self-regulatory guidelines to limit its own advertising practices,” Mintzes stated in 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 Quebecers 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-

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

paign statement on health, Dion reaffirmed 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