



## Doctors and patients in the health care debate

I appreciate Albert Schumacher's eloquent appraisal of Canadian physicians' attitude to their work, which is overwhelmingly to put patients first.<sup>1</sup> Schumacher, President of the CMA in 2004/05, writes that Steven Lewis' commentary in the same issue of *CMAJ*<sup>2</sup> is "misguided and misleading." However, it is the CMA's article, not Lewis', that is misleading.

Lewis has invited physicians to play a leading role in accelerating necessary change in our current single-tier health care system. The debate over whether single-payer medicine will continue to be the preferred system in Canada requires knowledgeable champions of our current system (i.e., physicians). Instead of acknowledging this need, Schumacher smoothly shifts focus by quoting several instances of the CMA's support for the Canada Health Act. While this is certainly a related issue, support for the Canada Health Act is not the same as support for single-tier medicine.

Schumacher writes, "Assertions that doctors are leaving people to wait longer for personal gain are untrue and offensive to Canadian doctors." While fairly confident that no physician would do such a thing consciously, I am less sure that wait lists are being properly managed. Many physicians feel pressured by their health authorities to maintain a wait list that is not significantly below the status quo. Further, as a medical student I am all too aware of the fact that logistical education in such

areas as queuing theory is sadly lacking in medical education. Lewis' commentary indicates the glaring lack of a comprehensive set of professional guidelines that would eliminate the need for every physician to have to micromanage these wait lists. Canada would do well if more physicians were to heed his call.

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### REFERENCES

1. Schumacher A. Doctors put patients first in health care debate [editorial]. *CMAJ* 2005;173(3):277-8.
2. Lewis S. Physicians, it's in your court now [editorial]. *CMAJ* 2005;173(3):275-7.

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## A hypertensive snow bird

A copy of mdBriefCase entitled "A hypertensive snow bird" was distributed with an issue of *CMAJ* this spring. This issue of mdBriefCase is biased in favour of products from the company sponsoring it, Boehringer Ingelheim.

The print version of this edition of mdBriefCase does not mention drug names, but readers are advised to go to [www.mdbriefcase.com](http://www.mdbriefcase.com) to see how the authors would treat this patient. On this Web site we are told that the patient had a cough associated with the angiotensin-converting-enzyme inhibitor that she had been started on and was switched to the angiotensin receptor blocker telmisartan. Boehringer Ingelheim makes telmisartan.

The recommendation to use an angiotensin receptor blocker is made despite the fact that on another part of the Web site ([www.mdbriefcase.com/studies/hyper/en/treatment.asp](http://www.mdbriefcase.com/studies/hyper/en/treatment.asp)) readers are told that "thiazide-type diuretics (either alone or in combination with other drug classes) should be the initial therapy for most patients with hypertension in the absence of diabetes. In the Antihypertensive and Lipid Lowering Treatment to Prevent Heart Attack Trial (ALLHAT), di-

uretics showed unsurpassed efficacy in preventing cardiovascular complications of hypertension." In the case in question there is no mention of the patient having diabetes.

The College of Family Physicians of Canada (CFPC) should not be granting Mainpro credits for material that has commercial biases.

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[The Director of CME/CPD for the College of Family Physicians of

Canada replies:]

I completely agree with Dr. Lexchin's concern in regard to the case "A hypertensive snow bird," which was distributed with an issue of *CMAJ* and appeared on the CMA Web site. Dr. Lexchin brought this case to my attention shortly after the case was distributed through this journal.

The CFPC requires its members to partake in continuing medical education (CME). The College approves university CME centres to offer educational material and courses that qualify for Mainpro CME credits. This online case was accredited on behalf of the College by McGill University.

As the original case was written, and in the supplementary material online, the patient was placed on the medication telmisartan, which is manufactured by Boehringer Ingelheim, who sponsored the development of this CME material through an "unrestricted educational grant" to mdBriefCase and McGill University. No evidence was provided to explain why less expensive alternatives as recommended in national guidelines were not used in the management of the patient.

My concern that this could be viewed as peer-selling was addressed