In praise of e-journals

As a member of the over-50 crowd who has been involved, including editorially, with print publications for many years, I disagree with the lamentations and conclusions about print versus electronic media voiced by physics researcher Matthew Edwards (as quoted by Barbara Sibbald in a recent *CMAJ* news article[1]). Now that numerous journals are available online (including, of course, *CMAJ*) and with nearly universal physician access to the Internet, it has become easier to browse. In addition, many institutional libraries now make it possible for staff to access electronic collections from their homes (via the Internet), which means that they can browse at their leisure. Furthermore, it is easier to e-clip, e-file and e-retrieve "browsed" information of potential later interest (as well as to hyperlink it). Some may miss browsing the paper version of *Index Medicus*, but with the availability of PubMed 24 hours a day, 365 days a year, grazing one's e-retrievals results in expanded cross-fertilization of ideas (since article abstracts appear in PubMed but not *Index Medicus*).

Regarding "uncertain shelf life" and the possibility that data "will become corrupted or lost," I find it incredible that Edwards applies these statements to electronic rather than print media. Electronic texts and journals, especially those stored on a central server, are never at the bindery, never missing, never waiting to be reshelved, never mis-shelved and never unavailable because someone else is using them. Conventional wisdom certainly suggests that e-media are easier to store, locate, secure and back up to ensure accurate, long-term retention. For the size, weight and publication cost of one traditional medical text of 2000-plus pages, one can have dozens of copies in various electronic formats that can be readily cloned to maintain their original integrity for millennia.

Gary N. Fox
St. Vincent Mercy Medical Center
Toledo, Ohio

Reference

1. Sibbald B. Last call for print journals? *CMAJ* 2003;168(3):327.

The Wawa factor

I was intrigued to read in James Maskalyk's recent commentary[1] a description of the "Wawa factor." As a family doc practising in Wawa, Ont., I felt I should let you know how closely your imaginary Wawa world corresponds with reality.

In fact, my wife is the very person Maskalyk described. She is a hard-working mother of 2 who struggles to balance her practice and her family life. She does enjoy her work (I think) and considers how it fits in with the rest of the world.

I read your article aloud at our weekly CME session, and the other physicians and the nurse practitioner were similarly impressed. Have you considered picking stocks or horses?

Mike Cotterill
Wawa Medical Centre
Wawa, Ont.

Reference

1. Maskalyk J. The editing life [editorial]. *CMAJ* 2002;167(11):1252.

Finding time

As a practising family physician who is somewhat "dispirited," I thank you for the insightful editorial exposing the rather useless generality of Roy Romanow's recommendations for primary care reform.[1] You hit the nail on the head by suggesting that more resources are required for administrative support. I now spend more time in the office than I did 10 years ago to take care of the same number of patients. I have excellent staff — both nursing and administrative — but I can only "download" so much to them.

It seems to me that there are 2 main areas where more time is required. The first is direct patient care — managing patients during the extended period while they wait for a specialist referral and following up patients seen in our overburdened emergency departments and specialists' offices; as the editorial says, "Follow up with your family doctor" is a common instruction to patients in these situations. The second is the mounting paper pile. We are the truant officers for the Workplace Safety and Insurance Board of Ontario, schools, government and industry, and some days it seems that everyone has a form to fill out.

Michael Pray
Family Physician
Hamilton, Ont.

Reference

1. The primacy of primary care: reading Romanow [editorial]. *CMAJ* 2003;168(2):141.

Overdose advice

I read with interest the findings of the study published recently in *CMAJ*[1] examining the quality of poison management information in the 2001 edition of the *Compendium of Pharmaceuticals and Specialties* (*CPS*).[2] As a member of the *CPS* editorial advisory panel, I am familiar with the process by which the content of product monographs is determined. This is pertinent to understanding the appropriate use of the information contained in those monographs.

The product monographs, which are

printed in the white section of *CPS*, are created by drug manufacturers and approved by Health Canada, and the Canadian Pharmacists Association (CPhA) has no authority to change or update their content. It is incumbent on pharmaceutical manufacturers to update their own monographs and to apply for approval of the changes; alternatively, such changes can be requested by Health Canada.

