

## Family medicine crisis? Field attracts smallest-ever share of residency applicants

Three years ago, when the proportion of medical students making family medicine their first residency choice dropped below 30% for the first time, program directors called it “a blip.”

This year they will have to come up with a new word, because the proportion has dropped to 24%.

After the first round of the 2003 residency match was completed Feb. 27, 139 of 484 training positions in family medicine — 29% — remained unfilled, with one-third of the 36 programs filling 50% or less of their openings (Table 1). “Family medicine has seen a major drop in popularity,” explained Sandra Banner, executive director of the Canadian Resident Matching Service (CaRMS).

Data from the 2003 match tell a depressing tale. For instance, the number of unmatched students — 115 — was 3 times higher than last year, but almost all of the unmatched students were seeking specialty training. And Banner says few of them will seek a family medicine slot in the match’s second iteration, since most do not consider family medicine a career option. Many will likely seek specialty training in the US.

As well, even though 114 more students registered with CaRMS for this year’s first iteration, the number matched to family medicine actually declined by 35, to 296 students. “There appears to have been a complete disengagement from family medicine,” says Banner.

But not everyone has been disengaged. Danielle Martin, a fourth-year student at the University of Western Ontario and president of the Canadian

Federation of Medical Students, matched with the family medicine program at the University of Toronto. “I never wanted anything else,” she says.

Martin says there are many reasons for students’ declining interest in family medicine, but the perception that it is less prestigious than other specialties has become a major factor. “It all comes back to the perception that this is not a sexy field,” she says. “Most of my classmates who did rural medicine electives really enjoyed them, but then they went ahead and chose specialties.”

Martin is also concerned about the denigrating comments she has heard about family medicine during medical school. “In my clerkship year, one of my preceptors said I was way too smart to be a family doctor. And you’d hear things like ‘the family doctor screwed up, and then the patient was taken to [see] a real doctor.’”

She thinks student debt is also entering the equation when career choices are being made, with high debt loads encouraging students to seek out higher-paying specialties. As well, some are opting for “lifestyle” specialties that offer more regular practice hours and less onerous call duties than family medicine.

Martin says the combination of lower incomes for FPs and the message that family medicine is the least prestigious medical career is a recipe for disaster. “We have to make it affordable for people to make socially responsible choices and, yes, I consider choosing family medicine is socially responsible, because our system depends on it.”



**FP-to-be Danielle Martin: “Choosing family medicine is socially responsible.”**

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Dr. Calvin Gutkin, CEO at the College of Family Physicians of Canada (CFPC), says the college has been developing a response since the problem first appeared about 3 years ago. Attempts so far have included meetings with medical students and a program to bring students to the CFPC’s annual meeting. Meetings have also been held with deans of medicine, and in February the college met with government leaders to make them aware of the problem. “We have to act immediately,” Gutkin says. “If we accept 24%, then we’re accepting that the whole system has to change. And if we fall further, it will have a significant impact on the population.”

Dr. Claude Renaud, former director of professional affairs at the CFPC, thinks family medicine “is under the gun on all sorts of levels” because of primary care reform.

“Insecurity has been building for 5 or 6 years because of talk about 24/7 coverage and increased roles for nurse practitioners and pharmacists, and I think students have started to view family medicine as less of an important role,” says Renaud, now chief medical officer at the CMA.

He thinks the future of generalists is being threatened by “the glamour of the subspecialties,” and this holds serious implications for a medicare system that relies on a 40–60 split between primary care physicians and specialists. “If we were to lose the balance we have, the system won’t function,” he says. “We need the gatekeepers.”

Although most of the 139 vacant positions in family medicine will be filled in the second round of the match, which is open to international medical graduates, Renaud says this year’s bleak first-round results should not be ignored by planners. “They show that family medicine is no longer being viewed as an

**Table 1: FP programs with 50% or more of positions unfilled, first iteration, 2003 residency match**

Hospital or university	Quota	Filled	% filled
Dalhousie University, Sydney	6	2	33.3
McMaster University	23	9	39.1
McMaster University, Thunder Bay	14	6	42.9
University of Western Ontario	18	9	50.0
University of Manitoba	18	3	16.7
University of Manitoba, Rural	6	2	33.3
University of Saskatchewan, Regina	9	1	11.1
University of Saskatchewan, Rural	4	1	25.0
University of Alberta	40	13	32.5
University of Alberta, Grande Prairie	5	2	40.0
UBC, First Nations	2	1	50.0
UBC, Rural Prince George	3	0	0.0

Source: Canadian Resident Matching Service

ideal, as it used to be," he said.

