



mation handouts on Lyme disease).

More importantly, Scott's comments in no way change the conclusion or implications of this case. In fact, since this case was submitted for publication, we have identified and treated 3 more cases of babesiosis in residents of Ontario.

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**Kevin C. Kain, MD**

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## Controversial cancer care

I have to hand it to Bill O'Neill, a real Entrepreneur (or good samaritan?), for finding a hiatus in the delivery of health care and taking advantage of it.<sup>1</sup>

Some time ago, he managed to convince a reporter of the *Ottawa Citizen* to report extensively on his activities, but that he was able to induce Barbara Sibbald, an editor of *CMAJ*, to write a 3-page commercial about the so-called Canadian Cancer Research Group is highly disturbing. Interviews with oncologists as quoted by Sibbald would lead the reader to believe that O'Neill's activities are accepted by at least some physicians.

I express shame and indignation that my own medical journal is willing to sacrifice space to publish such an insult to our beloved profession.

**George Tolnai, MD**

Ottawa, Ont.

### Reference

1. Sibbald B. Private company offers hope to cancer patients — for a price. *CMAJ* 1999;160(11):1619-21.

### [The editor-in-chief responds:]

We believe the report was balanced. Interviews with Robert Buckman, an oncologist, Mike McBurney, a research scientist with the Ottawa Regional Cancer Centre, and Robert Phillips of the National Cancer Institute of Canada provide testimony

that counters the claims made by O'Neill. Some of our patients with cancer do visit this and similar clinics. Knowing more about what these clinics are doing — and think they are doing — should help physicians manage the clinical care of their patients with cancer.

**John Hoey, MD**

## Keeping clinics open

In their commendable efforts to keep the x-ray clinic in Richmond, Ontario, open,<sup>1</sup> Drs. Lucy and Rod Rabb have come up against the hard reality facing most community-based radiologists in the province. The Ontario Health Insurance Plan's facility fees, which are meant to cover the operating costs of a radiology clinic, are insufficient for this purpose unless the clinic is operating at full capacity. As are the Rabbs, many radiologists in Ontario have been subsidizing these costs from their professional fees for years.<sup>2</sup> This situation has led to the closure of many small x-ray offices across Ontario and the concentration of operations in larger referral centres where economies of scale can be found.

**Ian Hammond, MD**

Department of Radiology  
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Ottawa, Ont.

### References

1. Sibbald B. Rural docs provide rent-free space to keep lab open. *CMAJ* 1999;161(5):477.
2. Deloitte & Touche Management Consultants. *Ontario Association of Radiologists survey of practice economics*. 1995.

## Drug information handouts

A recent *CMAJ* editor's preface<sup>1</sup> discussed drug reactions and interactions and outlined the need for information to be given to the patient. You specifically commented on the importance of the information given to patients by their pharmacist.

Throughout the years I have been grateful to pharmacists who keep my patients (and me) out of trouble by double-checking drug doses and instructing the patient about important drug interactions. However, in recent years there has been an increasing tendency for drugstores to hand out printed sheets that cover every possible side effect of a drug. This scares many patients and frequently leads to non-compliance, anxiety and confusion.

As a dermatologist, I have found the information on these printed sheets to be a problem for patients suffering from acute or recent-onset dermatitis. I have instructed the patients to use the strong steroid frequently and consistently, but the instruction sheet has warned them of side effects and told them to use it sparingly. This advice is incorrect, because in some cases it is necessary to use potent doses to achieve a therapeutic effect. Side effects can develop from long-term use of topical steroids but they are not, practically speaking, a problem over the short term when the drugs are used under close supervision. My prescription pads now state the following at the bottom: "No instruction sheets for topicals or Kenalog please." I prefer to fully inform patients in the office about the medication they are prescribed.

Information about drugs is important to patients but I believe that the printed drug handout sheets lack perspective and are presently doing more harm to patients than good.

**Robert N. Richards, MD**

Toronto, Ont.

