

need for the CMA and *CMAJ* to take a leadership role, this is a deeply unfortunate own goal.

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**Reference**

1. Kelsall D, Patrick K, Stanbrook MB, et al. Upholding the integrity of your *CMAJ*. *CMAJ* 2016; 188:397.

*CMAJ* 2016. DOI:10.1503/cmaj.1150094

We write as concerned members of the CMA and as refugee health advocates in response to the recent dismissal of Dr. John Fletcher, editor-in-chief of *CMAJ*, as well as the Journal Oversight Committee.<sup>1</sup> We realize that there are many issues that are likely at play here, and we clearly do not know or understand the complexity of the relationship between the CMA and *CMAJ*.

We have been impressed with both *CMAJ* and the CMA, because they have done their part in advocating in a respectful and professional manner for the rights of refugees in this country. The editorial by Stanbrook in 2014 was a brilliant piece that provided a crystal clear understanding to many members who perhaps did not fully comprehend the issues.<sup>2</sup> *CMAJ* has used its news section to clarify important issues, such as the cuts to refugee health. We hope that the independence of the journal can be maintained to ensure transparency and integrity.

Refugee doctors in Canada were honoured to stand beside Dr. Chris Simpson who, as then president of the CMA, spoke at the news conference on Parliament Hill in 2015 in support of the need to rescind the cuts to the interim federal health program;<sup>3</sup> this has now come to fruition. In January 2016, the current president of the CMA, Dr. Cindy Forbes, joined us in Ottawa for a workshop on refugee health and spoke beautifully of the need for physicians to step up in the effort to provide care to the influx of Syrian refugees coming to Canada. She emphasized CMA's role in providing the needed resources and information for providers to do this job effectively.

We feel strongly that the CMA and *CMAJ* can and should come to terms

with how to maintain the news section and the independent nature of the journal.

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2. Stanbrook MB. Canada owes refugees adequate health coverage. *CMAJ* 2014;186:91.
3. Rich P. Reinstate care for refugees, feds told. Available: <https://www.cma.ca/En/Pages/reinstate-care-for-refugees-feds-told.aspx> (accessed 2016. Mar. 9).

*CMAJ* 2016. DOI:10.1503/cmaj.1150095

As a Canadian physician, I am increasingly embarrassed. Undoubtedly, the firing of *CMAJ*'s editor-in-chief and disbandment of the Journal Oversight Committee<sup>1</sup> is about money, not a falling reputation.<sup>2</sup>

*CMAJ* is a source of pride and has been ever since John Hoey's stewardship. In spite of what the CMA president or its executive may think, the journal has a sterling international reputation. To be guided by impact factors, (whatever they may be) is simply evidence of the CMA's insufficient knowledge of the complex world of medical publishing. Hence, I wonder why the onus for reform and so on falls on *CMAJ* rather than on the CMA leadership, especially given the history of its relationship with the journal.

I would be interested to learn whether the membership was consulted or informed about this decision before it was taken. If the membership was not part of this vital decision, perhaps the logical next step is not to focus on the journal and its stalwart hanging-in editors, but rather on the CMA itself.

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1. Kelsall D, Patrick K, Stanbrook MB, et al. Upholding the integrity of your *CMAJ*. *CMAJ* 2016; 188:397.

2. CMA Board of Directors announces restructuring and modernization plan for *CMAJ*. Available: [www.cma.ca/En/Pages/cma-board-of-directors-announces-restructuring-and-modernization-plan-for-the-cma-journal.aspx](http://www.cma.ca/En/Pages/cma-board-of-directors-announces-restructuring-and-modernization-plan-for-the-cma-journal.aspx) (accessed 2016 Mar. 7).

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I thought we had been through this in 2006, when the CMA fired Dr. John Hoey and resolved it would not happen again.<sup>1</sup> For a time, I withdrew any contributions from *CMAJ*, including submissions and peer review, and encouraged colleagues not to support a journal that appeared to have been stripped of its editorial freedom.

Now the CMA Board, or whom ever it takes instruction from, appears to have repeated its mistake.<sup>2</sup>

Our *CMAJ* helped pioneer reform in medical publishing through enhanced oversight and transparency of conflict of interest and mandatory clinical trial registration. With other small national medical journals in Croatia, Denmark and New Zealand, *CMAJ* exerted crucial influence in the international movement to increase truth and reduce distortions or outright lies in medical scientific publishing. Many courageous and insightful people have participated in this ongoing reform, but Canadian physicians and academics punch well above our weight.

