

once described power without responsibility as “the traditional prerogative of the harlot,” and it seems to me, now as then, the media wield enormous power to influence opinion and thereby mould public policy, but answer to nobody for the abuse of this power.

You justify this stance by reference to a statement by the International Committee of Medical Journal Editors, whereby the foxes agree they alone have the right to eat the chickens, and any objection from the farmer is to be labelled a “transgression” of the right that they just gave to themselves. You then assure us that readers expect this, although it is not clear how many readers you consulted before concluding that their views are unanimous.

Finally you inform us that “the journal does not speak for the CMA.” If that be true, why does it call itself the *Canadian Medical Association Journal*? Am I the only one confused by this?

Surely most people assume that the journal does speak for the CMA, and that the owner, not the editor, has the right to control content. If an editor disagrees with this policy, the obvious remedy is to seek employment with someone whose policy she endorses, or else to publish her own journal.

My problem with your position on editorial independence is that I see no reason to believe that editors are any different. They too form professional societies designed to promote their own interests, specifically the power conferred on whoever controls the content of, *inter alia*, scientific journals. Editorials are given a patina of godlike authority by the tradition of anonymity, when for obvious reasons all other authors are required to identify themselves.

Fairness and objectivity are, as you say, central to the credibility of a reputable journal. The issue is why should we believe this can be assured by giving absolute control to editors, who are I believe also human beings with their own set of beliefs, prejudices, ambitions and personal agenda.

*Quis custodiet ipsos custodes?*

**John S. Mackay**  
Physician  
Rothesay, NB

## REFERENCE

1. The editorial autonomy of *CMAJ* [editorial]. *CMAJ* 2006;174(1):9.

DOI:10.1503/cmaj.1060034

I have seen the issue of editorial autonomy “from both sides.”<sup>1</sup> In my experience, adding “news” to a scientific journal makes the issue of content ownership and final authority over publication decisions related to the “news” component more difficult. With respect, I also note that the editors’ suggestion that the ICMJE’s statement on editorial independence is intended to apply to both the “scientific content” and the “news content” of a medical journal is not clearly supported by the source document quoted. My reading of that statement is that the main (if not exclusive) focus is on the scientific content. Editors, editorial boards and publishers need to establish a clear understanding about the roles (and limits of authority) of all parties, ideally in advance of controversial situations.

## Doug Craig

Former Editor-in-Chief

*Canadian Journal of Anesthesia*

(published by the Canadian

Anesthesiologists’ Society)

Former Board of Trustees Member

International Anesthesia Research

Society

Publisher

*Anesthesia and Analgesia*

Winnipeg, Man.

## REFERENCE

1. The editorial autonomy of *CMAJ* [editorial]. 2006; 174(1):9.

DOI:10.1503/cmaj.1060033

## [The senior deputy editor responds:]

Stanley Baldwin’s objectionable metaphor, reputedly penned by his cousin Rudyard Kipling, was levelled not at rank-and-file journalists and their editors, but at press barons of far greater heft; to aim it at our small news department seems over-reactive. That being said, we agree that authors and editors

do carry enormous responsibility. This is one of the reasons why there are professional guidelines such as those of the ICMJE and the World Association of Medical Editors, and why reputable journalists adhere to ethical standards, as all professionals do. We emphasize, however, that there is no such thing as “responsible” journalism that does not take pains to protect itself from the influence of vested interests.

*CMAJ* has never, since its birth in 1911, been merely an association newsletter. It arose from the desire of Canadian physicians, under the auspices of their national association, to have a home-grown vehicle for original medical research. We are proud of that legacy, but attentive readers will know that *CMAJ* has matured into a journal of international standing and is not the mouthpiece of the CMA, if indeed it ever was.

We are not the only periodical to use the convention of unsigned lead editorials; this does not mean, however, that we do not hold ourselves accountable for their content.

To respond to Doug Craig, the inclusion of a news section in a scientific publication such as *CMAJ* does not make the question of editorial autonomy more difficult so much as more visible. Political sensitivities are sometimes more obvious in the selection, repression or reception of news articles than in the publication of “pure” research articles, even though there are plenty of examples of how political, ideological and, heaven knows, commercial interests have distorted the transmission of scientific research.

As for the applicability of the ICMJE statement ([www.cmaj.ca/authors/policies.shtml](http://www.cmaj.ca/authors/policies.shtml)) to news reporting, it seems fair to say that a situation such as the recent controversy over the Plan B story<sup>1</sup> was not anticipated in the original drafting of this document. But, if I understand correctly, Craig’s question seems to assume that science has a special entitlement to editorial autonomy. If that is the case, is science to be the Department of Truth in our journal, and news the Department of Prevarication?

