

between life and death. Doctors spin powerfully and patients and families believe that the choice before them is the only one. The withdrawal of treatment is treatment, and as such, requires consent. What obligations do doctors have to reveal their biases? When faced with patient–physician conflict, what is the doctor’s obligation to set aside biases when patients are powerless to seek care from an alternate physician whose views on end-of-life care may more closely match their own?

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References

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Conclusions about specialties don’t match evidence

The *CMAJ* news article “Specialty training out-of-sync with job market”¹ claims that “Canada’s aging population and the increasing incidence of chronic disease is driving a need for generalists.” Evidence suggests that future demands, at least in Ontario, will be for certain specialties and that generalists will be faced with the worst job prospects.² In 2030, the three specialties in Ontario with the greatest surplus will be general internal medicine (832), family medicine — emergency room (514) and emergency medicine (273). The three specialties with the greatest demand will be diagnostic radiology (–434), psychiatry (–334) and cardiology (–204). Highly competitive specialties such as dermatology (–66), ophthalmology (–116) and plastic surgery (–19) will be in demand also.² As a current representative of

medical students, I completely agree with the spirit of this article. More assistance with career planning and understanding the realities concerning human resources in different fields is needed. A focused effort from the national level to the medical school level is required. However, conclusions about future needs should be put on hold until the evidence is collected.

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Letters to the editor

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CORRECTION

Cover text of Dec. 13, 2011 *CMAJ*, Vol. 183(18)

The Analysis article originally scheduled for the Dec. 13, 2011, print issue was rescheduled at the last moment. Inadvertently, the corresponding text was not removed from the cover. The cover text should read “REVIEW: Breast reconstruction after mastectomy. PRACTICE: Fractures in postmenopausal women.” *CMAJ* regrets any inconvenience this error may have caused.

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