Support of clinical trials

David Sackett suggests that the Medical Research Council (MRC) is neglecting clinical trials, a key area of health research.[1] In fact, MRC is improving support for clinical trials and correcting some of the problems identified by Sackett.

In fiscal year 1999/2000, MRC's investment in a total of 100 trials is $9.7 million, including 32 trials ($2.0 million) funded through the University–Industry Program. MRC provides $250 000 for trials methodology studies and awards training and career support to trials researchers, such as Michael Kramer of McGill University, an MRC Distinguished Scientist. Industry partner funding, leveraged through the University–Industry Program, provides a further $8.7 million. The total annual investment in MRC-sponsored trials research is therefore in excess of $18.7 million.

MRC's support for trials has more than doubled since 1997/98, while the overall grants budget has increased by 31%. The increase in support of trials is proportionately greater than for any other MRC program. Unfortunately, MRC's budget still cannot support all meritorious applications. Sackett noted that in the last 2 competitions 40% of deserving trial proposals could not be funded; for other grants, the figure was 59%. Financial constraints also force Council to cut budgets of approved grants by usually 10%–20%. In the last 2 competitions, Council has spared the budgets of approved trials, recognizing their unique nature.

MRC has launched a program to support international trials (www.mrc.gc.ca/proposals/proposals.html). We sponsored an evaluation of the outcomes of MRC-funded trials and a recent workshop where leading researchers debated the future of trials research, as MRC transforms into the Canadian Institutes of Health Research. The Canadian Institutes of Health Research's commitment "to excel in the creation of new knowledge and its translation into improved health for Canadians" will require substantial investment in clinical trials.

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Reference

1. Sackett DL. Time to put the Canadian Institutes of Health Research on trial [editorial]. *CMAJ* 1999;161(11):1414-5.

If the WCB can do it, why not others?

If ever we need evidence of the failure of state-monopoly medicine, it is found in the emergence of special expedited care for injured workers.[1] Workers' compensation board (WCB) insurance schemes are founded on a sound accounting principle: Is it worthwhile paying more to get the service now, or should the worker wait (and be compensated by the board) until the public system can deliver the care the worker needs? In many cases workers would remain disabled for life if they waited for the public system to respond.

However, this same accounting principle is not carried over into the health care system the rest of us have to live with. It is hypocritical for politicians to turn a blind eye to this practice. Why should injured workers be able to jump the queue while all other citizens are forbidden from using their disposable income to purchase expedited care?

The call to government must be clear. Either fund the system properly or allow citizens to buy medical care privately, much the same as injured workers are now having their surgery paid for privately. The presence of privately funded WCB schemes will ultimately be the litmus test of inappropriate levels of government funding for medicare in Canada.

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1. LeBourdais E. Preferential treatment for WCB patients angers some MDs. *CMAJ* 1999; 161(7):859.

Look beyond the skid-row image

By chance I came across an article in *CMAJ* by Deborah Jones[1] that misrepresented the Downtown Eastside of Vancouver in such an irresponsible way that I felt obliged to write even though the article was printed some time ago. An article with questionable research that demonizes Vancouver's oldest community and its diverse population of residents, most of whom are law abiding, does not reflect favourably on a medical journal dedicated to healing.

Jones suggests that some 7000 injection drug users live in the Downtown Eastside. This figure is wrong; many drug users come from outside the community to use the needle exchange. The Vancouver Injection Drug Users' Study (VIDUS; cfeweb.hivnet.ubc.ca), involving 1300 injection drug users over 4 years, reported that 68% of them live outside the Downtown Eastside.

Jones also states that the Downtown