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.

Krista L. Lanctôt

Departments of Psychiatry
and Pharmacology

Nathan Herrmann

Department of Psychiatry

Thomas R. Einarson

Faculties of Pharmacy and Medicine
University of Toronto
Toronto, Ont.

References

1. Lanctôt KL, Herrmann N, Yau KK, Khan LR, Liu BA, LouLou MM, et al. Efficacy and safety

- of cholinesterase inhibitors in Alzheimer's disease: a meta-analysis. *CMAJ* 2003;169(6):557-64.
2. Peripheral and central nervous system drugs advisory committee meeting; 1989 Jul 7. Rockville (MD): US Food and Drug Administration; 1989. p. 277.
3. Patient-Oriented Evidence that Matters. Donepezil is somewhat effective for Alzheimer's, probably better than galantamine [filler]. *BMJ* 2004;328(7431):0-g. Available at: bmj.bmjournals.com/cgi/content/full/328/7431/0-g (accessed 2004 Feb 11).
4. Wilcock G, Howe I, Coles H, Lilienfeld S, Truyen L, Zhu Y, et al. A long-term comparison of galantamine and donepezil in the treatment of Alzheimer's disease. *Drugs Aging* 2003;20:777-89.
5. Wilkinson DG, Passmore AP, Bullock R, Hopker SW, Smith R, Potocnik FC, et al. A multinational, randomised, 12-week, comparative study of donepezil and rivastigmine in patients with mild to moderate Alzheimer's disease. *Int J Clin Pract* 2002;56:441-6.
6. Jones RW, Soininen H, Hager K, Aarsland D, Passmore P, Murthy A, et al. A multinational, randomised, 12-week study comparing the effects of donepezil and galantamine in patients with mild to moderate Alzheimer's disease. *Int J Geriatr Psychiatry* 2004;19:58-67.

Competing interests: Dr. Lanctôt has received research honoraria and/or speaker's fees and/or travel assistance from Pfizer Canada Inc., Janssen-Ortho Inc. and Neotherapeutics. Dr. Herrmann has received speaker's honoraria and consulting fees from Pfizer Canada Inc., Janssen-Ortho Inc. and Novartis Pharmaceuticals, as well as research support from Janssen-Ortho Inc. None declared for Dr. Einarson.

DOI:10.1053/cmaj.1040150

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.

Eila Abi-Jaoude

Fourth-year Medical Student
University of Manitoba
Winnipeg, Man.

Reference

1. Orbinski J. Access to medicines and global health: Will Canada lead or flounder? [editorial]. *CMAJ* 2004;170(2):224-6.

DOI:10.1053/cmaj.1040491

[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

NFH
NUTRITIONAL
FUNDAMENTALS
FOR HEALTH

**HOW NUTRACEUTICAL
RESEARCH IS SHAPING
THE FUTURE OF YOUR
PATIENTS' HEALTH**

Evidence-based nutraceutical
products for alternative and
adjunctive therapies for
disease prevention.

www.nfh.ca
Tel: 1.866.510.3123

NFH
NUTRITIONAL
FUNDAMENTALS
FOR HEALTH
Chol SAP-15
CHOLESTEROL
AND BILE ACIDS
30 CAPSULES

draft Bill C-9 is one of the many potential stumbling blocks described in my commentary.¹ Whether the early praise offered by the WHO and the UN Special Rapporteur on the Right to Health is deserved will depend on the provisions of the final bill. As I write this (late March 2004), public hearings on the bill are still in progress. Medical students, faculty members and practising health care professionals can make their opinions heard by contacting their MP or the prime minister's office directly.

James Orbinski

Research Scientist
and Associate Professor
St. Michael's Hospital
University of Toronto
Toronto, Ont.

Reference

1. Orbinski J. Access to medicines and global health: Will Canada lead or flounder? [editorial]. *CMAJ* 2004;170(2):224-6.

DOI:10.1053/cmaj.1040523

Beyond weapons of mass salvation

I applaud Prabhat Jha and associates¹ for outlining Canada's failure to address the needs of the global poor. Canada should be ashamed of its contribution of 0.28% of gross national income,² which falls far short of Lester B. Pearson's vision of 0.7% of gross domestic product.

