and pedestrians is sorely needed. The external costs in terms of population morbidity and mortality are too great for collision incompatibility issues to continue to go unregulated.

Ted Mitchell
Hamilton, Ont.

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Why the surprise?

Mark Baerlocher[1] expresses surprise that, according to results in the 2004 National Physician Survey, geriatricians constituted the second most satisfied group of doctors.

Geriatricians' high level of satisfaction with their current professional life is not surprising and has in fact been reported before. For example, a US study found that physicians in geriatric medicine were more than twice as likely as family physicians to be very satisfied with their careers.[2] In Britain, geriatrics is the largest medical specialty, and its practitioners are reportedly the happiest.[3]

What should be surprising is that Baerlocher (and presumably many others) are gobsmacked by this finding. I suspect that this attitude is a manifestation of ageism.[4] A unique feature of this form of prejudice is that the members of the "in" group (younger folk) will, if they survive, eventually join the "out" group (older people). With the aging of Canadian society, nearly all physicians should be embracing the principles of good geriatric care, and a good (and hopefully growing) proportion of them will have to make the care of older patients the focus of their professional practice. Negative stereotyping of older individuals creates barriers to the achievement of both goals.

David B. Hogan
University of Calgary
Calgary, Alta.

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The perverted irony of Health Canada's Special Access Programme

The *Oxford English Dictionary* defines the word "irony" as "a state of affairs that appears perversely contrary to what one expects." A recent description of the use of Health Canada's Special Access Programme (SAP) to obtain breast implants[1] is by all means "perversely contrary" to what we expect from the SAP — or is it?

The SAP is designed for patients with serious or life-threatening conditions and who require "emergency" and/or "compassionate" access to drugs not authorized for use in Canada, when conventional therapies have "failed, are unsuitable, or are unavailable."[2]

According to the news story,[1] 67% of SAP requests annually are for breast implant devices, and over the past 5 years, the SAP has approved over 21 000 requests for silicone implants. The cosmetic surgeons interviewed explained that "small breasts" and "slight rippling of the skin through saline implants" are the medical conditions for which implants are sought through the SAP.

In April 2005, we applied to the SAP for "emergency" access to 2 experimental drugs on behalf of 6 patients with advanced AIDS who could no longer derive a clinical benefit from the anti-HIV drugs available in Canada. SAP denied our application and all appeals.

Hence, we question the raison d'être of the SAP and its mode of operation. One of our patients died during this 10-month battle, but no one has ever died from "small breasts" or "slight rippling of the skin." Without disparaging the difficulties experienced by women who need breast implants, we cannot contain our moral outrage at the ineffectiveness of the SAP in dealing with this truly life-threatening matter.

Timothy K.S. Christie
Health Care Ethicist
Julio S.G. Montaner
Director
BC Centre for Excellence in HIV/AIDS
Vancouver, BC

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2. Special access to drugs and health products: drugs [Internet]. Ottawa: Health Canada; [updated 2005 Aug 15]. Available: www.hc-sc.gc.ca/dhp-mps/acces/drugs-drogues/index_e.html (accessed 2006 Apr 28).

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Changes at *CMAJ*

I have been shocked by recent events at the *CMAJ*, including the firing of John Hoey and Anne Marie Todkill as editor-in-chief and senior deputy editor. In a situation like this one, what are the rights of long-time CMA members, like me, whose fees have helped to support the association and its flagship journal over the decades? What are the rights of readers, who have relied on *CMAJ* for high-quality intellectual honesty and the bravery to question the increasing corruption of academic medicine by outside interests? What about those whose intellectual creativity has helped to make *CMAJ* an important international force in medical and health science?

When free speech is suppressed,

people who value freedom must protest.

Thomas L. Perry
Faculty of Medicine
University of British Columbia
Vancouver, BC

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On behalf of the editorial team of the *Canadian Journal of Emergency Medicine* (*CJEM*), I am writing to express our concern over the dismissal of John Hoey as editor-in-chief and Anne Marie Todkill as senior deputy editor of the *CMAJ* and the apparent conflict between CMA Holdings and the *CMAJ* with regard to the question of editorial autonomy.

We believe that a journal's editorial board should have independent control over the editorial process and journal content. Lack of editorial independence, or the appearance thereof, profoundly undermines the credibility of a medical journal. Our journal, the *CJEM*, is published by CMA Media Inc. The journal is currently being reviewed for indexing by the US National Library of Medicine (NLM); hence, these recent developments are of great concern to us. Any perception that the *CJEM* is published by an organization with apparent ongoing (and high-profile) problems with editorial interference may be an important factor for the NLM indexing committee to consider, one that could compromise the future of our journal.

The ongoing perception that *CMAJ* editorial independence has been compromised will continue to undermine both the working environment at CMA Media Inc. and the stated mission of the CMA "to serve and unite the physicians of Canada and be the national advocate." Clearly, this issue is not uniting Canadian physicians.

Grant Innes
Editor-in-Chief
Canadian Journal of Emergency Medicine

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The decision to dismiss editor-in-chief Dr. John Hoey and senior deputy editor Anne Marie Todkill was not an easy one, and it was not taken in haste.

The boards of both Canadian Medical Association Holdings (CMAH), which owns the journal, and the Canadian Medical Association (CMA) were kept informed by publisher Graham Morris throughout. The CMA Board of Directors, which includes more than 30 clinicians from across Canada — representing you the members — supported the decision of the publisher unanimously.

All medical scientific journals struggle with striking the right balance between, on the one hand, the rights of the editor for independence and, on the other, the responsibility of the publisher to protect the organization's legal, financial and liability interests. The *CMAJ* is no exception.

Despite what the media have reported, neither the recent Plan B story — it was a vitally important issue to put before Canadians and I was personally dismayed to learn what women were experiencing — nor the more recent references to the federal health minister were the cause for the dismissals.

The fact is, the relationship between the *CMAJ*'s editorial leadership and its publisher had reached an impasse. A very productive 10-year relationship, one of the longest *CMAJ* has had with an editor in its 95-year history, had become a case of irreconcilable differences.

We have now taken decisive steps to resolve the matter of governance of the journal, once and for all. We have established a new Governance Review Panel. The panel's main job will be to provide us with advice and guidance on how best to deal with the complex relationship between editorial freedom and accountability. This panel will submit its final report in July 2006. In the interim, the relationship will be governed by 9 principles modelled on earlier work done at the international level, including a very strong commitment to editorial independence.

Since *CMAJ* was first published in 1911, it has belonged to no single person and to no single community within Canadian medicine. It has belonged to all of us. It still does.

As president, I want you to know that your concerns have been taken seriously. Thank you for your patience during this challenging time. We will continue to publish a journal of which you, and the CMA, can be proud. I encourage you to share your thoughts by writing to me at yourvoice@cma.ca.

Ruth Collins-Nakai
President, Canadian Medical Association

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Corrections

The DOI published in a recent News item[1] was mistakenly listed as 10.1503/cmaj.060387. It should have been 10.1503/cmaj.060386.

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1. Kondro W. Apples, oranges and wait times: CIHI report. *CMAJ* 2006;174(9):1246-7.

DOI:10.1503/cmaj.060553

The DOI published in a recent News item[1] was mistakenly listed as 10.1503/cmaj.06230. It should have been 10.1503/cmaj.060230.

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1. News @ glance. *CMAJ* 2006;174(7):914.

DOI:10.1503/cmaj.060554