What is wrong with a CMA Board that fails to recognize *CMAJ*'s accomplishments? As the former Journal Oversight Committee members lament, why has the Board not learned from the past or Dick Pound's constructive criticism?<sup>3</sup>

I am astonished and disappointed that CMA leaders don't appear to feel any responsibility to communicate frankly with CMA members. Why was Dr. John Fletcher fired? Why was the Journal Oversight Committee dismissed?

The University of British Columbia has learned recently that avoiding questions about the mysterious firing of its president simply undermines confidence in the board and ensures that unresolved issues continue to simmer. Just because many CMA members don't bother to vote in Board elections does not mean it's OK for the board to rule by divine right.

From respect for *CMAJ*'s remaining editors and the journal's accomplishments, I will continue to volun-

teer as a peer reviewer, and I'll still encourage colleagues and students to read important articles (including news). But I'm keeping a wary eye out for what happens next.

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1. Kelsall D, Patrick K, Stanbrook MB, et al. Upholding the integrity of your *CMAJ*. *CMAJ* 2016;188:397.
2. CMA Board of Directors announces restructuring and modernization plan for *CMAJ*. Available: [www.cma.ca/En/Pages/cma-board-of-directors-announces-restructuring-and-modernization-plan-for-the-cma-journal.aspx](http://www.cma.ca/En/Pages/cma-board-of-directors-announces-restructuring-and-modernization-plan-for-the-cma-journal.aspx).
3. *CMAJ* Governance Review Panel. Final Report. Available: [www.cmaj.ca/site/pdfs/GovernanceReviewPanel.pdf](http://www.cmaj.ca/site/pdfs/GovernanceReviewPanel.pdf) (accessed 2016 Mar. 7).

*CMAJ* 2016. DOI:10.1503/cmaj.1150097

## Minimal important difference is important

Johnston and colleagues<sup>1</sup> recently reported that participants poorly understood minimal important difference (MID) compared with other formats for treatment effect estimates. I believe understanding would have been improved if the mathematical definition were accompanied with a concrete example, such as “2 MID units means the effect is twice the size of what an average person would consider important.”

Also, a “correct” answer meant participants agreed with the authors’ value judgments about whether the effect magnitude (e.g., 0.6 MID, 0.2 standardized mean difference) is trivial and probably not important, or small and probably important. Only the MID provides information about importance ( $\geq 1$  is important,  $< 1$  is unimportant); interpreting all other estimates requires information and assumptions not provided. Even for MID, the probability that the true effect is  $\geq 1$  MID when the estimate from the population average equals 0.6 MID requires Bayesian credible intervals. The probability that some participants might benefit requires knowledge of the standard deviation

(SD) of the treatment responses (assuming normality). If the SD equals 0.1 MID, no patients had a response of  $\geq 1$  MID. If the SD equals 0.2, 2.5% of patients had a response of 1 MID. Even then, considering 2.5% as probably not v. probably important, and whether small is 1 MID or 1.5 MID, is a value judgment rather than correct or incorrect. Similar arguments are applicable for the other measures.

To help move the field forward, the authors might consider definitions that require less numerical literacy and give a better differentiation between “value judgments” and “correct responses.”

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*CMAJ* 2016. DOI:10.1503/cmaj.1150088

## Legacy of international sporting events

Great article on the health legacy of hosting international sporting events; well done.<sup>1</sup> In 2010, we argued that there was very little evidence that international sporting events leave a legacy of increasing participation.<sup>2</sup> We suggested that nations bidding for international events should be encouraged to promote physical activity and sports participation before the event and that various public health indicators should become part of the standard criteria for awarding these events.

In other words, perhaps the cities and countries bidding for a major event should be judged on what they have already done with respect to physical activity and public health at the time of the bid. It is ridiculously easy for a bid team to cut and paste a template of “promising a legacy of improved physical activity if we win blah blah blah.” Future governments don't get bound by this promise, and

the organizer of the event doesn't ever assess this promise on whether it gets delivered — once you have “won” the bid, your only delivery is the infrastructure and the event itself, not the legacy promise. However, if one had to act in advance in order to win a bid, then governments would be much more likely to actually take action — for example: “We will need to build many new cycle paths in our city because we could be bidding for this event against Amsterdam, a city that will no doubt try to highlight its great record in this area.” “We will need to fund a sports and exercise medicine centre of research because we could be bidding for this event against Doha, which will no doubt highlight its great track record here.”

The other argument for judging on achievements rather than promises is that it is far more objective. Because future promises are subjective, it becomes more likely that corruption can influence the outcome of an event bid. An objective scoring system based on outcomes achieved would be a great defence against corruption. One simply couldn't bribe an assessment team to record the presence of more cycle paths than Amsterdam if it wasn't true.

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