Doctors and patients in the health care debate

I appreciate Albert Schumacher's eloquent appraisal of Canadian physicians' attitude to their work, which is overwhelmingly to put patients first.[1] Schumacher, President of the CMA in 2004/05, writes that Steven Lewis' commentary in the same issue of *CMAJ*[2] is "misguided and misleading." However, it is the CMA's article, not Lewis', that is misleading.

Lewis has invited physicians to play a leading role in accelerating necessary change in our current single-tier health care system. The debate over whether single-payer medicine will continue to be the preferred system in Canada requires knowledgeable champions of our current system (i.e., physicians). Instead of acknowledging this need, Schumacher smoothly shifts focus by quoting several instances of the CMA's support for the Canada Health Act. While this is certainly a related issue, support for the Canada Health Act is not the same as support for single-tier medicine.

Schumacher writes, "Assertions that doctors are leaving people to wait longer for personal gain are untrue and offensive to Canadian doctors." While fairly confident that no physician would do such a thing consciously, I am less sure that wait lists are being properly managed. Many physicians feel pressured by their health authorities to maintain a wait list that is not significantly below the status quo. Further, as a medical student I am all too aware of the fact that logistical education in such areas as queuing theory is sadly lacking in medical education. Lewis' commentary indicates the glaring lack of a comprehensive set of professional guidelines that would eliminate the need for every physician to have to micromanage these wait lists. Canada would do well if more physicians were to heed his call.

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REFERENCES

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2. Lewis S. Physicians, it's in your court now [editorial]. *CMAJ* 2005;173(3):275-7.

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A hypertensive snow bird

A copy of mdBriefCase entitled "A hypertensive snow bird" was distributed with an issue of *CMAJ* this spring. This issue of mdBriefCase is biased in favour of products from the company sponsoring it, Boehringer Ingelheim.

The print version of this edition of mdBriefCase does not mention drug names, but readers are advised to go to www.mdbriefcase.com to see how the authors would treat this patient. On this Web site we are told that the patient had a cough associated with the angiotensin-converting-enzyme inhibitor that she had been started on and was switched to the angiotensin receptor blocker telmisartan. Boehringer Ingelheim makes telmisartan.

The recommendation to use an angiotensin receptor blocker is made despite the fact that on another part of the Web site (www.mdbriefcase.com//studies/hyper/en/treatment.asp) readers are told that "thiazide-type diuretics (either alone or in combination with other drug classes) should be the initial therapy for most patients with hypertension in the absence of diabetes. In the Antihypertensive and Lipid Lowering Treatment to Prevent Heart Attack Trial (ALLHAT), diuretics showed unsurpassed efficacy in preventing cardiovascular complications of hypertension." In the case in question there is no mention of the patient having diabetes.

The College of Family Physicians of Canada (CFPC) should not be granting Mainpro credits for material that has commercial biases.

Joel Lexchin
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Competing interests: None declared.

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[The Director of CME/CPD for the College of Family Physicians of Canada replies:]

I completely agree with Dr. Lexchin's concern in regard to the case "A hypertensive snow bird," which was distributed with an issue of *CMAJ* and appeared on the CMA Web site. Dr. Lexchin brought this case to my attention shortly after the case was distributed through this journal.

The CFPC requires its members to partake in continuing medical education (CME). The College approves university CME centres to offer educational material and courses that quality for Mainpro CME credits. This online case was accredited on behalf of the College by McGill University.

As the original case was written, and in the supplementary material online, the patient was placed on the medication telmisartan, which is manufactured by Boehringer Ingelheim, who sponsored the development of this CME material through an "unrestricted educational grant" to mdBriefCase and McGill University. No evidence was provided to explain why less expensive alternatives as recommended in national guidelines were not used in the management of the patient.

My concern that this could be viewed as peer-selling was addressed

by those responsible at McGill. The online case was subsequently and appropriately modified.

Bernard Marlow
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Competing interests: None declared.

