



consider "fads." Votes for women and ending child labour, perhaps?

Bob Frankford, MB, BS
Toronto, Ont.
Received via email

[The authors respond:]

Two colleagues have disagreed with the position we took against pharmacare in our July 1 editorial.

We agree with Dr. Joel Lexchin's implication that a cost is a cost is a cost ("Can a health care system change?" [letter], *Can Med Assoc J* 1997;157[5]:507-8). From the broad viewpoint of society it makes little difference who pays for a prescription drug (or, for that matter, a non-prescription one). However, in the politics of the turn of the century, it makes a huge difference. It seems clear to us that Canadians do not want to pay higher taxes. Thus, it is unlikely that Canadian politicians will toss new money toward drugs, and they will be reluctant to accept theoretical arguments of potential cost savings. Pharmacare is a big-ticket item and a big risk. Its pro-

moters need to address this basic political reality.

To Dr. Frankford we are tempted to respond "fiddle-faddle." Canadians benefit from an excellent medicare system that is universal to the extent that everyone is covered for the same services. But it is not comprehensive and was never intended to be. Lots of medical services are not covered by the public system, and we know of no other country with a publicly financed system of comprehensive health care coverage. Can our system be improved? Sure it can, but we are predicting that pharmacare will not be among the improvements.

One final point. The editorial section in *CMAJ* is a forum for the free expression of a clearly argued point of view on a matter of professional interest. The positions taken by the authors of editorials are not necessarily those of the CMA. Signed editorials are the responsibility of the author or authors, even when those authors are also editors of the journal.

John Hoey, MD
Editor-in-Chief
Kenneth M. Flegel, MD, MSc
Associate Editor
CMAJ

Guidelines for the diagnosis and management of migraine in clinical practice [correction]

This article, by Dr. William E.M. Pryse-Phillips and associates (*Can Med Assoc J* 1997;156[9]:1273-87), contained an error in the time for symptom relief by sumatriptan. This orally administered drug has been shown to relieve up to 70% of migraine attacks at 2 hours, not 1 hour, as was stated in the article. — Ed.

Pheochromocytoma manifesting with shock presents a clinical paradox: a case report [correction]

In this article, by Jason Ford and associates (*Can Med Assoc J* 1997;157[7]:923-5), the academic credit of the first author was listed as "BSc." In fact, at the time the article was submitted, Dr. Ford had not completed any academic degree, although he has since graduated from medical school. — Ed.

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