were taken by Rx&D while discussions were in progress with the professional associations. Why, as seems apparent, were the associations either unable or unwilling to dissuade Rx&D from altering their policy in June 2002?

Anyone who supports the existing CMA policy should be apprehensive about what new agreements will count as "progress" in the future. The CMA president indicates that the Committee on Ethics has been asked to "undertake another review [of the CMA policy] to ensure that it is up-to-date and reasonable." Judging from the direction of influence discernable in the announcements made so far, it seems more likely that the CMA policy will be brought into conformity with the Rx&D marketing code ("updated" and made more "reasonable") than vice versa.

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Competing interests: Dr. Yeo was an ethicist with the CMA from 1997 to 2001.

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Marketing Rx&D: the CMA president responds

Dana Hanson

ß See related articles pages 1273 and 1275

I would like to thank Michael Yeo for his commentary[1] which underscores the role that CMA policy has played in setting guidelines for physicians and the pharmaceutical industry. This also affords me the opportunity to further clarify the CMA guidelines and their relationship to the 2003 revision of the Rx&D Code of Marketing Practices.[2]

First, it should be made perfectly clear that the CMA guidelines[3] apply to continuing medical education (CME) both inside and outside Canada and have not changed.

The focus of Yeo's commentary relates to the pharmaceutical industry's introduction of a provision in the revised Rx&D code that allows Rx&D companies to consider "requests from individual physicians, specialty societies, and/or academic institutions for financial assistance to participate in CHE [continuing health education] events held outside Canada."[2] As I noted in my Mar. 18 letter to the membership,[4] this does not conform to the CMA guidelines. Item 24 of those guidelines limits the payment of honoraria and travel expenses to faculty.

The issue of faculty development is not currently addressed in the CMA guidelines, but will be considered for future inclusion. We understand the Rx&D code to be a work in progress and look forward to further discussions to bring the Rx&D code fully in line with the CMA's guidelines.

In summary, I think that Yeo's commentary highlights the role that the CMA guidelines for physicians and the pharmaceutical industry serve as a benchmark. We are committed to following a principled approach in the development and review of our policies in an entirely independent manner.

Dr. Hanson is President of the Canadian Medical Association.

Competing interests: None declared.

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