**Anne Marie Todkill**  
*CMAJ*

## REFERENCE

1. The editorial autonomy of *CMAJ* [editorial]. *CMAJ* 2006;174(1):9.


DOI:10.1503/cmaj.1060041

## A lingering mistake


I would like to draw attention to a bizarre reference that occurs in a commentary by Robert Rangno in a 1997 issue of *CMAJ*. The author puts dimenhydrinate on the same plane as astemizole and gives the unassailable R.L. Woosley as a reference. I quote:

Is any antihistamine safe? Even rare fatal events are a high price to pay for the symptomatic relief of hayfever. What about older, less costly drugs, or the newer non-sedating antihistamines? Woosley has classified these alternatives as follows: cardiotoxic drugs, i.e., terfenadine, astemizole, diphenhydramine, dimenhydrinate. These prolong the QT interval and have been fatal.<sup>1</sup>

Except that this is false. Woosley does not even mention this compound in his article in the cited article.<sup>2</sup> I know it is long after the fact. But the Internet search system is such that when one does a search of dimenhydrinate and QT, one immediately comes across Rangno's article, and the misinformation continues to circulate, relying on the Woosley association, which no one seeks to question. In my opinion, a way ought to be found to prevent this from continuing. One wastes a lot of time verifying this type of information. Certainly no one will think to do it, given the authority of Woosley.




**Risperdal M-TAB**  
risperidone  
orally disintegrating tablets



JANSSEN-ORTHO  
19 Green Belt Drive  
Toronto, Ontario M3C 1L9  
www.janssen-ortho.com

Product Monograph available upon request.  
\* All trademark rights used under license  
© 2006 JANSSEN-ORTHO Inc.  
R10A060064E



## Jacques Weissenburger

Associate Professor of Pharmacology  
Université Paul et Marie Curie  
Paris, France

## REFERENCES

1. Rangno R. Terfenadine therapy: Can we justify the risks? [editorial] *CMAJ* 1997;157(1):37-8.
2. Woosley RL. Cardiac actions of antihistamines. *Annu Rev Pharmacol Toxicol* 1996;36:223-32.

DOI:10.1503/cmaj.1050222

## Who is that bear?

Dr. Ursus won't last long allowing his practice to run him.<sup>1</sup> There must be an appropriate balance of work and relaxation. A doctor who wants to go the distance must prepare himself or herself in the same way that athletes train for optimal performance; this requires adequate sleep, a healthy diet, exercises and time for the body and mind to recover. Anything less results in a short career. The dilemma faced by Dr. Ursus begs an obvious response: run your practice, don't let your practice run you.

Is Dr. Ursus one person, several people, or a vehicle to face the reader with the dilemmas of practice? I turn to his column first when reading the journal.

Steven L. Senior  
Family Physician  
Lakefield, Ont.

## REFERENCE

1. Query. *CMAJ* 2005;173(8):1000.

DOI:10.1503/cmaj.1050234

[The senior deputy editor responds:]

Our bearish correspondent from the wilds of small-town family practice is indeed one physician, not several, but his trials are shared by many. His portraits are drawn from life; of necessity, they are not always exact copies. Dr. Ursus wishes to convey his appreciation to readers who have written to express concern and offer advice.

## Anne Marie Todkill

CMAJ

DOI:10.1503/cmaj.060172

## A prejudicial term

We take exception to the use of the word "pariah" in a recent commentary by Richard Smith.<sup>1</sup> No aspect of Indian history has provoked more controversy than the chronicles of caste divisions and untouchability. However, caste-like divisions have been found in the history of most societies. In modern India, practising untouchability is illegal.

The word "pariah" was first recorded in English in 1613. The *Encyclopedia Britannica* definition reads: "formerly known as untouchables but renamed by the Indian social reformer Mahatma Gandhi as 'Harijans' (children of the God Hari/Visnu, or, simply, children of God). The word pariah — originally derived from Tamil language word paraiyar, 'drummer' — once referred to the Paraiyan, a Tamil Nadu caste group" ([www.britannica.com](http://www.britannica.com)).

When the word "pariah" is used in the international news media, it attributes the meaning of an outcast. This word has appeared at least 4 times in this sense in *CMAJ* since 2000. In English, it apparently conveys an undignified meaning that is undermining to an indigenous caste group. Its use should be avoided.

## Govindasamy Agoramoorthy

Department of Pharmacy  
Tajen University  
Pingtung, Taiwan

## Minna J. Hsu

Associate Professor, Biological Sciences  
National Sun Yat-sen University  
Kaohsiung, Taiwan

## REFERENCE

1. Smith, R. The private sector in the English NHS: from pariah to saviour in under a decade. *CMAJ* 2005;173(3):273-4.

DOI:10.1503/cmaj.1060036