

Family medicine remains unpopular with med students

Despite 2 attempts to fill the country's family medicine training slots, almost 10% of the positions remained vacant after the 2001 residency match, the Canadian Resident Matching Service (CaRMS) reports.

Sandra Banner, CaRMS executive director, says 38 positions for FPs — 8% of the 476 openings — remained unfilled after the final round of placements; only 10 positions remained unfilled in all other specialties combined. (An unknown number of vacancies has since been filled by individual program managers working outside CaRMS.) In 2000, only 6 family medicine positions remained vacant at the same point.

The vacancies were spread fairly evenly across the country, with the University of Western Ontario having the largest number, 9. Dalhousie University, which emerged from the initial round with more than half of its 41 positions unfilled, managed to fill all but 6 slots by the time the second round ended (see *CMAJ* 2001;164[8]:1194). The second round al-

lows schools to recruit unmatched graduates of Canadian schools and graduates of foreign medical schools. Dr. Richard MacLachlan, Dalhousie's head of family medicine, says the decreasing number of students interested in the specialty is cause for concern. This marked the second consecutive year that Dalhousie emerged from the first round with numerous unfilled positions. Dr. Paul Rainsberry, director of education at the College of Family Physicians of Canada, says the number of unfilled family medicine slots has increased every year since 1997.

MacLachlan said medical educators and health professionals need to determine why Canadian graduates appear to be losing interest in this career option, and especially in rural family medicine.

In 2001, 28% of graduates of Canadian medical schools listed family medicine as their career of choice, down from 35% 5 years ago. In 1993, the country's deputy ministers of health said that 50% of the country's residency slots should

be set aside for family medicine.

"We've never come close to that target," says MacLachlan. After the 2001 residency match, it appears the country is moving even further away from it. — *Donalee Moulton, Halifax*

Suicide prevention should be crucial public health priority, US surgeon general says

The president of the National Mental Health Association (NMHA) in the US says the country is living in the "Dark Ages" as it attempts to deal with mental illness, and the result is many preventable deaths due to suicide. Michael Faenza made the comment in May after American Surgeon General David Satcher reported that suicide and suicide prevention should be considered critical public health priorities in the US. That report (www.mentalhealth.org/publications/allpubs/SMA01-3518/index.htm#summary) says 86 Americans commit suicide every day, and 1500 more attempt it. The annual toll of more than 31 000 deaths means that suicide is the eighth leading cause of death in the US, the report said.

To coincide with its release, the NMHA — the largest nonprofit mental health organization in the US — released results of a survey which found that up to 8.4 million Americans (4%) have contemplated suicide.

Faenza said the final toll is tragic because most suicides are a result of treatable mental illness. "Our society is in denial. Just as millions of Americans a decade ago were in denial of cancer risks, Americans today are in denial of the risks of untreated mental illness."

Canada's suicide rate parallels the US rate, although it tends to be slightly higher here. Calgary's Suicide Information and Education Centre (www.suicideinfo.ca/about/index.htm) says 3681 suicides were reported in Canada in 1997. Canada had a suicide rate of 13 per 100 000 people from 1993–97, compared with 12 per 100 000 in the US. — *Patrick Sullivan, CMAJ*

New manifesto a "bill of rights" for patients in pain

"You have a right to have your pain treated and the staff caring for you have an obligation to treat your pain."

The Canadian Pain Society has created a Patient Pain Manifesto (www.canadianpainsociety.ca) for patients with surgical or treatment-related pain. Society President Celeste Johnston, a professor of nursing at McGill University, says it is needed because half of hospitalized patients experience moderate to severe pain unnecessarily. "People will simply recover faster if their pain is controlled," says Johnston.

The society says patients often believe that suffering is simply part of the hospital experience and don't request medication. Many also think that pain is an index of healing, a macabre variant of the "no-pain, no-gain" maxim, or they expect hospital staff to intuit how much analgesic they need. Johnston says these facts point to the need for patient education. "Almost every effort in the past has been aimed at staff, and the effect has been very short-lived," she says. "There really needs to be a partnership between patients and their families and health agencies. We want patients to understand that they have to work with staff to manage their pain."

The society, which would like pain assessment to become medicine's fifth vital sign, is distributing the manifesto's basic tenets via a bookmark that will be distributed to hospital inpatients. Society members, primarily anesthetists, neurologists, nurses and psychologists, are trying to convince health workers and the groups representing them to take pain-rating scales as seriously as they would routine readings of blood pressure and body temperature. — *Susan Pinker, Montreal*



Fighting for pain relief