self-regulatory guidelines to limit its own advertising practices," Mintzes stated an e-interview from Amsterdam. "Secondly, the Institute of Medicine report on drug safety in the US drew a strong link between safety concerns and DTCA. They recommended a moratorium on any advertising to the public of drugs within their first two years on the market, within a US context in which a total ban was unlikely."

DTCA is a live issue elsewhere as well. In Europe, a proposal to weaken the ban on advertising prescription-only medicines was overwhelmingly rejected by the European Parliament 2 years ago. The European Commission recently stated that it regrets that decision and called for a reform of the European pharmaceutical legislation.

However, in New Zealand — the only country other than the US that currently allows DTCA — the government is expected to ban DTCA after several reviews recommended rejecting it and the fact that many doctors in New Zealand oppose DTCA (*Br J Gen Pract* 2003;April: 342-5). — Alicia Priest, Victoria

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Quebec allows Vioxx class-action suit

The Quebec Superior Court has set a worldwide precedent in granting plaintiffs class-action status in a suit against Merck Frosst Canada Ltd., the Canadian manufacturer of rofecoxib (Vioxx).

US parent Merck & Co. Inc., announced Sept. 30, 2004, a voluntary worldwide withdrawal of rofecoxib (Vioxx) after a study showed patients taking the anti-inflammatory drug on a long-term basis face twice the risk of a heart attack compared with patients receiving placebo (*CMAJ* 2004;171:1027-8).

The Nov. 9 Quebec court decision marks the first personal injury class-action suit authorized in the swirl of litigation surrounding rofecoxib. The Canadian class action was filed by 2 plaintiffs, who allege that they suffered heart attacks after using rofecoxib for more than 3 years. About 4000 Quebeckers who used the drug between 1999 and 2004 may be represented in the suit.

Merck may seek a motion to de-authorize the class action on the grounds that each plaintiff's case is unique.

In the US, Merck is arguing each case separately and faces more than 42 000 lawsuits. So far, Merck has won 5 Vioxx cases and lost 4. A class-action suit on behalf of unions, health plans and over third-party payers who covered rofecoxib prescriptions has been authorized in the state of New Jersey.

Rofecoxib, a selective COX-2 inhibitor, nonsteroidal anti-inflammatory drug (NSAID) gained Canadian approval in 1999 for the treatment of acute and chronic symptoms of osteoarthritis, rheumatoid arthritis, acute pain and menstrual pain. IMS Health Canada reports that rofecoxib was the number 10 top-selling drug in Canada in 2003, with 3.3 million prescriptions written and retail sales totaling $194 million.

Merck is expecting a decision from the US Food and Drug Administration by April on its application for approval of Arcoxia, its COX-2 inhibitor for people suffering from osteoarthritis. — Barbara Sibbald, *CMAJ*

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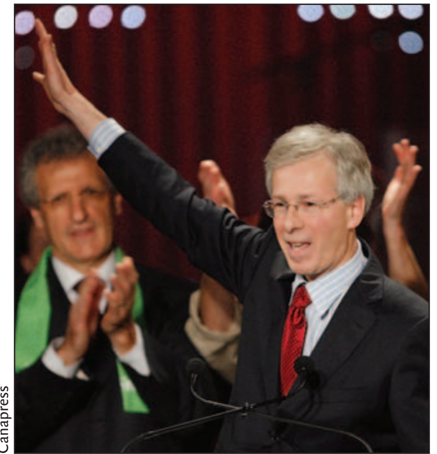
New Liberal leader champions R&D boost

Scores of federal Liberals seemed to emerge from their leadership convention expressing a measure of incredulity about what they'd just done in selecting former cabinet minister Stéphane Dion to their party helm.

It took several curious turns of events for the erstwhile defender of federalism within Quebec, who'd cast himself as an environmental crusader, to top frontrunners Michael Ignatieff and Bob Rae.

Dion's health policies were certainly among the mysteries to Liberal delegates. Although the 51-year-old sociologist participated in the *CMAJ*'s survey of Liberal leadership hopefuls (*CMAJ* 2006;175:1189-90), he did not issue a health policy paper. In his sole cam-



Canapress

Dion reaffirmed that access to health care shouldn't be "determined by the thickness of the patient's wallet."

paign statement on health, Dion re-affirmed opinions expressed to the *CMAJ* to the effect that access to health care shouldn't be "determined by the thickness of the patient's wallet" but that more private sector delivery of services shouldn't be ruled out-of-hand.

Dion said he also wants to improve Aboriginal health, increase health research promote healthy lifestyles and sports activities and strengthen the public health agency. "I want to have the strongest regulations against pollutants and against dangerous products. I want to put in place a better Canadian drug approval process, and better international cooperation on dealing with pandemics."

During the campaign, Dion also vowed to use tax incentives to spur higher research outlays within the private sector, and more commercialization on federally funded research through mechanisms like a fund that would allow government scientists "to compete for new long-term funding over and above their existing research budgets when undertaking projects in conjunction" with small and medium-sized businesses. He also proposed devoting 5% of all federal research outlays to address the needs of developing countries, particularly with regard to health and the environment.

Dion also championed another fund to promote multidisciplinary environmental research, as well as one to fund research needs identified as national

"grand challenges" by Canada's cutting-edge scientists at annual gatherings.

