Canadian researchers face an uphill struggle for financial support. Support and cooperation from the pharmaceutical industry is essential, indeed mandated, in return for the increased protection on patents granted by the former Conservative government, for which Canadians dearly pay. I am sure that the PMAC is diplomatic when dealing with government, the Royal College of Physicians and Surgeons of Canada and the CMA, but their bullying tactics with people in the profession is a matter of more than a little concern.

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Reference


When the Honourable Erola responds with such contempt to Dr. Guyatt’s article, you know that a nerve has been touched. Her analogy to the Berlin Wall reminds me of the anticommunist fear tactic held up by archconservatives of the past. [CMAJ, not Erola, created the analogy to the Berlin Wall. — Ed.] The PMAC is primarily interested in the bottom line, as one would expect of a business.

What I found interesting, because it was in the same issue of CMAJ, was Alex Robinson’s article “Antibiotics and resistance: Hand in hand?” (150: 927–928), in which Dr. Julian Davies elucidates the relationship between the production of antibiotics and antibiotic resistance. Curiously, this potentially significant area of research lacks funding. Although Davies’ research has enormous implications it would not likely result in dividends to shareholders.

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[Dr. Guyatt responds:]

The Honourable Erola begins her response to my cautionary tale about interactions between academic medicine and the pharmaceutical industry by thanking CMAJ for sharing an advance copy of my article with her. This opening is misleading and disingenuous.

Before submitting my article for publication in CMAJ I sent a draft of it to the PMAC official who had “threatened” that the guidelines developed for interactions between the medical residency program at McMaster University and the pharmaceutical industry would compromise educational activities and research. I offered him an opportunity to include his point of view in my article. In his reply, a copy of which Erola received, he neither accepted nor declined my offer. I wrote again, restating the offer, and sent a copy of this second letter to Erola. The PMAC official wrote back, this time declining the offer. Once again, Erola received a copy. Therefore, the PMAC reviewed my article and had an opportunity to respond long before CMAJ shared it with Erola.

Erola suggests that “excluding the key stakeholders during the development of policy that affects them indicates a rather archaic philosophy.” Medical schools are public institutions dedicated to training physicians to provide the best health care possible to Canadians, who are the real stakeholders in residency programs. Public interest dictates that physicians be socialized so as not to accept gifts from industry, gifts that distort physicians’ judgment and for which the public ultimately pays. It further dictates that physicians look to dispassionate academic sources for drug information, not to the sophisticated and often misleading promotional efforts of the industry.

The interests of the public and those of the industry are fundamentally opposed. The primary goal of the industry is not to serve the public’s best interests but, rather, to make a profit and shape residents’ attitudes to ensure continuing profit. Many academic physicians who decide on policy have, at one time, accepted gifts from industry; many continue to do so, and even those who don’t are often the recipients of research funding from it. For these physicians, keeping the interests of the public rather than those of the industry foremost already represents a challenge. Had the industry been directly involved in the development of policy it would have brought both conventional and, as my cautionary tale suggests, not-so-conventional pressure to bear on the decision-makers.

Residency programs must make policy decisions that serve their ultimate constituency — the public. Proprietary interests in policy decisions will compromise this goal. It may be archaic to hold that public institutions should base their policy decisions on the interests of the public and not of multinational corporations, such as those the PMAC represents. If it is, I plead guilty to the charge of attempting to revitalize archaic attitudes.

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Sentence: education in ethics

Although the Pittman case has engendered much emotion and anger, as expressed in the letters in CMAJ (149: 532, 536, 1772; 150: 1195) by Dr. Françoise Baylis and Jocelyn Downie and by Drs. Ian R. McWhinney and Richard U. Johnston, I have looked in vain to find support for Dr. Stanley Bain, who was punished by the College of Physicians and Surgeons of Ontario (CPSO) for failing to inform Kenneth Pittman of possible exposure to HIV. One cannot help wonder whether we should consider Bain’s actions somewhat justified and sympathize with his dilemma.

According to the facts presented