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Post Office Box 8650, Ottawa, Ont. K1G 0G8  
(613) 731-9331

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## PUBLISHER'S PAGE

### Medical manpower data: total cooperation vital and urgent

When the CMA's affiliates met in Ottawa in the closing weeks of last year, 28 associations, councils, colleges, societies and federations were represented — from anesthetists to urologists. From an ambitious Saturday agenda the delegates learned much. They learned about Hall, about unions and arbitration, about physician manpower (up) and emigration (down) . . . and they consented to be informed about informed consent. They also, one suspects, learned a good deal about themselves.

They were helped in this not by a wizened Sophoclean but by a young man 3 or 4 years out of medical school — Dr. Bill Easton. Easton is no callow member of the acne set, though. He is president of the Canadian Association of Interns and Residents, and a poised — possibly even overconfident — expositor. It would be no exaggeration to say that he jolted the assembled group by contrasting the fragmentation and seeming indecision of the established medical profession with the clear-eyed solidarity of the interns and residents.

Describing those young physicians as "a different breed of cat", Easton said they're determined to secure their professional destiny and they know that the only way to achieve that is through aggressive political action. "If we don't do it, it shall be done to us", he said. At the end of the meeting CMA president elect Dr. Leon Richard

praised today's interns and residents for their unity and sense of purpose. We weren't as resolved and purposeful when I was a resident, he said.

Nowhere will the need for closing ranks be more evident for the Canadian medical profession than in the coming wrangle over manpower. It is precisely in this vital area that if physicians don't generate and interpret the data someone else will. To protest about confidentiality and privacy at this stage is to rearrange the deck chairs on the *Titanic*.

What's happening on the medical manpower scene in the United States is amply documented by regular *CMAJ* contributor Milan Korcok on page 204 of this issue. For Canadians this is one area where knowledge really is power: if the best manpower data are in the hands of governments or agencies other than the profession, watch out. Heaven knows what rigors and restrictions and myopic central planning that might lead to.

So if you don't want to go the way of the Ontario hospital bed, the limp victim of arbitrarily set quotas and ratios, tell your colleagues in medicine who you are, where you are and what you do.

Let's have 100% cooperation in profession-sponsored manpower data banks.

DAVID WOODS  
Director of Publications  
Canadian Medical Association