As mentioned by the authors,[1] one step that the CPhA has taken to augment this resource is to provide its own evidence-based drug monographs, written by staff pharmacists and reviewed by a panel of expert Canadian physicians and pharmacists. Some of these cover single drugs, whereas others cover drug classes. These more general monographs are printed on grey pages to differentiate them from the manufacturers' product monographs. The content of the CPhA-generated monographs, including the overdose treatment section, is owned by CPhA and is regularly reviewed and updated. Contact information for poison control centres is also listed in the *CPS* (in the yellow pages).

CPhA recognizes that product monographs may not be the best source of poison management information. Therefore, CPhA is working with the Canadian Association of Poison Control Centres to explore other ways of improving the quality of advice about overdoses contained within *CPS*. In the interim, however, physicians treating patients with a suspected drug overdose, especially for a drug with which they are unfamiliar, should contact the local poison centre to ensure that the care they are initiating is optimal.

David W. Johnson
Associate Professor
Departments of Pediatrics and of
Pharmacology and Therapeutics
Calgary, Alta.

References

1. Brubacher JR, Purssell R, Kent DA. Salty broth for salicylate poisoning? Adequacy of overdose management advice in the 2001 *Compendium of Pharmaceuticals and Specialties*. *CMAJ* 2002;167 (9):992-6.
2. Canadian Pharmacists Association. *Compendium of pharmaceuticals and specialties*. 36th ed. Ottawa: The Association; 2001.

[The authors respond:]

We agree that the product monographs provided by manufacturers are not good sources of poison management information and that physicians managing unfamiliar poisonings should make use of the many resources available to them, including poison control centres, electronic databases and numerous excellent texts. Nevertheless, some physicians and other medical professionals do consult the *CPS* when managing poisoned patients, and it is clearly in no one's best interest if the product monographs contain misinformation.

Pharmaceutical companies are responsible for keeping their monographs up to date, and we find it unfortunate that in many cases they have failed to do so. Health Canada has the authority to require companies to update the information in these monographs, but it appears that there is no regular review mechanism in place. Johnson states that the CPhA has no authority to change the content of the monographs. This may be true, but the association is in a position to review the monographs regularly and could inform Health Canada and the pharmaceutical manufacturers of obvious errors. This would require additional resources, but even reviewing the monographs every 5 years could result in significant improvements.

In addition to the product monographs written by pharmaceutical companies, the *CPS* contains general monographs prepared by *CPS* staff. Johnson states that these general monographs are evidence based and that they are regularly reviewed and updated. To investigate the accuracy of poison control information in the general monographs, we reviewed the data collected for our study[1] (from the 2001 *CPS*[2]), focusing specifically on the general monographs, which accounted for 7 of the 119 monographs that we analyzed. We found that the poison management information in these monographs did not agree with recommendations in current toxicology textbooks and databases. Specifically, of the 7 general monographs for the classes of medications that we reviewed in our study, 4 contained misleading or dangerous advice, and only 2 contained sufficient information for a physician to manage an overdose.

It is our understanding that the *CPS* editorial staff is in the process of extensively revising and updating the general monographs to correct some of the deficits that we have identified. We applaud these efforts. However, we do not think it is safe to correct the general monographs and not address the deficiencies in the product monographs. It is unrealistic to ask practitioners to consult certain monographs and ignore others. As long as the manufacturers' product monographs are included in the *CPS*, they are likely to be consulted for poison management advice. We believe that until the deficiencies in all of the monographs are addressed, physicians and other practitioners should be advised not to consult any of the *CPS* monographs for poison management advice.

Jeff Brubacher
Roy Purssell
Debra A. Kent
British Columbia Drug and Poison
Information Centre
Vancouver General Hospital
Vancouver, BC

References

1. Brubacher JR, Purssell R, Kent DA. Salty broth for salicylate poisoning? Adequacy of overdose management advice in the 2001 *Compendium of Pharmaceuticals and Specialties*. *CMAJ* 2002;167 (9):992-6.
2. Canadian Pharmacists Association. *Compendium of pharmaceuticals and specialties*. 36th ed. Ottawa: The Association; 2001.

HIV/AIDS not in "free fall"

Several inaccuracies in Patrick Sullivan's recent news article about HIV/AIDS[1] might lead readers to falsely conclude that the battle against HIV/AIDS is nearly won. In fact, both national surveillance and targeted research data indicate that HIV/AIDS re-