

flicts of interest can harm our patients. If we continue to accept gifts, we remain beholden to the giver.

That our professional leaders suggest we “reaffirm our commitment to work together” with Rx&D is a testament to the power of money. It can blind us, for example, to the simplest of facts. As physicians, we prescribe drugs to improve the health and well-being of our patients, whereas industry wants us to prescribe drugs so that industry stays profitable. There’s nothing evil about that, and nothing too surprising, but let’s be honest — we are in fundamentally different lines of work. What is surprising is that our leaders choose to align themselves with industry leaders in an effort to convince us otherwise.

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3. Canadian Medical Association. Physicians and the pharmaceutical industry (update 2001) [policy statement]. Available: www.cma.ca/cma/common/displayPage.do?pageId=/staticContent/HTML/N0/12/working_on/ppi.htm (accessed 2003 Mar 28).

[The president of the CMA responds:]

Dr. Hanson replies to concerns about the CMA’s position on the Rx&D marketing code on page 1274.

Debating gun registration

The recent *CMAJ* editorial about the firearms registry¹ raises several issues, the primary one being the legitimacy of physicians using their special

place in society to espouse opinions outside their area of expertise. This practice lends a false air of authority to views that are political rather than scientific in nature.

Guns themselves hurt no one. It is their abuse by malicious, suicidal or ignorant people that leads to harm. Stating that people are “killed by... firearms”¹ leads people to erroneously fear guns rather than those who abuse them, and we tend to end up with laws that attack the object rather than the behaviour.

The quoted estimate that firearm injuries and deaths cost \$6 billion per year² is based on a costs-only analysis that assumes that every person injured or killed by firearms abuse would have produced some \$5 million over his or her lost lifetime. However, many murder victims have criminal histories themselves, and many suicidal people have psychiatric illnesses; to suggest that these people

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would be able to “produce” to the same extent as the average citizen is at best a stretch of the imagination. In contrast, Mauser³ has documented some 3500 defensive uses of firearms annually that result in human lives saved, which, using the \$5 million lifetime productivity figure, would equate to \$17.5 billion saved.

The editorial, quoting an article by Cukier,⁴ refers to gunshot wounds as the third leading cause of death among Canadians aged 15 to 24. According to Statistics Canada,⁵ this is simply not true. For deaths involving guns in 1997 (the most recent year for which complete figures are available), suicides accounted for 130, homicides for 32 and accidents for 13 of 1812 deaths in this age group (5th, 11th and 15th ranks respectively).

The editorial further claims that Canada ranks “fifth among industrialized nations in the incidence of firearm-related deaths in children under age 14.” If this is true then obviously our current approach isn’t working. Perhaps it is time we started focusing on firearm education, with special attention to educating children in the safe and responsible use of firearms.

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I congratulate *CMAJ* for the recent editorial supporting the federal gun registration program.¹ This editorial was timely, as there has been huge pressure to

cut the costs of the gun registry or even abandon it altogether. We cannot easily measure prevention, but we can certainly measure the effects of ignoring it.

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1. Reasonable control: gun registration in Canada [editorial]. *CMAJ* 2003;168(4):389.

Contrary to the views expressed in *CMAJ*’s editorial,¹ in my opinion the Canadian gun registry is a thinly disguised tax grab, created under the guise of “doing something” about gun control in response to media and public pressure (mainly from central and eastern Canada). In fact, what is being targeted is responsible gun ownership, not criminal use.

In response to the question that many of those reading this letter will have, no, I do not now nor have I ever owned a gun. I’m just upset that many people are buying into the myth of gun registry without looking deeper. It’s not backed by good science and we, as physicians, should be more discerning.

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The apparent apology for Bill C-68 (the Firearms Act) in a scientific periodical¹ requires comment.

The Canadian auditor general’s report of Dec. 3, 2002,² reported the needless waste of up to a billion dollars of public funds on the gun registry program. These tax dollars could be much better used if they were directed to improving access to and quality of health care, both of which were promised to the Canadian public through the Canada Health Act of 1984.

I agree that citizens in a free society

should attempt to obey the laws of the land. However, one has to go no further than the editorial pages of the *Globe and Mail* to read that “The subject who is truly loyal to the Chief Magistrate will neither advise nor submit to arbitrary measures” (the newspaper’s motto). Many aspects of Bill C-68 are arbitrary. The only solution at this stage is to dismantle it.

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The program with the closest similarity to the Canadian gun registry described in *CMAJ*’s editorial¹ seems to be the registration of motor vehicles. This is a money-maker for provincial governments, not a drain on their coffers. Registry of vehicles does make it easy to charge drivers with misdemeanors, but criminals seldom use vehicles registered in their own names for serious crimes, and registration has done little to reduce the awful death toll on our roads. To prevent deaths from motor vehicle crashes we institute driver education courses and public service messages. The same principles apply for gun registration.

There have been no gun battles in the duck marshes or drive-by shootings in the woods. It would appear that the government has done a terrible job of diagnosing the problem. It’s as if someone has come to the bureaucrats complaining of excruciating head pains, and they have prescribed an expensive new hat so that everyone can see what an effective job they are doing.

If, as medical practitioners, you can see no better way of using this billion dollars to save lives, then by all means cross your fingers and support the registry. However, from educated profes-