

## Correspondance

## Community health programs in Canada

In view of the Walkerton calamity, the anthrax scare in the United States and the threat of chemical and biological warfare, I think we should look again at the education of physicians in the specialty of community (public) health.

When I joined the Toronto School of Hygiene in 1956 the program covered 10 subjects: chemistry in relation to hygiene and sanitation, epidemiology and biometrics, hospital administration, hygiene and preventive medicine, viral infections, experimental cytology, parasitology, physiological hygiene, public health administration and public health nutrition. At the time, the Diploma in Public Health program in microbiology was the best in the country.

When the Master of Health Sciences degree was established at the University of Toronto in 1979, training in microbiology disappeared. I submit that this was a mistake. Physicians who specialize in public health should be well acquainted with all agents of disease, be they biological, chemical, social or environmental. They should know about the effects of war, famine and natural disasters. Public health is not merely an exercise in statistics and administration.

The skeleton of a school of public health exists at the University of Toronto. A somewhat more complete program in public health is available at McGill University, which has departments of epidemiology and biostatistics, occupational health, human genetics, microbiology and immunology, nutrition and food, and social studies in medicine, a Centre for Studies in Aging, a Centre for Host Resistance and a Centre for Tropical Diseases. In Canada there is nothing like the Harvard School of Public Health or the London School of Hygiene and Tropical Medicine.

We need a broadly based graduate program in community health jointly supported by academe and the Royal College of Physicians and Surgeons of

Canada. Schools of graduate studies favour rather narrowly focused master's level programs, but that will not work for the specialization in question.

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**Ethics and industry-sponsored research**

As a retired research scientist in entomology and nutrition, I was delighted to hear that prestigious medical journals will not publish results of research financed by pharmaceutical companies if the researchers are not given complete academic independence.<sup>1</sup> Companies that withhold data unfavourable to their products, persuade scientists to include their names on ghost-written articles or make researchers sign contracts barring them from publishing their findings without company approval should be considered unscrupulous.

This policy, if followed, will be important in preserving scientific integrity and rekindling a feeling of pride among

scientists. I recall that many years ago our research director firmly believed that all or most of the scientific research conducted in Canada should be funded by government so that scientists could be independent of private funders. The "findings" of scientists employed by the tobacco industry about 45 years ago should serve as a warning of the potential dangers of privately funded research.

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**Reference**

1. Davidoff F, DeAngelis CD, Drazen JM, Nicholls MG, Hoey J, Højgaard L, et al. Sponsorship, authorship and accountability. *CMAJ* 2001;165(6):786-8.

We represent 7 of the largest contract research organizations (CROs) in the United States. We agree with the authors of the recent commentary on sponsorship of clinical trials<sup>1</sup> that all research must be conducted and reported objectively, dispassionately and with the highest levels of scientific accuracy and integrity.

The perception stated in the commentary of "head-to-head" competition between CROs and academic sites is

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