and has the capability and expertise to address substantive and procedural issues, and it will respond to questions coming from research ethics boards and from organizations such as granting councils or professional organizations.

I am surprised that the ethics director of the Medical Research Council of Canada (MRC), Dr. Francis Rolleston, did not point out that the National Council on Ethics in Human Research is the natural place to refer all issues, contentious or otherwise, that have to do with human participation in research. Canada does have the ability to conduct independent, competent reviews of controversial ethical issues involving human research.

Gordon Crelinsten, MD
Montreal, Que.

Reference

1. Shuchman M. Independent review adds to controversy at Sick Kids. *CMAJ* 1999;160(3):386-8.

I am quite disturbed by Dr. Francis Rolleston's statement, quoted in Miriam Shuchman's article,[1] in which he comments on the ethical responsibilities of the MRC: "These [issues] are institutional responsibilities. If you have big brother in Ottawa looking after these things, that's not healthy." I think it is generally accepted that activities under the liberal laissez-faire theory in business must be supervised and to varying degrees regulated by governments and their agencies. I think also that the MRC has unjustifiably abdicated its responsibility to the public to regulate medical research in abandoning individual researchers such as Dr. Olivieri to potentially unscrupulous industrial supporters of their research. The pharmaceutical industry has an obvious vested interest in outcomes to its liking. Somebody, if not the MRC, must set up national rules spelling out appropriate freedoms of enquiry and publication for research supported by industry that are not at the mercy of self-interest or of the "intellectual property" bugbear.

J.V. Frei, MD, PhD
Toronto, Ont.

Reference

1. Shuchman M. Independent review adds to controversy at Sick Kids. *CMAJ* 1999;160(3):386-8.

[Dr. Rolleston responds:]

The quotation in Miriam Shuchman's article[1] was accurate but incomplete. My view is that conflicts between researchers, institutions and companies should be resolved by the protagonists, not by national organizations such as the MRC or the National Council on Ethics in Human Research (NCEHR). However, as Gordon Crelinsten and J.V. Frei point out, the MRC and the NCEHR can, should and do help to set standards. Further, the NCEHR, which was founded and is mainly funded by the MRC, is playing a vital role in supporting research ethics boards and institutions in implementing the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*.

Frei's antipathy to industry disturbs me. Industry is essential to health and health care. Effective collaboration between industry and academe is of great advantage to both and to the health of Canadians. Should we not work together so that, despite different subobjectives, we achieve our common long-term goals of helping patients while maintaining our principles?

Since the publication of the Tri-Council policy statement I have visited all 16 Canadian medical schools to discuss issues and concerns surrounding processes for research ethics. Interactions with industry were frequently raised. I also established a task force on research ethics boards and clinical trials to address issues that inhibit collaboration between industry and academe.

At a recent workshop entitled "Research Ethics: Maximizing Effectiveness," the almost 100 participants from industry and academe strongly supported the already initiated Working Group on Best Practices in Industry–Academe Interactions. This working group will help to develop principles and approaches with respect to such issues as consent forms, the submission of protocols for ethics review, fees, incentives, compensation, liability and publication. In this way, and through the active, collaborative implementation of the Tri-Council policy statement, the MRC will continue to promote the highest standards of ethics by all involved.

Francis Rolleston, DPhil
Director, Ethics and International Relations
Medical Research Council of Canada

Reference

1. Shuchman M. Independent review adds to controversy at Sick Kids. *CMAJ* 1999;160(3):386-8.

Chiropractic and orthodoxy

The article by Terry Johnson concerning the affiliation of the Canadian Memorial Chiropractic College (CMCC) with York University was particularly biased.[1] The "academic nuptials" of these 2 institutions would not make York University a "laughingstock within the world's science community," as Michael De Robertis is reported to have said, but rather would enhance York's reputation in the scientific and health fields.

Johnson writes that the article by Balon et al[2] "marked the first time a leading journal has published a study by chiropractic researchers." In 1985 *Canadian Family Physician* published an article coauthored by J.D. Cassidy,[3] a chiropractor. The *British Medical Journal*, *Spine* and other "leading" journals have also published articles by chiropractors. Johnson could have also reviewed the *Journal of Manipulative and Physiological Therapeutics*, a peer-reviewed, not "unrecognized," journal where scientists, physicians and chiropractors have written quality articles through the years.

