Correspondence

"A taste of honey?" (or not?): international medical graduates in North American medicine

To the Editor:

While there seems to be no general consensus about physician supply/demand ratio in both Canada and the United States, the steadily increasing participation of international medical graduates (IMGs) in North American medicine has recently become a politically charged/sensitive issue.¹ Today, IMGs fill approximately one-third of internal medicine and pediatric residency positions, one-fifth of family medicine residency positions, and one in five physicians practicing medicine in the United States received their initial medical training in another country.² Each year, many residency positions in anesthesiology and psychiatry remain vacant or are filled by IMGs. While possibly reflecting an overabundance of such residency positions, this situation may also suggest a lack of U.S. (and Canadian) medical student interest in these specialties.

Craig et al.³ studied the supply of physician anesthesia providers in Canada and concluded that the country was found well entrenched in a shortage of anesthesiologists. Yang et al. analyzed the anesthesia physician resources⁴ and concluded that the shortfall of anesthesiologist physician providers in Canada would worsen by 2005. The severe shortages of anesthesiologists in some Canadian provinces have led to recent consideration of significant policy changes designed to allow entry of specialist anesthesiologists from other countries.³ However, licensing requirements of most provinces make it difficult, if not almost impossible, for IMGs without Canadian training to obtain a permanent license to practice medicine in Canada.

In a recent article focusing on the Canadian medical qualifying examination (MCC) Ahmed⁵ raised two important questions; first, is MCC (or any other medical qualifying examination for that matter) a way of standardizing the delivery of health care?, and second, is it a way of deterring IMGs from entering practice in Canada? It seems that the correct answer to both is "yes." Is it therefore possible that countries like Canada and the United States whose success in great part stems from ethnic and cultural diversity, in which discrimination is illegal, and which seem to need foreign trained physicians (including anesthesiologists),

may at the same time attempt to limit the influx of IMGs at the very entry (qualifying examination) level?

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- 4 Yang H, Byrick R, Donen N. Analysis of anesthesia physician resources: projected Ontario deficit in 2005. Can J Anesth 2000; 47: 179-84.
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Estimating the incidence of epidural hematoma - is there enough information?

To the Editor:

In April 2002, the American Society for Regional Anesthesia and Pain Medicine produced its second consensus conference on neuraxial blockade and anticoagulation.¹ Like many other anesthesiologists around the world, I am grateful to the authors who provided us clear recommendations for the prevention of epidural- and spinal-related hematoma based on an extensive literature review. However, I am worried when I realize that these authors had to base some of their guidelines on "theoretical best guess" and case reports. For various reasons, of which the fear of litigation might be one, it is highly probable that only a small proportion of the cases of epidural hematoma are reported in the medical literature. Thus, estimates based on case reports may grossly underestimate incidence. At their last national meeting in September 2003, a French anesthesiologist reported that the number of claims addressed