



Potpourri

John Wootton, MD
Shawville, Que.

Scientific editor, CJRM

Correspondence to:
Dr. John Wootton,
Box 1086, Shawville
QC J0X 2Y0

Writers occasionally experience writer's block. I have the opposite problem. Too many subjects and too little time. So I will tackle 4 issues, roughly in order of their increasing importance to me.

First, l'affaire Hoey. I have no idea if Dr. Hoey should or should not have continued on as Editor-in-Chief of the *Canadian Medical Association Journal*, much less be re-instated. There is almost no information upon which to make an informed judgment. If, as it has been reported,¹ the relationship between the Canadian Medical Association (CMA) and the editor of its journal has been difficult for some time, the partnership was perhaps not sustainable. That is between the parties concerned. What troubles me the most is the pre-publication goings-on between the Canadian Pharmacists Association, the CMA and the *CMAJ*. It seems less than appropriate to discuss articles prior to publication, and hardly surprising when this leads to pressure being exerted, who knows with what effect. All this detracts from the mission of a medical journal, which is to inform, to challenge dogma, to present the evidence, and to provide the basis for rational debate.

Second, the impending destruction (or not) of Canadian medicare as we know it. Whether it is the Klein "Third Way" or the Quebec "Chaoulli Way," the only thing that seems clear is that "the times they are a changin'." Which is strange, since the last time I looked the same Canadians who have repeatedly put public health care at the top of the national agenda, have not all moved to Nebraska. I deeply suspect that the motivation to download some expenses to those with "discretionary income" has less to do with promoting choice, than it has to do with saving cheese. This is fiscal sleight-of-hand of the

highest order, and will benefit rural regions not a whit! The only way a purported "private" provider can command free market fees for his/her services is to provide them better (read faster). The simplest way to ensure an access differential is to restrain the public provider. You don't actually have to be faster, just faster than the other guy.

Third, you know you are a rural doc when you are away from home and you hear on the radio about a fatal MVA, a teenage fatality, and they name your little town. You feel it in your gut. Not only do you wonder if you know the family, the kid, but you know that for the item to make it to the regional news it must have been bad. You can visualize it as though you were there: the ambulances and police, the mobilization in the ED, the inevitable reactions to the worst of all possible news — indeed, you have been there, and will be again. The reaction is not, I expect, the same in the city, where news of an accident is much more anonymous. We pay a price for being part of the communities we serve, and it is both a strength and a burden.

Lastly, and on a happier note, this issue celebrates *CJRM's* 10th anniversary. Our cover is a montage of our second 5 years. Indeed our very existence is a collage of the efforts of innumerable rural physicians and others who have fanned into life and into the public record the realities of their work, the extent of their ambitions, and the breadth of their hope for their patients and for their communities. Much has been accomplished. To all, well done!

REFERENCE

1. Suchman M, Redelmeier DA. Politics and independence — The collapse of the *Canadian Medical Association Journal* [online early release 2006 Mar 15]. *N Engl J Med* 2006;354(13). Available: www.NEJM.org 10.1056/NEJMp068056