



had no opportunity to return to practice because of our foreign qualifications — a plight faced by many foreign medical graduates in Ontario today.

The concern that foreign-trained physicians are inferior is prevalent. To limit foreign medical graduates to a minuscule number of training positions is in itself a form of institutionalized discrimination.

I would like to present a cohort's experience to illustrate a point. Seventy-two students entered the premed class at the National Taiwan University in 1952, and eventually 26 of them completed postgraduate training in North America. One graduate became professor and chief of the Department of Microbiology at Uniformed Services University of Health Sciences in Washington, DC, while another is the chair of cardiovascular surgery at McGill University. Two others became professors at George Washington University in Washington, and another is a professor at the University of Missouri. Only 6 of us ended up doing general practice in North America — everyone else is a board-certified specialist.

If we had arrived in Canada today, we would be consigned to a life of servitude washing bottles and dissecting rats in laboratories. I think the experience of this cohort is proof that foreign medical graduates deserve a fair chance to serve the public.

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### **Foreign graduates deserve better**

**T**he acute shortage of physicians we face is due not only to government shortsightedness but also to parochialism within the medical profession. For instance, specialists with many years' experience in another province and possessing Royal College certification are not, as a rule, considered fit to practise in Ontario. Are Ontarians more delicate than others or are we more equal than others?

Forty years ago the Malayan Medical Association used excuses such as maintenance of the standard of care to keep people out of practice. My medical degree from Taiwan was a useless piece of paper back in 1959. I was forced to teach high school at a time when the physician-population ratio in my own country was 1 in 10 000. My hometown and its 30 000 people did not have a single practising doctor, yet my wife and I