

OBITUARY

Barbara Seaman (1935-2008): pioneer in the women's health movement

Women's health lost a powerful champion with the death of Barbara Seaman, an author, journalist and patients' rights advocate, on Feb. 27, 2008, at her Manhattan home in New York City, New York. She had been living with lung cancer.

Seaman was a founder of the women's health movement in North America in the 1970s and paved the way for patients' rights. She is best known for her writings on drug safety, particularly her early warnings about the dangerously high levels of estrogen in the first generation of contraceptive pills, and more recently, the overprescription of hormone therapy for menopausal women.

For sounding the alarm on the safety profile of these and other medications, and for insisting that there be proper warning labels on drugs, Seaman was publicly castigated and labeled an uninformed troublemaker. But, as with so much of Seaman's work, time proved her both prophetic and deeply wise.

Her landmark book on hormonal contraceptives, *The Doctors' Case Against the Pill* (1969), initiated congress-

sional hearings into the safety of birth control pills (1970) in the United States and catapulted women's health issues into the national spotlight. By the 1980s, the dosage of estrogen in oral contraceptives had been drastically reduced.

The hearings she helped bring about also resulted in the creation of patient package inserts for all US pharmaceutical products. Moreover, her insistence on public participation encouraged the US Food and Drug Administration (FDA) to open all future hearings to the public and to include patients' voices in the assessment of pharmaceutical products — something not yet the case in Canada.

As one of her friends wrote: "Her daring critiques, her courageous persistence in the face of major efforts to silence and discredit her, provide a model for many and gave us all strength to ensure that women's voices be heard and our concerns taken seriously."

In 1975, Seaman and 4 other women founded the National Women's Health Network, a women's health advocacy group based in Washington DC that continues to raise public consciousness and influence public policy on women's health issues and concerns, as well as highlight the need for women to become knowledgeable about their bodies and care options.

Seaman was also one of the first to question the medicalization of women's natural cycles, including the common practice of prescribing hormone therapy to "treat" menopause, raising concerns decades before the landmark Women's Health Initiative study (2002) demonstrated that long-term use of hormone therapy significantly increases the risk of breast cancer and stroke, among other harmful effects.

In her book, *The Greatest Experiment Ever Performed on Women* (2003), Seaman soundly demonstrates the failure of the FDA and the medical establishment to demand rigorous testing of hormone therapy before mass prescribing took place and castigates the pharmaceutical industry for putting profits above women's lives.

Throughout her life, Seaman was never too busy, too battle-weary or too distracted to provide caring support for others. There was never a request

for her insights, her review of some piece of work, her presence at some event that she rejected; her warmth and generosity of spirit and time are legendary.

Seaman's crusading for women's health and drug safety had a major impact beyond the borders of the United States and many in Canada also mourn her loss. We will miss this pioneer of the women's health movement. We are all in her debt. — Abby Lippman, Montréal, Que., Anne Rochon Ford, Toronto, Ont., and Kathleen O'Grady, Ottawa, Ont.

The authors have had a professional relationship with Ms. Seaman on various initiatives.

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News @ a glance

President-elect: Saskatoon, Sask., family physician Dr. Anne Doig has been selected president-elect of the Canadian Medical Association for 2009/10. Doig emerged as the victor on the fourth ballot of a 7 candidate contest (CMAJ 2008;178[5]:544). If ratified at this year's annual CMA conference, to be held in Montréal, Que., Doig will assume presidential duties in August 2009. She will be the fifth female president of the association.

Tuberculosis hot spots: Nearly 500 000 or a staggering 5% of all 9 million new tuberculosis cases diagnosed annually worldwide are of the multidrug-resistant variety, according to the World Health Organization's first update on the disease in 4 years. The percentages rise to 15%–22% in parts of China and former Soviet Union republics because of poverty, overcrowding, alcoholism and other social stresses. The study also found that extensively drug-resistant tuberculosis has now been detected in 45 countries.

Marijuana tug-of-war: The 124 000-strong American College of Physicians has called on the Bush administration to review marijuana's status as a Schedule 1 controlled substance so that its therapeutic use can be legitimized. Re-



Betty Lane, courtesy of Seven Stories Press

Science journalist and activist, Barbara Seaman twirls a cervical cap at a 1980 press conference about women's health.

classification as a Schedule III substance “would reduce barriers to research and increase availability of cannabinoid drugs to patients who have failed to respond to other treatments,” the college says in a position paper (www.acponline.org). The college also urges that physicians who prescribe or dispense medicinal marijuana under state law (some 12 now allow its use) should be exempt from prosecution or sanction.