### Reference

1. Drug interactions: Who warns the patient? [editor's preface]. *CMAJ* 1999;161(2):117.

## Toying with titles

Your article "Vinyl toys, medical devices get clean bill of health" notes that the American Council of Science and Health (ACSH) offers reassurance about the safety of phthalates in these items.<sup>1</sup> The article identifies the leader



of this panel as Dr. Everett Koop, former US surgeon general and by implication an independent authority. However, what is not revealed in your report is that the ACSH may be heavily freighted with conflicted interest. One source claims that the ACSH receives 76% of its funding from industrial contributors, including Exxon, the largest manufacturer of phthalates in the world, and that "most of the ACSH panel have ties to the chemical industry."<sup>2</sup>

The Pugwash Foundation, which addresses health and environmental issues related to scientific advances, claims that the scientific community has to a certain extent lost the trust of the public.<sup>3</sup> The title and content of your article illustrate one of the reasons. A firm conclusion on a controversial scientific question is headlined and supported by an apparently credible source without mention of competing interests. A policy of stating such interests is applied elsewhere in *CMAJ* but apparently not in the News and analysis section.

**Alban C. Goddard-Hill, MD**  
Belleville, Ont.

#### References

1. Vinyl toys, medical devices get clean bill of health. *CMAJ* 1999;161(4):361,363.
2. Montague P. Precaution and PVC in medicine, Part 2. *Rachel's Environ Health Weekly* 1999;(662).
3. Atiyah M. Science for evil: the scientist's dilemma. *BMJ* 1999;319:448-9.

As a Canadian-born and trained physician, I was both amused and disappointed by the irony in the same-page publication of 2 news articles in *CMAJ*. In "Media coverage of health stories often inaccurate, MDs report,"<sup>1</sup> Greg Basky nicely reviews a Canadian Science Writers Association survey in which only 34% of physicians believed that accurate media coverage occurs for medical health information. Forty-one percent felt that poor reporting was "primarily due to the media's desire to grab audience or reader attention."

The irony comes when this sentence is seen in juxtaposition with the headline of the subsequent anonymous report. "Vinyl toys, medical devices get clean bill of health"<sup>2</sup> cites the findings of "an independent, non-profit group of US re-

searchers" formed by the ACSH, an organization apparently self-described as "helping Americans distinguish between real and hypothetical health risks." Your reporter acknowledges that this panel's report "directly contradicts another study from an international consortium of 180 organizations, including the American Nurses Association."

The headline clearly gives *CMAJ* readers the impression that these chemicals are safe, in spite of grave doubt about the matter. Not stated is that the ACSH is a source of considerable controversy itself, being heavily funded by the chemical industry. One might reasonably question if any panel of experts chosen would likely reflect the views of the body that formed it.

In the spirit of accuracy in medical reporting, I would suggest that a more appropriate title to this article would be "Debate continues over safety of vinyl toys, medical devices."

**Gerald H. Ross, MD**  
Past President  
American Academy of Environmental  
Medicine  
Salt Lake City, Utah

#### References

1. Basky G. Media coverage of health stories often inaccurate, MDs report. *CMAJ* 1999;161(4):361.
2. Vinyl toys, medical devices get clean bill of health. *CMAJ* 1999;161(4):361,363.

#### [The associate editor, news and features, responds:]

Alban Goddard-Hill's points are well taken. He is quite correct in surmising that the News and analysis section does not list competing interests. This section and the Features section contain medical news items written by journalists. If we are aware of conflicts of interests that may call into question the credibility of a source we certainly report them. Likewise, we make every attempt to provide balanced coverage. In the article in question, we also quote from Health Care Without Harm, an organization of 41 groups including Greenpeace and the American Public Health Association, which refutes the claims of the ACSH.

Gerald Ross' comments about the headline are similarly well taken. We attempt to write objective yet enticing titles; sometimes we fail.

**Barbara Sibbald, BJ**

#### Correction

In the response by Sam Shortt and Marshall Godwin<sup>1</sup> to a letter to the editor by Michael Jacka and Brian Milne, the first sentence of the second paragraph should have read, "Second, 71% of the referring physicians stated that they had not increased referrals to consultants not participating in the alternative funding plan in Kingston or to consultants in other secondary care centres." We apologize for this error.

#### Reference

1. Shortt S, Godwin M. Are alternative funding plans a good idea?[letter]. *CMAJ* 1999;161(5):485-6.

#### Submitting letters

Letters may be submitted by mail, courier, email or fax. They must be signed by all authors and limited to 300 words in length. Letters that refer to articles must be received within 2 months of the publication of the article. *CMAJ* corresponds only with the authors of accepted letters. Letters are subject to editing and abridgement.

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