

vice manufacturer should.”

“These are people who have a life-threatening condition to begin with, so on top of that, you’re layering not only the risks and trauma, both physical and psychologically associated with future surgery, but also the dread,” Monforton said of his clients.

In Kingston, Simpson said most of his 100 or so potentially affected patients weren’t initially concerned that they are at “a horrible risk.” But after Simpson advised them of the potential consequence of device failure and risk of infection (about 2%) from replacement surgery, about 15 chose surgery.

“What most patients are upset about is the fact that the process was flawed,” he says. “Physicians and patients weren’t notified in a timely way.”

At a Sept. 16 conference in Washington, DC, the Canadian

and US Heart Rhythm societies joined representatives from the FDA, manufacturers and patients to develop a new process to notify doctors, patients and regulators about medical device failures. The group is striking a task force to draft recommendations. (As noted in a *New England Journal of Medicine* article [353:3; 221-224], the US Heart Rhythm Society receives 25% of its annual budget from Guidant, Medtronic, and St. Jude Medical, as well as other medical device corporations. The Canadian society has no corporate sponsors.)

Existing FDA regulations require companies to file annual reports that register any significant manufacturing changes to devices — something Guidant says it did in 2002 after it first detected and fixed the short-circuiting problem in its ICDs. The FDA will not release those

annual reports, calling them “corporate trade secrets.”

“The health and safety of patients is our highest priority,” says Marie Weller, a spokesperson for Guidant Corporation. “Our innovative technologies have saved and improved millions of lives.” Guidant is committed to the public discussions about when “very low frequency device dysfunction trends should be communicated.”

Although Guidant may have followed the existing rules, says Simpson, there are no regulations that require the manufacturers to notify doctors and patients about adverse medical device events.

“The response of doctors and patients to that is that’s a very paternalistic approach,” Simpson says. “We make the medical decisions; you don’t make the medical decisions.” — *Laura Eggeertson, CMAJ*

EDITORIAL FELLOW

Looking at the big picture

Sally Murray brings a passion for public health and a love of writing to her new role as the 8th Editorial Fellow at *CMAJ*. Murray, an Australian physician, has worked in international health in Kenya, Ethiopia, Eritrea and at the WHO in Geneva. She also has experience as a freelance writer.

After graduating from medical school in 1996, Murray spent time in emergency medicine, but was unsatisfied with clinical med-

icine. “It doesn’t explain why people get sick,” she describes. “I’m attracted to ‘big picture’ health, how to address things that affect the health of 2000 people rather than one. I’m fascinated with how things fit together and influence each other.”

Her interest in the ‘big picture’ first led Murray to sociology and women’s studies before she completed her master’s degree in Public Health and Tropical Medicine and a second master’s in Public Health Practice. In 2003, Murray was awarded the Australasian Faculty of Public Health Medicine Medal for best graduating fellow; she also topped her class in both master’s degrees.

In 2004 Murray and her husband, Dr. Hakan Yaman, worked in Kenya with MSF on an antiretroviral therapy program. “Being a twin got me interested in equity,” quips Murray. She adds, “There are plenty of equity problems there. It still makes me angry. People die every day from treatable disease

for no reason other than being poor. Our program treated only 2000 of the 40 000 in the area who needed antiretrovirals. How would you feel if your mother or brother missed out?”

Murray’s move to *CMAJ* reflects her interest in “reaching the masses” and the power of the printed word. She is particularly drawn to medical journalism, in part because “it’s not always done well,” she says, “and what we write or print influences how people act. It’s important to be less sensational and more accurate,” Murray reflects. “We’ve got to get that right.”

CMAJ’s fellow, who acts as an associate scientific editor, spends a year reviewing submissions, corresponding with authors and working closely with the senior editorial team to develop clinical and editorial content.

Applications for the 2006 editorial fellowship must be received by Dec. 15, 2005 (www.cmaj.ca/misc/fellowship.shtml). — *Barbara Sibbald, CMAJ*

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Barbara Sibbald

Murray enjoying the Ottawa outdoors. (Rock sculptures on the Ottawa River by John-Félice Ceprano.)