From the Editor's Desk

GIVE US YOUR RICH!

This report has demonstrated, we hope convincingly, that, unless significant changes are made, careers in medicine may not be affordable or attractive within the next few decades, and that applicants from lower socio-economic groups may choose not to pursue careers in medicine because of their concerns about educational costs.*

Experts claim that the delivery of health care is best achieved when the mix of the medical workforce mirrors that of the society it serves.

However, this balance is under threat in the United Kingdom and the United States, where the cost and duration of medical education are increasingly forming a barrier for students from lower socioeconomic backgrounds. In the US, 60 per cent of medical students come from families in the top income bracket; becoming an MD is apparently beyond the reach of most middle and working class families. And no wonder! A US medical education costs about US\$120 000 in public medical schools and US\$225 000 in private schools. With Australia's recent move towards full-fee-paying medical students, we may well wonder whether we are set to mimic the American way.

In Australian medical schools, fees range from A\$31 000 to A\$36 000 per year for 5–6-year undergraduate programs and from A\$25 000 to A\$35 520 per year for 4-year graduate-entry programs. Shackled with these debts, full-fee-paying students, like their US counterparts, are more likely to train in high-income specialties.

America's Statue of Liberty proudly proclaims the message, "give us your poor". Paradoxically, the message of US medical schools might now be "give us your rich".

The American experience is a cautionary tale. Are our current policies an experiment in social engineering, guaranteeing the loss of Australia's cherished egalitarianism and tradition of the "fair go"?

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Moh Sandshleider

MATTERS ARISING

Barriers in the quest for quality drug information: salutary lessons from TGA-approved sources for thyroid-related medications

Deficiencies in drug interaction information

- 483 Michelle Sweidan, James F Reeve
 - Specialist societies can assist
- 483 Leon A Bach
 - Misleading information for consumers
- 483 David Torpy
 - MIMS is not a stand-alone resource
- 484 Elizabeth A Donohoo
 - The National Prescribing Service should lead
- 484 Jim R Stockigt
 - Call in independent information sources
- 484 John S Dowden
 - Medicines and breastfeeding: information is available on safe use
- 485 Lisa H Amir

LETTERS

- Entry tests for graduate medical programs: is it time to re-think?
- 486 John E Marley
- 486 Michele A Groves

Improving rural and remote health

486 John Wakerman, John S Humphreys, Robert W Wells, Pim Kuipers, Philip Entwistle, Judith Jones

Accidental death from acute selenium poisoning

- 487 Conor S Reilly
- 487 Ian Brighthope
- 487 Tony Lewis
- 488 Peter S Lavercombe

OBITUARY

- 457 Cyril Percival Victorious Evans, by David B Evans, David de Souza
- 434 IN THIS ISSUE
- 482 IN OTHER JOURNALS

^{*} Medical education costs and student debt: a working group report to the AAMC Governance. Washington, DC: Association of American Medical Colleges, 2005.