However, the family medicine brain trust can take heart from 2 other special-

ties that appear to have overcome low popularity. This year all 66 positions in anesthesia were filled in the first round;

## Tobacco companies' right to advertise back to Supreme Court?

A strongly worded ruling by a Quebec court that upheld the constitutionality of Canada's Tobacco Act is under attack. The legislation, which severely restricts the tobacco industry's ability to advertise and market its products, was initially opposed by 3 tobacco companies. In January all 3 filed identical notices claiming that Quebec Superior Court Judge André Denis made serious errors in his Dec. 13 decision. The case is likely headed to the Supreme Court of Canada.

"The debate pits 2 fundamental values against each other: freedom of expression versus the protection of public health," Denis wrote. The plaintiffs argued that the Tobacco Act violates their freedom of expression under section 2(b) of the Canadian Charter of Rights and Freedoms. Ottawa countered that the act is part of a larger strategy to fight tobacco use. The Canadian Cancer Society, which intervened in the case, argued there is a substantial link between advertising and tobacco consumption.

Cynthia Callard, executive director of Physicians for a Smoke-Free Canada, said the decision was not only a victory over the tobacco industry but also for the way scientific evidence is considered by

the court. "[Denis] upheld science."

"Nicotine is powerfully addictive," wrote Denis. And "there is incontrovertible evidence that advertising and sponsorship encourage people, especially adolescents, to consume tobacco products."

Some of his findings were stinging. "The [tobacco] industry was a willing accomplice of black-market cigarette smugglers," he wrote, adding that "it is important to look closely at how the tobacco companies have used their freedom of expression up to now and at the effects their messages have had on the health and lives of consumers."

The Tobacco Act of 1997 has fared far better in the courts than its predecessor, the 1988 Tobacco Products Control Act. It ordered a complete ban on tobacco advertising, but was overturned by the Supreme Court in 1995. The court said the legislation went too far with its total ban. To aid future legislators, it laid out guidelines for dealing with the issue.

Myles Kirvan, senior general counsel at Health Canada, says Denis' judgement "acknowledges that Parliament has carefully followed the Supreme Court of Canada's guidance in balancing the government's priority to protect

as recently as 6 years ago, 20% were unfilled.

And obstetrics/gynecology filled 48 of 49 positions, a distinct improvement over 1999, when 12 of 49 slots were unfilled after the first round.

Banner said the 2003 results for these 2 specialties "mark a real turnaround," which may be attributable to the completion of hospital restructuring in most parts of the country.

"We've done very aggressive promotion this year," added Andrée Poirier, director of communications with the Society of Obstetricians and Gynaecologists of Canada. "Our members were present during career nights, and we sent letters to second- and third-year students. I think these proactive measures have helped."

Gutkin remains optimistic. "I think we can turn it around," he says. — *Patrick Sullivan, CMAJ*

the health of Canadians and the tobacco industry's rights."

"The government went further than allowed by the 1995 Supreme Court judgement," retorts lawyer Gregory Bordan of Montreal-based Ogilvy, Renault, which represented Imperial Tobacco in the case. "When you look at the wording, it's [still] a total prohibition of any type of tobacco advertising. [The judge] erred. He didn't interpret [the Tobacco Act] to determine, provision by provision, whether it allowed for advertising — that's the crux of the matter."

But is it? "It should come as no surprise that the government, as fiduciary of public health, would so doggedly pursue a comprehensive policy aimed at curbing smoking and informing Canadians about tobacco's effects," Denis wrote. "In Canada, the health costs attributed to smoking are in the neighbourhood of \$15 billion, more than the entire national budget of several countries. ... [The rights of the tobacco industry] cannot be given the same legitimacy as the government's right to protect public health." — *Susan Lightstone, Ottawa*