

"Although it is a centuries-old medicine, it's just like any other medicine; the people who are practicing it have to be well trained and qualified." Cheung, who has been using TCM for 40 years to treat everything from infertility to hypertension and prostate cancer, says the legislation also goes a long way to help validate his profession.

And that's exactly what Dr. Lloyd Oppel fears. An emergency department physician and a co-founder of Canadians for Rational Health Policy, the Vancouver doctor is concerned that the college will push what he calls "a baseless alternative medicine" into the mainstream.

"By bringing in these regulatory bodies you are essentially allowing them to run cover behind a smoke-and-mirrors show, or what appears to be quality control but is not."

Oppel says that the general public interprets the news of Bill 60 as the government giving its "stamp of approval" for TCM, when "it's really more like an application for a business licence to make sure that your books are in order."

He insists that TCM and other alternative medicines should have to provide scientific proof of efficacy and safety before being officially recognised.

"There should be some kind of quality check that goes on, in the same that you would check the consistency of concrete blocks if you were building a bridge, or light bulbs if you were hoping to light a building."

While there is significant evidence supporting the use of acupuncture, particularly for pain relief (*CMAJ* 2006;176:179-83), the literature has little to offer regarding the efficacy of TCM as a system of medicine. To date studies have investigated only specific TCM herbs.

Cheung, meanwhile is not surprised by the lack of trust of some members of the medical community.

"There are always skeptics everywhere," he says. "This medicine has around for at least 5000 years — and maybe longer. You have to accept that as a stamp of approval.... How long has Western medicine been around? Maybe 200 years? And don't forget, in its initial stages Western medicine was regarded as witchcraft." — Brad Mackay, Ottawa

## News @ a glance

**More trial info:** Pharmaceutical companies in the US are now disclosing more information about their clinical trials. The number of trials with incomplete information on the National Institutes of Health's registration Website ([clinicaltrials.gov](http://clinicaltrials.gov)) dropped from 26% on Jan. 1, 2006, to 8% by November 2006 (*NEJM* 2007;356:184-5). In 2005, medical journal editors under the auspices of the International Committee of Medical Editors (*CMAJ* 2005;172:1700-2), began rejecting articles about trial results if the studies were not registered in a public database.

**Gastro outbreak:** Nearly 3 dozen health-care institutions in Quebec and New Brunswick were battling outbreaks of viral gastroenteritis in early January. In the Montréal area alone, 29 institutions reported viral outbreaks in December and early January that infected staff and patients, triggered quarantine measures and forced postponement of some elective procedures. In New Brunswick, several hospitals closed their doors to control the spread of the virus. Infectious disease experts suspect the outbreaks are due to a more contagious and possibly more virulent form of Norwalk virus. Similar outbreaks have occurred in Europe, Japan and the US.

**Crisis averted:** Eleven of the 14 emergency department physicians who tendered their resignations at the Saint John Regional Hospital, have agreed to stay on after the province offered more money and recruitment incentives. The province will pay a quarterly bonus for over time (emergency physicians now earn about \$138 an hour). It will also offer new emergency physicians a \$50 000 signing bonus, double the existing one, and these new recruits will only be required to stay 3 years instead of the current 5. The province is expected to announce a \$25-million ED expansion later this month. The ED opened in 1982 with a capacity for 25 000 patient-visits annually, but in 2005-06, saw 63 309 patients. The 14 ED doctors tendered their resignations last fall. The 11 who have agreed to stay will maintain services with the help of other

health care professionals until new doctors can be recruited. Discussions with the remaining 3 physicians continue. — Bobbi-Jean MacKinnon, Saint John, NB

**Wait times pilot:** The federal government is investing \$2.6 million in a 15-month long Wait Time Guarantee pilot project for pediatric surgery. The pilot includes the first pan-Canadian wait times information system for children who wait longer than they should according to guidelines from the National Child and Youth Health Coalition. The project, to be conducted in partnership with the 16 pediatric academic health science centres, will initially focus on 6 surgical areas: cardiac, cancer, neurology, sight, spinal deformity and dental treatment requiring anesthesia.



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**No free lunch:** The International Federation of Pharmaceutical Manufacturers and Associations has barred its member associations in more than 60 countries (including Canada) from distributing gifts or money that could influence doctors' choice of drugs or devices they prescribe. The federation's revised Code of Pharmaceutical Marketing Practices limits members to distributing gifts that are related to work and of modest value (e.g., stethoscopes). In addition, the code stipulates that medical and scientific meetings should not be held in "renowned or extravagant venues" and the cost of hospitality should not exceed what doctors would normally be willing to pay for themselves. IFPMA Director General Dr. Harvey E. Bale stated that the new code reflects "the industry's concern to underscore that its life-saving products are promoted in an ethical manner." — Compiled by Barbara Sibbald, *CMAJ*