

- Fosmire MS. Frequently asked questions about the Emergency Medical Treatment and Active Labor Act (EMTALA). In: emtala.com [Web site]. Marquette (MI): Law Offices of Garan Lucow Miller, PC; [no date]. Available: www.uplaw.net/faq.htm (accessed 2002 Sep 25).

### [The News Editor responds:]

There are significant differences between the legislation in Quebec and the United States. The American law is imposed not on individual physicians, as is the case in Quebec, but on the hospitals where they work. As well, the US\$50 000 fine applies in a much narrower context: when physicians fail to respond to a specific emergency situation when they have on-call duties. Under the US law, physicians are not obliged by government to participate in a call schedule — the hospital imposes this obligation. In Quebec, the obligation and the accompanying penalties are applied by the province.

### Medicare reform series: left-wing bias?

For years *CMAJ's* editorial bias has been decidedly left wing. I grow increasingly frustrated that I have been treated to the likes of Steven Lewis,<sup>1</sup> Monique Bégin,<sup>2</sup> Bob Rae<sup>3</sup> and Lloyd Axworthy<sup>4</sup> in your medicare reform series. What percentage of your readership do you believe you are representing with this cabal? Not me.

**James Wiedrick**  
Physician  
Olds, Alta.

#### Reference

- Lewis S. The bog, the fog, the future: 5 strategies for renewing federalism in health care. *CMAJ* 2002;166(11):1421-2.
- Bégin M. Renewing medicare. *CMAJ* 2002;167(1):46-7.
- Rae B. Some thoughts on medicare. *CMAJ* 2002;167(3):258-9.
- Axworthy L, Spiegel J. Retaining Canada's health care system as a global public good. *CMAJ* 2002;167(4):365-6.

### [The editors respond:]

We agree with James Wiedrick's assessment that the contributors to our series of commentaries on medicare reform (which ran May 28 through Aug. 20, 2002) were at least slightly to the left of Canada's political spectrum. And we understand how readers might draw the conclusion that this was the result of a deliberate editorial policy of selection. However, it was not.

In drawing up a list of possible contributors to the series, we took considerable care to achieve a balanced representation. Of the approximately 20 people who received an invitation and follow-up telephone call, about half would be characterized by most observers as being on the political right. Despite our prodding, only 7 individuals accepted our invitation, and we published the contributions of everyone who did so.

**John Hoey**  
Editor  
**Anne Marie Todkill**  
Senior Deputy Editor  
*CMAJ*

### Tackling tobacco in Saskatchewan

A recent news article<sup>1</sup> highlighted a reaction from the tobacco industry to Saskatchewan's world-precedent-setting ban of "power walls." These growing rows of brightly coloured tobacco products found in stores across Canada are the tobacco industry's last hope of promoting its products to children and youth.

In Saskatchewan, these eye-level displays of tobacco products in a place our children frequently visit — the corner store — have been gone since March. The tobacco companies have reacted to the loss of this marketing tool by launching the lawsuit mentioned in your article. By addicting youth, the industry replaces the 45 000 Canadians who die

each year from tobacco-related illnesses.

Protecting our youth from tobacco has been at the centre of Saskatchewan's Tobacco Control Act, and our legislators are continuing to stand firm to achieve this goal. In the weeks since Saskatchewan's Tobacco Act was proclaimed, both the Saskatchewan Pharmaceutical Association and federal enforcement officers have noted high levels of compliance and acceptance of the legislation. They also report that compliance appears to have been achieved relatively easily and with minimal disruption.

**Lynn Greaves**  
Regina Health District  
Regina, Sask.

#### Reference

- Ehman AJ. Court battle looms over Saskatchewan's new cigarette laws. *CMAJ* 2002;167(4):389.

### Erreur de traduction

Il y a une sérieuse erreur de traduction dans l'éditorial<sup>1</sup> (troisième paragraphe, huitième ligne). En effet, on a traduit Hib par VIH !

**Yv Bonnier Viger**  
Centre de coopération internationale en santé et développement  
Gaspé (Qué.)

#### Référence

- Vaccination mondiale et terreur mondiale [éditorial]. *JAMC* 2002;167(8):839.

### Erratum

Dans la version française d'un éditorial récent<sup>1</sup>, une erreur s'est glissée dans la huitième ligne du troisième paragraphe. Au lieu de l'abréviation «HIV», il aurait fallu écrire «Hib».

#### Référence

- Vaccination mondiale et terreur mondiale [éditorial]. *JAMC* 2002;167(8):839.