

## References

1. Quebec's Bill 114 [editorial]. *CMAJ* 2002;167(6):617.
2. See, for example, the public response reported by Jeff Heinrich in the *Montreal Gazette* 2002 July 26; Sect A:1.

## [Réponse des rédacteurs :]

Nous n'avions pas l'intention de condamner les médecins, ni du Québec ni d'ailleurs, et nous regrettons que la formulation de notre texte (et sa traduction) aient suscité cette interprétation. Le cas de Claude Dufresne à Shawinigan-Sud a démontré tragiquement les pressions intenses qui s'exercent sur les services d'urgence au Québec. Nous avons parlé d'une confiance «broken» (rompue)<sup>1</sup> — non d'une confiance «betrayed» (trahie) — et nous n'avions pas l'intention de juger quiconque, mais de réfléchir sur les dommages que de tels événements causent aux rapports entre les médecins et la société<sup>2</sup> — rapports régis de plus en plus par les forces économiques. Notre éditorial signale les nombreux facteurs ayant contribué aux difficultés actuelles au Québec et critique l'approche législative adoptée par le gouvernement pour remédier à la situation. Nous accueillons favorablement les échanges ouverts d'idées sur ces questions par tous les intéressés.

### John Hoey

Le rédacteur en chef

### Anne Marie Todkill

La rédactrice adjointe principale

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## Références

1. La Loi 114 du Québec [éditorial]. *JAMC* 2002; 167(6):619.
2. Voir, par exemple, la réaction du public rapportée par Jeff Heinrich dans le *Montreal Gazette* 2002 le 26 juillet; A:1.

## Medical newsletters: Can they be trusted?

In 1995, I wrote a letter to *CMAJ* about medical newsletters and the conflict-of-interest risks they pose.<sup>1</sup> These newsletters continue to flourish

and, unfortunately, may become a major source of information for busy practitioners.

The newsletter format closely resembles that of a peer-reviewed journal. Undoubtedly, this approach is taken to reinforce the newsletters' claims that they provide an educational service reflecting peer opinions and facilitating physicians' understanding of current trends in medicine.

However, 2 recent newsletter articles illustrate that their ultimate goal is quite different.<sup>2,3</sup> Each describes only one of the available drugs in a given class. In each case, the drug described also happens to be the drug produced by the pharmaceutical company underwriting this particular "independent report."

In short, these newsletters offer no references, are not peer reviewed and present one-dimensional examinations of the issues they cover. For instance, 2 cardiologists writing in the newsletter offered their views on how a new drug class should be used in practice. The surprise was not that both arrived at the same favourable conclusions about the same drug but rather that their comments were identical — word for word (see Box 1 at [www.cmaj.ca](http://www.cmaj.ca)).<sup>2,3</sup>

I have no objection to these newsletters if they appear with a banner stating that they are advertisements. However, to call them educational is misleading.

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## References

1. Brophy JM. Medical newsletters: funding and interests should be stated. *CMAJ* 1995;152(11):1744-5.
2. Refining the evidence: early use of GP IIb/IIIa inhibition confers greater-than-expected benefits in high-risk ACS patients. In: New frontiers in cardiology: a report from the American College of Cardiology 51st Annual Scientific Session, Atlanta, Ga., 2002 Mar 17-20. Beaconsfield (Que.): *Medical Frontiers International*; 2002.
3. Glycoprotein IIb/IIIa inhibitor therapy in coronary syndromes: management algorithm based on risk. In: New frontiers in cardiology: a report from the American College of Cardiology 51st Annual Scientific Session, Atlanta, Ga., 2002 Mar 17-20. Beaconsfield (Que.): *Medical Frontiers International*; 2002.

## The lockout of '62

In her novel *Swimming into Darkness*, Gail Helgason exercises considerable artistic licence in depicting Saskatchewan doctors' partial withdrawal of services in 1962.<sup>1,2</sup> Although some called this a strike, it was more like a lockout.

The Co-operative Commonwealth Federation (CCF), now the New Democratic Party (NDP), had recently brought in legislation to provide for universal public insurance for medical care. This gesture of apparent social conscience was more than it seemed. Buried in the fine print was an abrogation of doctors' democratic right to negotiate their working conditions. Section 49(g) of the legislation stated, "The Medical Care Commission [i.e., the government] shall determine the terms and conditions of service."

The Saskatchewan doctors felt that they had to resist the loss of such freedom, not only for themselves but on behalf of others who might one day be similarly constrained. But this did not mean a strike; rather, most doctors decided that they would work outside the Act. Thus the doctors would have their freedom and the government its insurance, but the insurance would be between the patient and the government. This was in keeping with Premier Tommy Douglas' oft-repeated statement that "we only want to pay the bill" and its implication that there was no desire to control the doctors.

However, when Douglas became the first leader of the national NDP, he wanted to include medicare in his platform. To achieve this objective, Douglas' successor in Saskatchewan amended the Act in May 1962, adding section 28, which made it illegal for a patient to even voluntarily pay a doctor's bill. This measure, the government thought, would mandate doctors to work within the Act when the amendment came into force on July 1, 1962.

Saskatchewan's doctors could not tolerate this Star Chamber legislation, nor could we run our offices with no income. As a result, we closed our offices but continued to operate hospitals and emergency departments.