



letter. In order to engage in the complaints process, one must have some confidence in the system. The process used by the CRBPC does not inspire confidence. Recently a colleague filed a complaint about a company that allegedly had paid accommodation expenses for doctors attending a meeting in southern Ontario. The response of the CRBPC's Marketing Practices Review Committee was that the documentation provided did not support the allegation. Apparently the committee had not even bothered to ask the company if it had paid the hotel expenses.

Suppose that I had filed a complaint and it was upheld. What would the consequences have been? As I have previously documented,<sup>1</sup> the CRBPC's reporting procedure on enforcement of its code is markedly nontransparent. No information would be given about who filed the complaint, when the complaint was made, when the violation took place, the product involved, the exact nature of the offense, the reasons why the complaint was upheld or the sanctions imposed. All that would appear in *Update*, the relatively obscure industry newsletter, is the name of the company and the section of the code that was violated.

Public reporting on all aspects of complaints and violations is critical for a number of reasons. First, it is an important accountability mechanism. Second, it should be considered an integral part of any sanctions against companies. Companies have an incentive to maintain compliance with a code and avoid adverse publicity and a possible deterioration in their public image. Third, public reporting is a good way to inform health care professionals about the existence of a code and its requirements. Above all, it is essential for informing health care professionals about misleading claims to which they have been exposed.<sup>2</sup>

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#### References

1. Lexchin J. Enforcement of codes governing pharmaceutical promotion: What happens when

companies breach advertising guidelines? *CMAJ* 1997;156(3):351-7.

2. Regulation of prescription drug promotion in Australia. *MaLAM Aust News* 1996;4(4/5):1-8.

## Unconventional therapies and cancer

In their recent letter, David Warr and Ian Tannock question the conclusion that evidence concerning the efficacy of hydrazine sulfate in the management of cancer is "uncertain."<sup>1</sup> They argue that the presence of 3 negative double-blind randomized trials published in peer-reviewed journals should lead to only one reasonable verdict: ineffective. Finally, they conclude that the reviewers who compiled the information used in the articles did not use conventional rules for ranking evidence.

We would like to assure them that the reviewers (including one of us), as well as the Management Committee of the Canadian Breast Cancer Research Initiative (CBCRI), which commissioned the original reviews, are very aware of the importance of well-designed randomized controlled trials in generating reliable and generalizable research findings. However, the use of a randomized controlled trial design does not automatically confer credibility on research findings. Equally, the publication of a study in a peer-reviewed journal may add weight to the evidence, but it does not mean that readers should suspend their own judgement about the quality of the study.<sup>2,3</sup>

Our review of the hydrazine sulfate

trials raised concerns about the selection of study subjects, the application of the intervention, the presence of confounders and the analysis of the outcomes. These concerns were reinforced by our review of additional material pertaining to an investigation into the conduct of the hydrazine sulfate trials, which was being carried out by the US General Accounting Office. On the basis of that material, it was entirely reasonable to conclude that the evidence for and against the efficacy of hydrazine sulfate was uncertain.<sup>4</sup>

The CBCRI is a partnership of several organizations, including the Medical Research Council of Canada and Health Canada. Although it is independent from each of these partners, it benefits from their expertise and operates to the same high standards. The CBCRI embarked on its review of some alternative therapies following discussions of its Management Committee. This committee monitored the preparation of bibliographies and acknowledged the expertise, effort and care brought to the difficult task of reviewing the available data. The CBCRI considers that the resulting annotated bibliographies, as well as the summaries produced for *CMAJ*,<sup>4,9</sup> have proved helpful to researchers, clinicians and patients. It remains committed to supporting high-quality research into a broad range of issues that face breast cancer patients and the cancer-control community. It does this through a process of open-minded, rigorous and fair general competition for research funds, and through a small number of

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carefully selected targeted activities.

The CBCRI is pleased to stand by its record.

