tazone] Avandia," he says. "You need a system that is capable of detecting an increase in adverse reactions that are not, like sudden fatal liver disease, well recognized," he says. For example, heart attacks and strokes could be drug reactions, but would be recognized as such only through formal large-scale surveillance, not through reports on individual patients, he said.

Henry, who moved from Australia to Canada this year, says Health Canada's announced investment is "necessary but not sufficient…. I can only take it as an article of faith that more money will follow, that this represents an enduring commitment." The $1 million is to support a "detailed implementation plan," Health Canada spokesperson Stéphane Shank stated in an email interview. It's not yet clear whether the provinces will kick in monies but Shank noted that the 2008 federal budget allocated about $119 million over 5 years for health product safety.

Canada is in a very good position internationally to set up the proposed drug safety network because detailed data sets that are available from provinces can be linked; the high quality of researchers in epidemiology, pharmacology and methodology; and Canada's success in addressing privacy concerns through the use of anonymized data, Henry said.

Canadians now spend about $22.5 billion annually on prescription drugs, with public drug plans picking up about half the tab. In 2004, about $38 million was spent on the premarket drug approval process (a substantial portion of that contributed by user fees paid by pharmaceutical companies), while the budget for the Marketed Health Products Directorate, charged with postmarket surveillance for all health products (including drugs), was just $8 million.

Canadian researchers, many of whom have been working together for several years on issues related to creating such a network, are heartened by this week's announcement. Sustained and predictable funding will be essential for the network to be attractive to the best scientists and research staff, notes Prof. Steve Morgan, who heads the program on pharmaceutical policy at the University of British Columbia's Centre for Health Services and Policy. "It can't be done in a series of one-off, 1-year projects. It has to be 5 years or more to create a community of practice that is going to be engaged in this in a meaningful way."

Henry says that key to the success is for provinces to make data available to researchers, and if that takes place "something can happen quite quickly." A backgrounder from Health Canada notes that "coordinated national collaboration and progress in addressing this important issue [postmarket surveillance] was difficult." — Ann Silversides, *CMAJ*

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Note: As a freelance writer, Ann Silversides attended internal workshops and wrote reports on several initial meetings of stakeholders seeking to establish the Drug Effectiveness and Safety Network.

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Critics say the federal government's $1 million investment is inadequate funding for an independent drug surveillance network.

Briefly

Pharma gifts: The Pharmaceutical Research and Manufacturers of America have crafted a new voluntary guideline that asks member companies to stop giving doctors pens, pads, mugs and other trinkets. Restaurant meals on the sales representative's credit card are also frowned upon. Rather, the sales reps should bring lunches to doctor's offices, or have them catered. The revised Code on Interactions with Healthcare Professionals (www.phrma.org) does not disdain cash payments to physicians in the form of speaking and consulting fees, although such industry largesse was recently disavowed by the Association of American Medical Colleges due to the perception that industry handouts are influencing therapeutic decisions and compromising the medical profession's reputation (*CMAJ* 2008;178[13]:1651-2 and *CMAJ* 2008;179[3]:225-6).

Lab standards: The Canadian Association of Pathologists wrapped up its annual meeting in July 2008 by calling on the federal government to establish national standards and protocols for pathologists, as urged by experts in *CMAJ* (*CMAJ* 2008;179[2]:125-6 and *CMAJ* 2008;178[12]:1523-4). The association also released a 5-point action plan calling for "an appropriately resourced national system." It also proposed mandatory certification for all laboratory tests and the creation of a national body to accredit labs.

MAPLES fallout: MDS Inc. has served Atomic Energy of Canada Ltd. with notice that is seeking arbitration — and simultaneously filing a $1.6 billion lawsuit alleging negligence — for breaching its contractual obligations by pulling the plug on the once-ballyhooed, but since discredited Multipurpose Applied Physics Lattice Experiment (MAPLES) reactors, which had underpinned plans to ensure a long-term national supply of medical isotopes (*CMAJ* 2008;178[13]:1648 and *CMAJ* 2008;178[7]:813-4). — Wayne Kondro, *CMAJ*

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