

pickup truck in which one girl died.¹ Paragraph 4 of the article,¹ as well as the table of contents of the *CMAJ* issue in which it appears (page 891), use the word “accident” to refer to the collision. This terminology is misleading.

An accident is unpredictable and unpreventable. However, almost all motor vehicle collisions are due to driver error, often compounded by fatigue, alcohol or excess speed. Motor vehicle collisions are a major source of injury, disability and death. If this carnage were due to an infectious agent, the outcry would be deafening — witness the continuing furor concerning SARS.

Vehicular incidents are predictable and preventable. The *CMAJ* could help to improve public attitudes toward the causes of these events by using the proper words to describe them.

Robert Shepherd
Gatineau, Que.

Reference

1. Sibbald B. MDs call for new safety features after death in school bus crash. *CMAJ* 2003;169(9):951.

[The associate news editor responds:]

Robert Shepherd’s point is well taken, and the *CMAJ* editors agree that the word “accident” should not have been used in my article¹ or in the table of contents for the issue.

We intend to follow the example of *BMJ*² and will in future avoid use of this term with reference to motor vehicle collisions and other predictable and preventable incidents causing injury and death.

Barbara Sibbald
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References

1. Sibbald B. MDs call for new safety features after death in school bus crash. *CMAJ* 2003;169(9):951.
2. Davis RM, Pless B. *BMJ* bans “accidents”. Accidents are not unpredictable [editorial]. *BMJ* 2001;322:1320-1.

Mercenary hypocrisy at *CMAJ*

The CMA¹ and the Royal College of Physicians and Surgeons of

Canada² both have guidelines restricting relationships between physicians and industry. These include specific admonitions against receiving gifts.

In its Sept. 30, 2003, issue, *CMAJ* published a news article containing criticisms of oxycodone (OxyContin) because of its highly addictive nature and describing legal actions being taken against the manufacturer. In the same issue, and in a much more prominent space, *CMAJ* sold a full-page colour ad promoting OxyContin for the treatment of chronic pain.

The usual tired caveats in the journal’s defence will be invoked: that the prescribing physician is ultimately responsible for obtaining, synthesizing and interpreting the medical literature related to a treatment decision. It seems to me, though, that *CMAJ* has gone beyond mere hypocrisy to a new level of mercenary greed. While the CMA admonishes physicians against having truck with nefarious pharmaceutical types, *CMAJ* is lining its pockets with money from a company selling a drug that has introduced a new level of misery — addiction — into the lives of patients with chronic pain.

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References

1. *Physicians and the pharmaceutical industry* (update 2001). Ottawa: Canadian Medical Association; 2001. Available: www.cma.ca/staticContent/HTML/N012/where_we_stand/physicians_and_the_pharmaceutical_industry.pdf (accessed 2003 Oct 29).
2. *Physicians and industry — conflicts of interest*. Ottawa: Royal College of Physicians and Surgeons of Canada; updated 2003 Aug 25. Available: rcpsc.medical.org/english/publications/ (accessed 2003 Oct 29).
3. OxyContin class-action suit to proceed. *CMAJ* 2003;169(7):699.

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[The editor responds:]

Michael Jacka criticizes *CMAJ* for accepting an OxyContin advertisement directed at physicians while

publishing a news story¹ describing a US class action lawsuit against Purdue Pharma for aggressively marketing OxyContin.

Drug advertisements in Canada, unlike those in the United States, are regulated by the Pharmaceutical Advertising Advisory Board, an autonomous organization endorsed by Health Canada.² This process provides assurance that Canadian advertisements are appropriate for the intended audience. Undoubtedly narcotics can lead to addiction, but they are also useful in certain clinical situations.³

John Hoey
CMAJ

References

1. OxyContin class-action suit to proceed. *CMAJ* 2003;169(7):699.
2. Chepesiuk R. Supported by an unrestricted educational grant [editorial]. *CMAJ* 2003;169(5):421-2.
3. Gardner-Nix J. Principles of opioid use in chronic noncancer pain. *CMAJ* 2003;169(1):38-43.

Eliminate trade barriers

The collapse of the WTO meeting in Cancun¹ in September has exposed the gross disadvantage that African, Caribbean and Asian countries have endured for decades. The promise of the benefits of so-called free trade, and the absolute certainty of the trickle-down theory, so enthusiastically proclaimed by economics gurus, have been frustrated by new protectionist barriers erected to replace the more blatant ones of the colonial period.

Under these conditions, the socioeconomic determinants of health, so obvious to even the most casual observer, remain intractable impediments to good health for millions of people. The suicide of South Korean farmer Lee Kyung-Hae should convince us that unfair trade practices kill and maim people just as effectively as bombs, land mines and other conventional methods of warfare.

Nonreciprocal free access to the markets of the advanced countries of