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#### References

1. Warr DG, Tannock IF. Alternative views on alternative therapies [letter]. *CMAJ* 1999;160(12):1698-9.
2. Greenhalgh T. *How to read a paper — the basics of evidence based medicine*. London: BMJ Publishing Group; 1997.
3. Elwood JM. *Critical appraisal of epidemiological studies and clinical trials*. 2nd ed. Oxford: Oxford University Press; 1998.
4. Kaegi E, on behalf of the Task Force on Alternative Therapies of the Canadian Breast Cancer Research Initiative. Unconventional therapies for cancer: 4. Hydrazine sulfate. *CMAJ* 1998;158(10):1327-30.
5. Kaegi E, on behalf of the Task Force on Alternative Therapies of the Canadian Breast Cancer Research Initiative. Unconventional therapies for cancer: 1. Essiac. *CMAJ* 1998;158(7):897-902.
6. Kaegi E, on behalf of the Task Force on Alternative Therapies of the Canadian Breast Cancer Research Initiative. Unconventional therapies for cancer: 2. Green tea. *CMAJ* 1998;158(8):1033-5.
7. Kaegi E, on behalf of the Task Force on Alternative Therapies of the Canadian Breast Cancer Research Initiative. Unconventional therapies for cancer: 3. Iscador. *CMAJ* 1998;158(9):1157-9.
8. Kaegi E, on behalf of the Task Force on Alternative Therapies of the Canadian Breast Cancer Research Initiative. Unconventional therapies for cancer: 5. Vitamins A, C and E. *CMAJ* 1998;158(11):1483-8.
9. Kaegi E, on behalf of the Task Force on Alternative Therapies of the Canadian Breast Cancer Research Initiative. Unconventional therapies for cancer: 6. 714-X. *CMAJ* 1998;158(12):1621-4.

## Driving for safety on our roads

The questionnaire used by Shawn Marshall and Nathalie Gilbert to assess the knowledge of Saskatchewan physicians of risk factors related to medical fitness to drive<sup>1</sup> has 2 significant omissions.

First, it is well documented that patients with sleep disorders have more motor vehicle accidents than control groups. The prevalence of obstructive sleep apnea in the North American population is between 2% and 4% and increases with age.<sup>2</sup> The odds ratios for vehicular accidents have been reported as 1.5–4,<sup>3</sup> 2.99,<sup>4</sup> and 7.3.<sup>5</sup> Furthermore, the accident rate decreases significantly when patients are treated with nasal continuous positive air pressure (CPAP) therapy (from 0.8 to 0.15 per 100 000 km).<sup>6</sup>

Second, epilepsy should have been considered. There is certainly abundant information on this subject, including recommendations regarding fitness to drive.<sup>7</sup>

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#### References

1. Marshall SC, Gilbert N. Saskatchewan physicians' attitudes and knowledge regarding assessment of medical fitness to drive. *CMAJ* 1999;160(12):1701-4.
2. Lertzman M, Wali SO, Kryger M. Sleep apnea a risk factor for poor driving [letter]. *CMAJ* 1995;

153(8):1063.

3. Aldrich MS. Automobile accidents in patients with sleep disorders. *Sleep* 1989;12:487-94.
4. Wu H, Yan-Go F. Self-reported automobile accidents involving patients with obstructive sleep apnea. *Neurology* 1996;46:1254-7.
5. Young T, Blustein J, Finn L, Palta M. Sleep-disordered breathing and motor vehicle accidents in a population-based sample of employed adults. *Sleep* 1997;20:608-12.
6. Cassel W, Ploch T, Becker C, Dugnus D, Peter JH, von Wichert P. Risk of traffic accidents in patients with sleep-disordered breathing: reduction with nasal CPAP. *Eur Respir J* 1996;9:2606-11.
7. Fauci AS, Braunwald E, Isselbacher KJ, Wilson JD, Martin JB, Kasper DL, et al. *Harrison's principles of internal medicine*. New York: McGraw-Hill; 1998. p. 2324.

#### [One of the authors responds:]

Medical fitness to drive can be affected by many impairments, both physical and psychological. We conducted our survey via written questionnaire and therefore there were limitations on the number and types of questions that could be asked. In fact, we did not directly address a number of important impairments in this survey, including epilepsy, dementia, traumatic brain injury and alcoholism, each of which is well known to affect driving.<sup>1-11</sup> Sleep apnea is also known to affect crash rates.<sup>12-14</sup> In particular, we did not include epilepsy, one of the most common reasons to report impairment regarding fitness to drive, because driving restrictions for epilepsy vary among Canadian provinces and American states and we felt that the respondents' answers may have been confounded because of these differences.<sup>15</sup>

We used multiple-choice questions in our survey, a format that has been shown to be the best for sampling a large body of knowledge.<sup>16</sup> We believe that our study reflects the knowledge and attitudes of the respondents.

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#### References

1. McLachlan RS, Jones MW. Epilepsy and driving: a survey of Canadian neurologists. *Can J Neurol Sci* 1997;24:345-9.
2. Fisher RS, Parsonage M, Beaussart M, Bladin P, Masland R, Sonnen AE, et al. Epilepsy and driving: an international perspective. Joint Commis-

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