De Robertis is reported as having said that chiropractic "metaphysical doctrines" and "unorthodox practices" are not well known. After reviewing the literature and the profession's guidelines[4] he would probably not call chiropractic a "metaphysical doctrine" (a list of references is available from cagkiro@infonet.ca). The effectiveness of spinal manipulation therapy, the

main treatment procedure of chiropractic, is well documented. It is not "unorthodox."

With the synergy of improved collaboration and communication among all professional health care providers and researchers and the scientific community, we can produce studies that will help us better understand human physiology and health to the benefit of all. Change often provokes anxiety and fear, but without change nothing can progress.

Claude A. Gauthier, DC
Aylmer, Que.

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3. Kirkaldy-Willis WH, Cassidy JD. Spinal manipulation in the treatment of low back pain. *Can Fam Physician* 1985;31:535-40.
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PMAC Code of Marketing Practices

Both the CMA and the Pharmaceutical Manufacturers Association of Canada (PMAC) have guidelines regarding travel and accommodation arrangements for physicians attending industry-sponsored continuing medical education (CME) events. The CMA prohibits industry payment for travel or lodging costs for physicians or their spouses.[1] PMAC also prohibits payment for spouses but allows it for physicians provided that the CME event meets all 6 criteria as laid out in the latest revision of its Code of Marketing Practices.[2]

The CMA relies on moral suasion to ensure compliance with its policy; the PMAC tries to enforce its code by investigating complaints and fining companies found guilty of violations. However, it appears that both physicians and drug companies sometimes break the guidelines of their respective organizations. Here are 2 recent examples.

A 1996 internal memo from Bayer Inc. contained the following remark: "For instance, if PMAC were to find out that we sponsor doctors to … meetings by paying for their flights and or hotel accommodations, we could be in a lot of trouble." In February 1998 Boehringer Ingelheim sent an invitation to psychiatrists to attend the launch of a new antidepressant, bupropion. This "consultative forum" was held at the Grandview Resort in Muskoka, Ont. The invitation contained an offer to pay for all travel and accommodation expenses for attendees and their spouses. At a maximum, Boehringer's meeting fulfilled 3 of the 6 provisions of the PMAC code allowing payment for physicians. The code also states that social functions must not take precedence over the educational component. However, the forum ran from a Friday evening to about Sunday noon, with the educational component taking place on Saturday from 8 am to 12:45 pm. The rest of the time was set aside for a welcome reception, recreation, dinner and brunch.

The CMA publishes its guidelines but does little else to promote them. There is good evidence that merely distributing guidelines is not enough to ensure their adoption.[3] A complaints system, such as the one that PMAC uses, means that unreported violations avoid detection. Herxheimer and Collier[4] speculated that a considerable number of violations of the British industry's code escaped detection because few health professionals bothered to complain.

Both the CMA and the PMAC will have to do better at ensuring compliance with their codes or lose the trust of the public and much of the profession.

Joel Lexchin, MD
Toronto, Ont.

Competing interests: None declared.

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Calling up the troops

In his article on the sorry state of medical staffing in the Canadian armed forces, Patrick Sullivan reports that training a new medical doctor for the military costs $300 000.[1] Why not use the pool of forcibly retired military doctors to provide medical services on a 6- to 12-month basis? This group of physicians has more mobility than younger members of the profession, concerned as they are with raising a family and building up a practice. Discrimination on the grounds of age is unlawful in Canada, except in the military. This leads to such inanities as having to pay civilian doctors with no military experience top dollars for services that former regular and reserve medical officers are much better qualified to provide but are prevented from doing so by the obsolete compulsory retirement age regulation.

Col. Emile Berger, MD, CD (retd.)
President, Defence Medical Association of Canada
Montreal Chapter

Reference
1. Sullivan P. Military set to offer large signing bonuses, higher pay in face of unprecedented MD staffing crisis. *CMAJ* 1999;160(6):889-91.

Correction

A recent article stated incorrectly that York University in Toronto offers a program in physiotherapy.[1] We apologize for this error.

Reference
1. Johnson T. Angry scientists fight university's attempt to affiliate with chiropractic college. *CMAJ* 1999;160(1):99-100.