Dion also resurrected the 1999 Advisory Council on Science & Technology recommendations that intellectual property rules within academe be revised to vest rights with institutions rather than individuals, and that universities be obligated to invest more in technology transfer offices to generate more revenues through licensing and other forms of technology transfer. He'd also create a "Talent and Research Fund for International Study" to attract more foreign students, as well as promote more international research collaborations and academic exchanges. — Wayne Kondro, *CMAJ*

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Furor over proposed offshore teleradiology

Normand Laberge has courted his fair share of controversy during his 7 years as CEO of the Canadian Association of Radiologists, but even he was surprised at the backlash when he argued in favour of offshore teleradiology as a solution to Canada's chronic radiologist shortage and growing wait times for diagnostic services.

Laberge made that case in the media (*Ottawa Citizen*, Oct. 22, 2006) on the opening day of CAR's annual general meeting. The article by Brad Mackay sparked outrage and prompted the Ontario Association of Radiologists to write a letter of no-confidence, demanding Laberge's immediate dismissal.

The move by the OAR (which represents about 700 of the country's 1900 radiologists) prompted an emergency president's meeting of CAR, where OAR's request was denied. Two weeks later, OAR's board of directors put the issue to a vote among its members at their annual convention. The members voted against a call for Laberge's resignation. At press time (Nov. 20), OAR was reportedly sending letters to radiologists across the country encouraging them to cancel their membership in CAR. OAR declined requests for an interview for this article.

"[Laberge] wanted to get a reaction out of them, to get them moving and he sure did. It was as bad as it could get," says CAR President Dr. Robert Miller. "It's just a matter of change. Nobody likes change, and doctors are supposed to be the worst." Miller asserted his confidence in Laberge, and praised his CEO's bravery in confronting difficult issues with bold ideas.

Bloodied but unbowed, Laberge admits that he was "playing with fire" when he decided to broach the contentious issue in the pages of the mainstream press. "There's a saying that if you're 20 feet in front of the troops you're the leader. If you're 40 feet in front of the troops, you're the target," he says. "Indeed, some members of the troops now consider me a target while others consider me a leader. Sometimes as a leader your job is not to please everybody, but to make sure the right thing is done. And the right thing is to have a debate about the situation."

At present, the debate centers on what to do about the persistent shortage of radiologists; CAR estimates Canada is about 600 radiologists shy of the full capacity of 2500. That's a shortfall of more than 25%, and one that has an identifiable impact on the health care system. For example, in Ontario the average wait time for results from a CT scan is 70 days and the wait for MRI results is more than 90 days. At Montréal's Victoria Hospital wait times for certain x-ray examinations are reaching 3 months or more, while in PEI the shortage has forced them to abandon their mammography screening program.

In 2004, CAR drafted a 5-point strategy to address the shortage. It included training more radiologists, expanding the roles of radiology technologists, controlling the demand for unnecessary tests and branching out into teleradiology. While CAR maintains it is still dedicated to teleradiology, it resolved in its October meeting to pursue domestic solutions first. This means they'll try to set up links among various provinces where radiologists with spare time can process some of the backlog from their colleagues in other time zones. They plan to have a report done of the issue by next June. Laberge, meanwhile hopes all of the dissension has had a positive side effect.

"I am very sorry and regret some of the angst I've caused to radiologists. But everyone should recognize that the next day, at least we now have a plan to increase the access to imaging services for Canadians. If that's the outcome of all the angst — then so be it." — Brad Mackay, Ottawa

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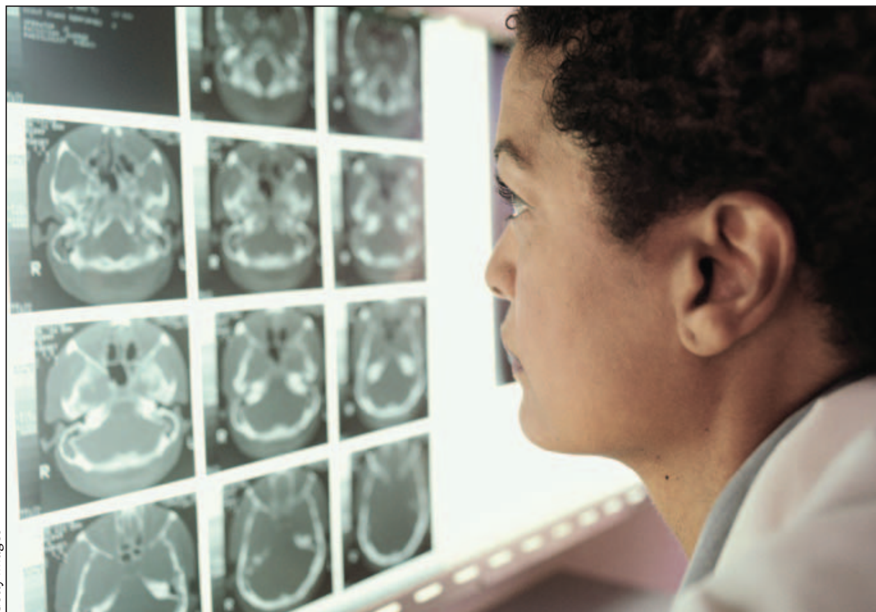

Getty Images

Canada has a shortfall of about 600 radiologists.