of British Columbia Department of Pharmacology and Therapeutics, he did not mention his involvement with the Therapeutics Initiative, which is supported by BC Pharmacare. This represents a significant conflict of interest that should have been disclosed. The concomitant presentation of a contrary viewpoint would also have been welcome.

Walter P. Maksymowych
Associate Professor and Consultant Rheumatologist
University of Alberta
Edmonton, Alta.

Reference

1. Wright JM. The double-edged sword of COX-2 selective NSAIDs. *CMAJ* 2002;167(10):1131-7.

Competing interests: Dr. Maksymowych has received speaker fees from Merck and educational grants from Aventis.

[The author responds:]

My article on cyclooxygenase-2 NSAIDs[1] represents data from randomized controlled trials and my own personal interpretation of those data. I am the managing director of the Therapeutics Initiative, which holds as one of its primary tenets the maintenance of independence from government and other vested interest groups. This independence is achieved in part by a 5-year grant funding arrangement administered by the University of British Columbia and by restriction of membership on decision-making committees and working groups to people who are not employed by government or the drug industry. To maintain credibility as a source of evidence-based information, the Therapeutics Initiative follows the rule that all those involved, whether they are researching and producing reports, preparing and disseminating educational material, or voting on committee decisions, must have no competing interests.

James M. Wright
Departments of Pharmacology and Therapeutics and of Medicine
University of British Columbia
Vancouver, BC

Reference

1. Wright JM. The double-edged sword of COX-2 selective NSAIDs. *CMAJ* 2002;167(10):1131-7.

Is nothing sacred?

The Ezekiel name comes from a long and distinguished lineage of Iraqi Jews who lived in Baghdad for more than a thousand years before being dispersed around the world in the early part of the 20th century. Physicians, attorneys, merchants, scientists, bankers, professors and rabbis have proudly borne the name.

Alas, I now discover that one "Eugene," the anatomy lab technician depicted in Ronald Ruskin's story about medical school,[1] chose the name Ezekiel for the orangutan skeleton that hung in the laboratory. Ah, the ignobility of it all. I can only hope that Ezekiel the orangutan was a giant among primates.

Dan Ezekiel
Physician
Vancouver, BC

Reference

1. Ruskin R. The anatomy museum. *CMAJ* 2003; 168(2):203-4.

[The author responds:]

Dan Ezekiel points out that his surname comes from "a long and distinguished lineage." The same cannot be said for the Ezekiel in my recent story,[1] whose origins remain unknown.

As Dr. Ezekiel no doubt knows, his name can be traced to the 6th-century BC Hebrew prophet who wrote that "The hand of the Lord came upon me, and he carried me out by his spirit and put me down in a plain full of bones" (Ezekiel 37:1).

I can assure Dr. Ezekiel that Ezekiel the organgutan skeleton was indeed a great character. He watched over young and anxious medical students struggling with Death, Anatomy, and *Grant's Atlas*. His bones showed us the spaces between life and death; his primate image floating before our eyes showed us our past and our future.

Ronald Ruskin
Staff Psychiatrist
Mount Sinai Hospital
Toronto, Ont.

Reference

1. Ruskin R. The anatomy museum. *CMAJ* 2003; 168(2):203-4.

A national drug agency

Like the editors of *CMAJ*,[1] we strongly support the Romanow Commission's recommendation for a

Submitting letters

Letters may be submitted via our Web site or by mail, courier, email (pubs@cma.ca) or fax. They should be no more than 250 words long and must be signed by all authors. Letters written in response to an article published in *CMAJ* must be submitted within 2 months of the article's publication date. Letters are subject to editing and abridgement.

eLetters

We encourage readers to submit letters to the editor via the eLetters service on our Web site (www.cmaj.ca). Our aim is to post by the next business day correspondence that contributes significantly to the topic under discussion. eLetters will be appended to the article in question in *eCMAJ* and will also be considered for print publication in *CMAJ*. To send an eLetter, click on the "Submit a response to this article" at the top right-hand side of any *eCMAJ* article.

national drug agency.[2] Our recent study[3] showed that the current system of listing drugs for reimbursement on the basis of estimates of how well they will work in routine medical practice is seriously flawed. We found considerable differences between provinces in their drug review processes. Furthermore, reviewers were making decisions (to list or not list new drugs in their formularies) without having the information they considered "necessary" for such decisions. Probably in direct relation to these 2 factors, we identified wide differences between provinces regarding drug acceptances and refusals. We also found that not all provinces have the resources to do adequate evaluations of new drugs.

There is a need to replace the present flawed system with a national drug agency that would evaluate premarketing data and, eventually, postmarketing use of new drugs, according to scientifically appropriate methods and documented policies and procedures.[3]

With the agreement of federal and provincial ministers of health, the Canadian Coordinating Office on Health Technology Assessment is setting up a Common Drug Review initiative[4] to carry out such evaluations of new drugs. But is this the best choice for developing and overseeing this extremely important function? The placement and oversight of a national drug agency needs to be debated now.

We believe that a national drug agency must be publicly responsible, free-standing, credible and capable of attracting an expert leader in this highly specialized assessment field.

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Robert S. Tonks
Professor
Dalhousie University
Halifax, NS

References

1. We need Romanow's National Drug Agency [editorial]. *CMAJ* 2003;168(3):249.
2. Romanow RJ. *Building on values: the future of health care in Canada*. Ottawa: Commission on the Future of Health Care in Canada; 2002. Available at: www.healthcarecommission.ca (accessed 2003 Jan 28).
3. West R, Borden EK, Collet JP, Rawson NSB, Tonks RS. "Cost-effectiveness" estimates result in flawed decision-making in listing drugs for reimbursement. *Can J Public Health* 2002;93:421-5.
4. *An introduction to the Common Drug Review (CDR)*. Ottawa: Canadian Coordinating Office for Health Technology Assessment; 2002. Available at: www.ccohta.ca/entry_e.html (accessed 2003 Feb 5).

Competing interests: Dr. Borden has acted as a consultant for Leo Laboratories. Dr. Collet provides consulting services to various pharmaceutical companies. Dr. Rawson has received unconditional grants from Rx&D.

A reply from SMARTRISK

I was distressed to see that *CMAJ* had elected to publish "Taking risks with injury prevention,"[1] a "commentary" that not only contained numerous inaccuracies but unfairly represented the valuable work of SMARTRISK and called the integrity of the organization into question. I was particularly distressed given that SMARTRISK was not contacted to verify the facts prior to the article's publication.

There are some points that need to be made so that they become part of the public record.

SMARTRISK is keenly aware of the need for evidence-based action and a strong link between research and practice.

SMARTRISK has in place a Research Advisory Committee with re-