



CMA sets rules for sale of prescribing data

Nine months after becoming aware of the issue, the CMA has approved a statement of principles governing the sale of prescribing data. The issue arose last spring after the Ontario Medical Association learned that IMS Canada, a health-information company based in Montreal, had been purchasing pharmacy databases to develop prescriber profiles, which were then sold to drug companies.

At its December meeting the Board of Directors approved a 4-page statement that says physicians must be informed and give their consent for the compilation or sale of any prescribing data identifying them. As well, anonymity and confidentiality must be maintained for both physicians and patients, and physicians must be given the names of anyone who has been sold or given access to information about them. The next step will be dissemination of the policy to provincial privacy commissioners and bodies such as the National Association of Pharmacy Registrars.

The sale of prescription information angers many physicians. Dr. Michael Wyman, an OMA representative, told the board he refuses to see drug company representatives in his office “unless they come with a letter saying their company does not buy this data.”

Breach of confidentiality angers Ontario MDs

The December release of a physician's confidential billing information by an aide to the Ontario health minister sparked outrage among Ontario physicians already embroiled in a bitter dispute with the

province. The aide resigned over the incident and Health Minister Jim Wilson chose to “temporarily step aside” after the OMA demanded — and got — an independent investigation into what it called the profound lack of security for Ontario Health Insurance Plan (OHIP) patient and physician records. Wilson's resignation appeared to have a positive impact — less than 2 weeks later, the OMA announced that it had reached a tentative interim agreement with the province.

At issue in the confidentiality dispute was the release of information that Dr. William Hughes, a Peterborough cardiologist, is the province's highest OHIP biller. The OMA considers the information misleading because Hughes, vice-chair of the Specialist Coalition of Ontario, is one of only 3 cardiologists serving 300 000 people in a

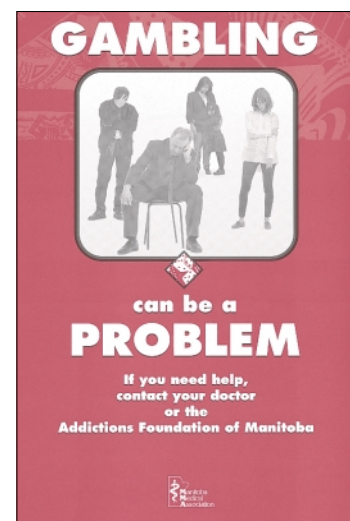
popular retirement area with an above-average number of elderly residents. Although he is exempt from provincial billing thresholds because he practises in an underserved area, Hughes has been active in the specialist coalition's dispute with the provincial government in order to call attention to underfinancing of the health care system.

Truer words were never written

“A custome loathsome to the eye, hatefull to the nose, harmefull to the braine, dangerous to the lungs, and in the blacke stinking fume thereof, neerer resembling the horrible Stigian smoake of the pit that is bottomlesse.” Thus spoke one of the world's first antitobacco advocates, King James VI of Scotland — later James I of England. James and

Manitoba MDs issue problem-gambling warning

Manitoba physicians want to help patients who need treatment and support for gambling problems. The MMA's Public Health Issues Committee recently developed an information package that includes a policy statement and office poster for physicians, and a pamphlet on gambling addiction for patients. The MMA says physicians can advocate low-risk behaviour, such as gambling with a predetermined loss limit and gambling with an acquaintance present. They can also encourage research on gambling's social and economic impact. Lotteries and scratch tickets are the most common gambling activities in Manitoba, where 4.3% of adult residents are considered problem gamblers. However,



two-thirds of callers to a provincial helpline identified video lottery terminals as their nemesis.