice certification.

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Woodward and colleagues' study has failed to show any difference in the billing practices of certified versus noncertified physicians but, rather, has demonstrated a difference in the billing practices of female versus male physicians. Women were proportionately better represented in the group of certified physicians. I believe that if these groups had been matched on the basis of sex there would be no demonstrably significant difference based on certification.

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[Dr. Woodward responds:]

The results of our study and that