medicine strongly rely on the data provided by high-quality, double-blind, randomized placebo-controlled trials. We thank Kavanagh, Kabathova and Levyman for reiterating the shortcomings in the literature to date, which led to the cautions described in our meta-analysis. Nevertheless, our conclusion, that cholinesterase inhibitors are effective as a class, and the quantification of NNT with the associated confidence intervals are supported by the data and our analysis.

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Action on Canada's generic drug law

James Orbinski's informative commentary¹ on Bill C-56 was stirring. However, we also need suggestions for effective ways in which individuals can influence the powers that be; such strategies may have an important bearing on the form in which the legislation is passed.

It is mind-boggling that millions around the world continue to suffer and die from preventable causes while private interests help to stifle measures designed to deal with the problem. Mobilizing physicians who are concerned about the issue could go a long way toward making sure that Canada leads the way in breaking this catastrophic impasse.

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[The author responds:]

Medical students at, for example, McGill University and the University of Toronto have organized lectures, workshops, petitions, active lobbying and demonstrations in support of changes to Bill C-9 (formerly known as Bill C-56) that could make access to generic versions of patented medicines a reality in countries where the appropriate manufacturing capacity does not exist. In doing so, these students are active and full partners in a broad international coalition of church groups, national and international nongovernmental organizations, labour unions, medical associations and others concerned with access to health care at the global level. In my view, this is a powerful example of active citizenship and professional responsibility that challenges rather than acquiesces to the "powers that be."

The "right of first refusal" in the

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