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.

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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.

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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.

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Correction

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

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