In Canada, funding from the pharmaceutical industry is currently part of our revenue stream, but it is strictly controlled and represents an ever-decreasing percentage of total funding (it ranges from 5% to 50% of total funding and is in the 5%-20% range for most of our continuing medical education offices). Funding from faculties of medicine generally accounts for about 10% of the revenue. The remainder comes from program fees, contracts with governmental and nongovernmental agencies and research grants.

In conclusion, we already have in place institutions similar to the proposed Institute of Continuing Health Education. We call upon funders of the health care and education systems to place the same importance on funding for continuing health education as they do on funding for undergraduate and postgraduate health education.

Douglas Sinclair MD
Chair, Standing Committee on Continuing Medical Education, Association of Faculties of Medicine of Canada, Ottawa, Ont.

Competing interests: None declared.

REFERENCE

I thank Paul Hébert and the Editorial-Writing Team for CMAJ’s courageous position statement on continuing medical education.1 The problem of the pharmaceutical industry’s influence on physicians through so-called educational activities has been glossed over for too long. Physicians are not stupid, but we are human. Studies have demonstrated that the bias introduced by drug companies influences clinical decision-making. The pharmaceutical industry is very skilled at influencing physicians in subtle ways and spends millions of dollars doing so every year. It is just plain wrong that many continuing medical education events are sponsored by drug companies. It is time that we reclaim the integrity of our profession.

Stefanie Falz MD
Family Physician, Kimberley, BC

Competing interests: None declared.

REFERENCE

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Paul Hébert and the CMAJ Editorial-Writing Team have identified an important issue concerning the sponsorship of continuing medical education in Canada.1 As they note, a large proportion of continuing medical education is funded by the pharmaceutical industry, and physicians have become habituated to receiving such subsidized learning opportunities.

The CMA’s Council on Education and Workforce recognizes the many and varied challenges that physicians face as we strive to keep our knowledge and skills current so that we can recommend and prescribe the best possible treatment for each patient. The CMA has embedded the obligation of physicians to pursue lifelong learning in its Code of Ethics2 and has articulated the standards of ethical behaviour expected of physicians in its Guidelines for Physicians in Interactions with Industry.3 These guidelines provide advice to Canadian physicians who find themselves in a possible situation of conflict of interest in dealing with drug companies; they also outline requirements to ensure that continuing medical education sessions are as independent as possible of industry influence.

In January 2008, the CMA convened a meeting of national specialty societies and related medical organizations to discuss issues related to online continuing medical education. A prominent theme in the discussions was the desirability of diversifying sources of financial support for continuing medical ed-

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