In recognition of this situation many faculties of medicine are undertaking dramatic changes in undergraduate medical education. At the University of Toronto we will be introducing a new curriculum in September 1992, which will feature a marked reduction of didactic teaching with a concomitant increase in independent study time and student-driven, patient-oriented, problem-based learning in small groups. For most of our students this foray into adult learning will be a departure from the memorization methods that they have so marvellously mastered.

We assume that this change in the way learning goals are to be achieved will be accompanied by a change in the way students relate to their peers, teachers and tutors, with more frank discussion of performance, knowledge, skills and attitudes. Other features of this curriculum include early contact between students and patients, an in-depth look at the effects of illness on the individual, the family and the community, a study of the determinants of health and an increased involvement of the student in the many facets, medical and nonmedical, of community health. It is our intention that this change in focus and curriculum will make students more self-critical; we wish to develop a context — not based on antiquated concepts of hierarchy or dues-paying — that will allow us to give and the students to receive feedback.

Alvin Newman, MD, FRCPC
Director of curriculum development
Faculty of Medicine
University of Toronto
Toronto, Ont.

[The author responds:]

I agree with Dr. Newman that students are not badgered to the extent that they were in his (or my) day, although that view may result from the age-old and irritating habit we oldsters have of thinking that everything was tougher when we were young. Nevertheless, I can assure him that abuse of medical students still goes on.

I disagree, however, that the good old days were that good or useful. For every person who improved his or her performance in response to abuse by faculty members there were several who responded by withdrawal and avoidance. Their only goal was to complete medical school as unnoticeable as possible and get out quickly and cleanly.

My concern is that teachers fail to couch their feedback in terms of improving the results of the encounter between patients and their physicians; rather, they attack the student. If students knew everything, why would they need to go to school? It seems to me that the goal of instilling a commitment to high-quality health care in our budding physicians can best be met by a trusting and helping collaboration to achieve the best possible results for the patient.

I congratulate the University of Toronto for introducing a dramatically changed curriculum in the Faculty of Medicine. Newman should remember, however, that not only the students are going to have to change their attitudes.

Bruce P. Squires, MD, PhD
Editor-in-chief

The death of Bill C-203

I am stung to write by the incredible quotation from Liberal member of Parliament Don Boudria in the Newsbrief “Commons committee quashes bill that would have protected MDs who withhold treatment” (Can Med Assoc J 1992; 146: 989). With few exceptions, I have never had an exalted opinion of our elected representatives, but this now reaches a nadir.

In referring to Bill C-203 Boudria says that “if it had passed it would have been open season on patients.” Does a member of Parliament really think this of our profession? Does he really imagine the following headlines?

Doctors solve bed-blocker problem with deadly efficiency.
Beds now empty but waiting lists full for lethal injections.
Undertakers complain that they’re swamped by work.
Patients avoid hospital admission: “Will take our chances at home,” they say.

Does Boudria really think that our hospitals would become departments of Dachau or outposts of Auschwitz?

Cleaver Keenan, MD
Espanola, Ont.

[Mr. Boudria responds:]

On Feb. 18, 1992, Legislative Committee H of the House of Commons adopted a motion to “suspend its proceedings on Bill C-203, sine die.” This motion put the bill out of commission forever. Why?

Entitled An Act to Amend the Criminal Code (Terminal Ill Persons) Bill C-203 was intended to “protect a physician from criminal liability where the physician does not initiate or continue treatment at the request of the patient or where the physician does not prolong life, except at the patient’s request.” The Right to Die Society, civil libertarians and others in favour of the bill testified before the committee, using the opportunity to laud passive and active euthanasia under the “right-to-choose” rubric. However, this bill was not supposed to have anything to do with euthanasia.