

## Emergency contraception

A recent *CMAJ* editorial<sup>1</sup> on oral emergency contraception asked, "Why ... must competent women ... be regarded as fair game for unwanted questioning and unsought advice — at their own expense?" This undermines the valuable counselling services that pharmacists provide.

A pharmacist has studied drugs for a minimum of 4 years, is trained to provide emergency contraception services and is accessible evenings and weekends when a woman cannot get an appointment with her family doctor. This would seem to reflect a policy on scopes of practice issued jointly by the CMA, the Canadian Pharmacists Association and the Canadian Nurses Association: "scopes of practice statements should promote safe, ethical, high-quality care that responds to the needs of patients and the public in a timely manner, is affordable and is provided by competent health care providers."<sup>2</sup>

We agree with *CMAJ* that women should not have to pay for these services. The Canadian Pharmacists Association believes that this medically necessary service should be covered as part of the government's insured health ser-

vices. If Plan B were available everywhere, the result would be a new cost barrier to access because drug plans will not pay for a product that a woman can pick up in a convenience store.

### Garth McCutcheon

President  
Canadian Pharmacists Association  
Ottawa, Ont.

### References

1. Emergency contraception moves behind the counter [editorial]. *CMAJ* 2005;172(7):845.
2. Canadian Medical Association. Scopes of practice [policy]. *CMAJ* 2002;166(2):236-7.

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*CMAJ*'s editorial<sup>1</sup> on Health Canada's decision to make levonorgestrel 0.75 mg (Plan B) available to women without a doctor's prescription was way off the mark, incorrectly asserting that the pharmacist may be a barrier to women's access to emergency contraception. Health Canada should be applauded for its decision, which was made after much study and consultation, is consistent with what is happening in many other countries, and is supported by the Society of Obstetricians and Gynaecologists of Canada.<sup>2</sup>

The evaluation of a pilot program in British Columbia eliminating the need for a physician consultation for emergency contraception clearly showed that providing the medication through pharmacists enhanced its availability.<sup>3</sup> This is not surprising, given that pharmacists are the most accessible of the frontline health care providers.

Do women need advice on emergency contraception? The statistics say they do. Pharmacists at the Drug Information and Research Centre operated by the Ontario Pharmacists' Association responds to over 70 000 calls per year from health professionals and the public; many of the calls are from anxious women with questions about the need for emergency contraception, how best to access it, possible side effects and potential interactions with drug or herbal medications.

Providing counselling on medication use is not paternalistic, as the editorial suggests. It is essential that patients understand what they are taking, as well as the expected benefits and potential risks.

Finally, the Ontario Pharmacists' Association also believes that emergency contraception is a medically necessary service that should be covered by

private and public drug plans. That's good public policy.

#### Jane Farnham

Chair of the Board  
Ontario Pharmacists' Association  
Toronto, Ont.

#### References

1. Emergency contraception moves behind the counter [editorial]. *CMAJ* 2005;172(7):845.
2. The Society of Obstetricians and Gynaecologists of Canada (SOGC): pioneers in the struggle to provide emergency contraception access to Canadian women [press release]. 20 Apr 2005. Available: [www.sogc.org/sogcnet/documents/emergency\\_contraception\\_morningafterpill.pdf](http://www.sogc.org/sogcnet/documents/emergency_contraception_morningafterpill.pdf) (accessed 28 Apr 2005).
3. Soon JA, Levine M, Osmond BL, Ensom MHH, Fielding DW. Effects of making emergency contraception available without a physician's prescription: a population-based study. *CMAJ* 2005;172(7):878-83.

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A recent *CMAJ* editorial<sup>1</sup> expresses concern that the reclassification of levonorgestrel 0.75 mg (Plan B) as a "behind the counter" product represents a "needless barrier to access."

The National Association of Pharmacy Regulatory Authorities strongly believes that incorporating pharmacists' counselling in the provision of emergency contraceptives benefits women and the health care system. Pharmacists can play a key role in educating women on the risk of infection associated with unprotected sex, the correct use of barrier and hormonal contraception and the management of side effects of this medication. Women will have the option of visiting a physician or a pharmacist and thus will be able to make their own decision on the initial point of care.

Given the experience in British Columbia<sup>2</sup> of a "dramatic rise" in the total use of emergency contraceptives "resulting mainly from pharmacy dispens-

ing" (to quote the *CMAJ* editorial), it is difficult to understand how consultation with the pharmacist presents a barrier to access. Licensed pharmacists possess the knowledge, skills and professionalism needed to sensitively supply emergency contraception.

#### Lois Cantin

President  
National Association of Pharmacy  
Regulatory Authorities  
Ottawa, Ont.

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1. Emergency contraception moves behind the counter [editorial]. *CMAJ* 2005;172(7):845.
2. Soon JA, Levine M, Osmond BL, Ensom MHH, Fielding DW. Effects of making emergency contraception available without a physician's prescription: a population-based study. *CMAJ* 2005;172(7):878-83.

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## Physicians and advocacy

It is evident that providing responsible advocacy for patients, individually and collectively, is an obligation for Canadian physicians, as was discussed in a *CMAJ* editorial<sup>1</sup> earlier this year. The College of Family Physicians of Canada has distributed a Declaration of Commitment, dated Nov. 25, 2004, that states "we are a resource to our practice populations — promoting health to prevent illness, providing and explaining health information, collaborating with and facilitating access to other caregivers, and advocating for patients throughout the health care system." The Educating Future Physicians for Ontario project identified "advocate" as one of the roles patients expect from their physician. Similarly, the Royal College of Physicians and Surgeons of

Canada's CanMEDs roles include the role of "advocate."

Even if such advocacy makes administrators uncomfortable, physicians must judge what is in the best interests of their patients and behave accordingly. We must strive for communication within institutions that ensures that medical staff can make good judgments about how best to exercise their responsibility for advocacy, but we must never stifle their voices. There are too many historical examples of suppression of information when patients would have benefited from prompt disclosure.

#### Carol P. Herbert

Dean, Schulich School of Medicine and Dentistry  
Professor, Family Medicine  
University of Western Ontario  
London, Ont.

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## A novel mutation in a patient with pantothenate kinase-associated neurodegeneration

Pantothenate kinase-associated neurodegeneration is an autosomal recessive disorder characterized by accumulation of iron mainly in the basal ganglia.<sup>1,2</sup> In about half of these cases, patients have an identifiable mutation in the *PANK2* gene.<sup>1</sup>

We previously described a 13-year-old boy who showed the "eye of the tiger" sign on a  $T_2$ -weighted magnetic resonance (MR) image<sup>3</sup> that is highly specific not only for this disease but also for a mutation in the *PANK2* gene.<sup>1</sup> Here we report on our screening for mutations of the *PANK2* gene conducted on the genomic DNA of the patient and his family (Fig. 1).

DNA was isolated from peripheral blood using a phenol-chloroform reference protocol. All exons of the gene were amplified by polymerase chain reaction (PCR),<sup>4</sup> and the amplified prod-