Down to 2: Over the course of leading his Progressive Conservative party to a record 11th consecutive majority, Alberta Premier Ed Stelmach vowed to phase out health care premiums over 4 years. Albertans now annually shell out \$538 per individual or \$1056 per family. Only the provinces of Alberta, Ontario and British Columbia collect health care premiums in Canada.

Medical fugitives: Nearly 9% of physicians, nurses and ancillary health care staff working in the United States have invalid licenses or questionable credentials, according to an assessment (www.medversant.com) of the professional licensing practices of 24 health care organizations conducted by Medversant Technologies LLC, a provider of Web-based management programs. That percentage soared to 11.33% among the 7318 physicians reviewed. Of those, 99 practise without a license or after having had to surrender their licenses, 419 have expired licenses and 311 practise under “questionable” conditions such as probation or having lost hospital privileges.

Failing grades: Nova Scotia Auditor-General Jacques Lapointe says the province’s Department of Health Protection response to its recent mumps outbreak (some 777 cases) was “less than timely.” The department was criticized for, among other things, its lack of protocols for vaccine storage, its failure to ensure that vaccines were maintained at suitable temperatures during transportation and waiting 2 months before beginning to immunize health care workers. — Wayne Kondro, *CMAJ*

FOR THE RECORD

Cochrane Network launches \$500 000 access petition

Hoping to persuade the federal government to pony up over \$500 000 per year to purchase a national license to access the Cochrane Library, the Canadian Cochrane Network and Centre has launched an online petition urging Ottawa to open its vaults for a “Canadian subscription” that would provide “free access to this wealth of independently produced health information for all citizens of Canada.”

The petition, accessible at www.ccnc.cochrane.org, has already been signed by 2000 Canadians and will be available online until May 8, 2008. It will be submitted to the government, likely in the form of a request for a special cabinet appropriation, says Cheryl Arratoon, knowledge broker at the Canadian Cochrane Network and Centre. The Cochrane Library is currently provided free to many of the world’s poorest countries but 13 developed nations, including Australia, England, Norway and Spain have purchased national subscriptions that allow their citizens to access the full texts of its systematic reviews, instead of just abstracts.

Christopher Adlparvar, communications manager of the University of British Columbia’s Therapeutics Initiative, says public interest in accurate health information justifies the outlay.

Petition organizers argue the annual \$500 000 national license fee is a pittance per Canadian — 1.5 cents per person per year. A national license, though, would not directly impact the Canadian capacity to conduct reviews, as all licensing revenues are funnelled to Oxford, England-based publisher The Cochrane Collaboration. Provincial governments and other Canadian institutions now collectively pay roughly \$250 000 per year in Cochrane fees, Arratoon says.

According to its 2006/07 financial summary of the Canadian Cochrane Network and Centre, the nonprofit organization garnered a total of \$653 348 in revenues, including \$483 666 in contributions from the Canadian Institutes of Health Research (part of a 5 year grant that expires in 2010) and the Canadian Agency for Drugs and Technologies in Health, \$11 000 in donations and \$1983 in workshop fees. The remaining \$156 789 was comprised of reserves or previous year carry-overs. — Wayne Kondro, *CMAJ*

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Academic athletes

The British Medical Association is worried that healthy people are increasingly using brain boosting prescription drugs. The Association’s medical ethics committee argues that greater use of cognitive enhancements demands that society consider the issue of whether and how to regulate drugs aimed at healthy people. The committee warns widespread, illicit use of brain boosters like modafinil and methylphenidate in the UK is “both imminent and inevitable.”

Modafinil is prescribed to treat narcolepsy, but the stimulant has proven attractive to truckers, athletes, poker players, and students looking to increase their alertness. Methylphenidate (Ritalin), dubbed “Vitamin R” by students, is used without a prescription by more than 16% of students on some campuses according to the Journal of American College Health. A projected 90% of methylphenidate is consumed in the United States. Britain ranks second in consumption, followed by Canada. — Ben Magnus, Ottawa, Ont.



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