Like many others involved in work related to developing countries, I agree that preventable diseases of childhood need attention and that significant amounts of money must be contributed to reduce their burden. However, monetary aid is only one aspect of the solution. Just as important is the need to raise awareness, not only within the medical profession but also throughout the general public. Efforts such as those of *CMAJ*^{1,3} represent but a first step.

We must also deal with the lack of a cadre of international health professionals. Despite the increased interest among students and young professionals in participating in international health,

the failure to create viable career pathways has limited development of this field in Canada. A Canadian public health school might help in this regard.

Finally, although technical innovations are now available for diseases such as measles (vaccines), malaria (drug-impregnated bed netting), pneumonia (antibiotics) and gastroenteritis (oral rehydration solutions), research is still needed to improve the delivery of health services to the people who need it most.

Will Canada lead the world in helping the global poor?

Kevin J. Chan

Centre for International Health
and Development
University of Ottawa
Ottawa, Ont.

References

1. Jha P, Stirling B, Slutsky AS. Weapons of mass salvation: Canada's role in improving the health of the global poor [editorial]. *CMAJ* 2004;170(1):66-7.
2. Organisation for Economic Co-operation and Development (OECD) recognizes Canada's progress in development assistance [news release]. Ottawa (ON): Canadian International Development Agency; 2003 Apr 23. Available: www.acidida.gc.ca/cida_ind.nsf/vLU11DocByIDEn/FCC13E9BB423174B85256D11006719E4?OpenDocument (accessed 2004 Mar 24).
3. Western medical journals and the 10/90 problem [editorial]. *CMAJ* 2004;170(1):5.

DOI:10.1053/cmaj.1040418

Reporting process of randomized controlled trials

Andreas Laupacis and colleagues¹ raise important concerns regarding the almost complete lack of an appropriate process for evaluating newly approved therapeutics once they are in widespread clinical practice in Canada. Their suggestion for Centres of Excellence in Pharmacovigilance is promising and deserves further scrutiny, particularly because the regionalization of health care services positions Canada as a potential international leader in this area.

An example of how such a centre would work is already available. In Alberta the introduction of the biological

therapies infliximab and etanercept for the treatment of rheumatoid arthritis has been accompanied by a mandatory program of pharmacovigilance developed by rheumatologists at the University of Alberta and the University of Calgary. The Rheumatoid Arthritis Pharmacovigilance Program and Outcomes Research in Therapeutics (RAPPORT) Team has developed a systematic approach to collecting data on effectiveness, adverse events and cost-effectiveness for all Alberta patients receiving these agents for the treatment of rheumatoid arthritis.² What is additionally unique about this program is the application of defined and validated criteria in the ongoing surveillance of effectiveness; this ensures that patients who no longer meet the response criteria are withdrawn from these costly therapies, which in turn ensures accountability for dollars spent. This operational model of pharmacovigilance has become enmeshed with routine clinical practice and illustrates what can be accomplished through a committed partnership involving academia, government payers and industry.

Walter P. Maksymowych

Chair, Scientific Committee RAPPORT
Professor of Medicine
University of Alberta
Edmonton, Alta.

References

1. Laupacis A, Paterson JM, Mamdani M, Rostom A, Anderson GM. Gaps in the evaluation and monitoring of new pharmaceuticals: proposal for a different approach [editorial]. *CMAJ* 2003;169(11):1167-70.
2. Barr S, Maksymowych W, Steber W, Mallon C, Martin L. "Real-world" effectiveness of infliximab and leflunomide: the Alberta experience [abstract]. Annual meeting of Canadian Rheumatology Association; Lake Louise, Alta.; 2004 Feb 25-28. *J Rheumatol*. In press.

DOI:10.1053/cmaj.103206

Correction

In the March 2, 2004, issue there was a transposition error in the page numbering. The page numbering for this issue should have begun with 573 and not 753.

DOI:10.1053/cmaj.1040568