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[McGill University's Associate Dean of CME replies:]

The McGill Centre for Continuing Medical Education developed and accredited the case study "A hypertensive snow bird." The Centre stands behind this case as both valid and important.

Dr. Lexchin's letter was forwarded to us by the CFPC and resulted in an internal review of the case. The review found no evidence that the use of the generic term telmisartan was influenced by the sponsor (Boehringer Ingelheim) or mdBriefCase. The review made several recommendations, all of which were implemented by the Centre and mdBriefCase and included changing the word telmisartan to "ARB" (angiotensin receptor blocker) in the online version, in response to Dr. Lexchin's concerns.

The Centre firmly believes in the delivery of high-quality unbiased CME and appreciates comments on content accredited by McGill.

Michael D. Rosengarten
Associate Dean of Continuing Medical Education
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Competing interests: Dr. Rosengarten did not receive payments, etc., from the company sponsoring the article. Income for his department was derived from mdBriefCase and was used to cover expenses and to fund CME projects.

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[The Chair of Family Medicine, McGill University, replies:]

The CME "snow bird" case was written to illustrate the importance of treating hypertension and to illustrate that compliance with medication depends on the physician being aware of side effects and taking appropriate action; that treatment of hypertension after stroke is important (particularly as treatment of many stroke patients remains inadequate); and to describe the role of ambulatory blood pressure monitoring in hypertension management. The mention of an individual generic drug name was removed from the online version of this case as soon as it was brought to our attention via Dr. Lexchin's letter to the College.

Despite Dr. Lexchin's assertion that in the absence of diabetes most patients with hypertension should be treated with a thiazide diuretic, in practice many patients experience side effects from thiazines or have contraindications to thiazides such as gout, refractory hypkalemia or renal impairment.[1] The case presents options for the management of this type of patient.

Martin Dawes
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Competing interests: Dr. Dawes received payment from the CME office at McGill for writing the original case. This funding was provided by mdBriefCase and does not represent direct pharmaceutical funding.

REFERENCE

1. Fagard RH, Van Den Ended M, Leelman N, et al. Survey on treatment of hypertension and implementation of World Health Organization / International Society of Hypertension risk stratification in primary care in Belgium. *J Hypertens* 2002;20(7): 1297-302.

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[The President of mdBriefCase replies:]

I agree that the CFPC should not be accrediting CME programs that have a commercial bias. With more than 4000 physicians visiting our site each month to access more than 30 courses, credibility is critical to the continued success of www.mdbriefcase.com.

Medical schools and associations create the content of the courses we offer. All of these courses are accredited by the College. This means they must meet guidelines (available on our home page) set by both the College and the CMA. These guidelines state that CME programs "must meet accepted ethical standards, particularly regarding commercial support."

Dr. Lexchin submitted his concerns with regard to the program "A hypertensive snow bird" to the CFPC in April 2005. As a result, there was a third-party review of this course by the CFPC. It concluded there was no evidence of commercial bias.

This course has been taken by hundreds of physicians. In the course evaluation, participants are asked, "Was this program free of commercial bias?" Participant rating for this course is 4.87 out of 5 (with a rating of 5 meaning "completely unbiased").

At mdBriefCase we will continue to provide high-quality online CME programs, created by leading Canadian medical institutions, and following the standards of the College and the CMA.

Greg Cook
President
mdBriefCase

Competing interests: None declared.

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Conforming to ICMJE principles

There is increasing concern about interactions between academic investigators and the pharmaceutical industry, particularly relating to financial and other conflicts of interest, access by investigators to all research data and the ability of investigators to take full responsibility for the results of studies funded by industry. The latter 2 concerns led to a revision of the guidelines for the submission of articles to biomedical journals published in 2001 by the International Committee of Medical Journal Editors (ICMJE).[1] Four years after publication of that commentary, clinical trial agreements between academic medical centres and industry still do not conform to the ICMJE principles.[2-4]

The Canadian Association for Immunization Research and Evaluation (www.caire.ca), a network of investigators from academia and public health,