



Making drug data more transparent

Joel Lexchin discusses the importance of informing people about medicines so that they can be knowledgeable about the risks and benefits of various drugs.¹ Although it recognizes that there is an element of risk in all medicinal products, the Pharmaceutical Manufacturers Association of Canada (PMAC) has always advocated that information about medicines be made available to both health care professionals and patients.

As Lexchin notes, the processes and procedures of the Therapeutic Products Directorate concerning disclosure of data are less transparent than those in the US. The PMAC supports a renewal of the Canadian system, and the objective of this exercise should be harmonization with the practices in other major developed countries. The International Conference on Harmonization of Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH) is a unique project. It brings together regulatory authorities from Europe, Japan and the US, as well as experts from the pharmaceutical industry in these regions, to discuss scientific and technical aspects of product registration. Canada currently holds observer status within the ICH, but the PMAC believes this country should become an ICH cosponsor. We have made that request to the organization.

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Reference

1. Lexchin J. Secrecy and the Health Protection Branch. *CMAJ* 1998;159(5):481-3.

Physicians and breast examination

As a radiologist interested in breast cancer I have had the opportunity to speak on the diagnosis of this disease to a number of women's groups. These talks are usually followed by a question-and-answer period.

At one such talk, one woman, a breast cancer survivor, asked me why physicians are not taught how to examine breasts. I was taken aback by this question — I had just emphasized the important role of the family physician's regular physical examination in breast cancer detection. I was even more surprised by the chorus of confirmation from many of the other women present.

I was told that some physicians are shy or otherwise reluctant to vigorously and thoroughly examine breasts. The women reported that some doctors are obviously uncomfortable with the procedure, whereas others seem unsure or apologetic. For whatever reason, such physicians do not inspire their patients' confidence. I had stated in my talk that all physicians are taught the art of breast examination as part of their training. Unfortunately, in the opinion of many of these highly motivated and discerning women, some physicians have not put this training into practice.

This is an issue sufficiently impor-

tant to warrant some action. I suspect that the reality is somewhere in the middle. There are probably some physicians who simply do not know how to examine breasts appropriately, which represents a failure of medical schools and clinical programs. But there are probably others who are performing adequate examinations but are unable to convey their skill and confidence in the procedure to their patients. Both failings require remedy. Any suggestions?

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Bittersweet memories of residency

Robert Patterson's recollections of residency were bittersweet,¹ particularly the entry entitled "A resident dies, take 2." I read them on the day I was supposed to attend a hospital memorial service for a gifted young intensivist who had died suddenly. After reading Patterson's article I surprised myself by deciding not to attend the service. I had realized that the service would inadvertently serve to individualize what was a collective tragedy. Instead, I retreated to ponder the deficiency and the pathos of a system