measures undertaken by the CMA in close collaboration with *CMAJ* will resolve any confusion about the relationship between the association and the journal it owns.

Thank you for giving me the opportunity to clarify this issue.

Dana Hanson
President
Canadian Medical Association
Ottawa, Ont.

[Réponse du président de l'AMC :]

Je tiens à profiter de l'occasion pour assurer au Conseil de rédaction du *JAMC* que j'apprécie comme eux la qualité du *JAMC* et la position du journal comme chef de file des publications nationales médicales critiquées par les pairs au Canada.

C'est précisément afin de préserver et d'améliorer la qualité du journal que le Conseil d'administration de l'AMC a récemment approuvé la création d'un Comité indépendant de surveillance du journal, chargé de préciser le mandat de la publication et le rôle du rédacteur en chef, et de contribuer à préserver l'indépendance rédactionnelle du journal. Cette initiative s'inspire des expériences positives réalisées ailleurs. Je suis persuadé que cette mesure et d'autres prises par l'AMC en étroite collaboration avec le *JAMC* dissiperont toute confusion au sujet de la relation entre l'Association et le journal qui lui appartient.

Je vous remercie de m'avoir donné l'occasion de préciser la question.

Dana Hanson
Le président
Association médicale canadienne
Ottawa (Ont.)

The ethics of editorializing

CMAJ's recent commentary on editorials[1] raises some important questions about the nature and scope of editorial freedom in writing opinion editorials in journals such as *CMAJ*. I suspect many Canadian physicians would agree with some of the fundamental points the authors make. *CMAJ* should not become the political mouthpiece of the CMA. There should be no political censorship in a peer-reviewed academic journal. Provocative questions that enrich debate are a necessary and valuable contribution. *CMAJ* enjoys an international reputation for excellence not only for the quality of its scientific articles but also for its articles dealing with the social, humanitarian, ethical, legal and political aspects of health care. Ultimately, the concept of editorial freedom must be respected and protected.

The question, however, is not about the value or importance of the concept of editorial freedom but rather with its application in a given case. What are the corresponding editorial duties, obligations and responsibilities that bestow credibility and privilege on the notion of editorial freedom? As the eminent philosopher and medical ethicist Steven Toulmin argued in his seminal work, *The Abuse of Casuistry*, the application of ethics to real-life situations behooves us to resist the "tyranny of absolutes."[2] Editorial freedom is not an unqualified absolute that can be uncoupled from these other important considerations.

What criteria should we invoke to evaluate the judicious application of editorial privilege? Editors must be free to write challenging and provocative opinions that are well founded, unbiased, balanced, respectful and considerate of potential consequences. I would also argue, however, that editors should not be beyond scrutiny and should be held accountable for any abuses of privilege. Thus, if editorial opinions were to be misrepresented as facts, if they were self-serving in promoting a personal political agenda, if due process was manipulated to impede a balanced perspective through a timely response or if the reasonably anticipated consequences of inflammatory statements were harmful to innocent people, then I would argue that such an editor would have betrayed the trust that was invested in him or her and should be held accountable.

Editors of journals such as *CMAJ* are privileged with significant power to influence change. This power can be applied judiciously or it can be abused. I believe editors should not use the notion of editorial freedom as a shield to make them immune from scrutiny and accountability.

Who should judge this and how should it be judged? The process and criteria should be clear and transparent. Perhaps in the specific case of the editorial dealing with Quebec's Bill 114, some of these considerations could apply. It may prove helpful to see how Canadian physicians, and particularly the editors themselves, would respond to such a challenge.

Postscript: I wish to point out that although I am the Chair of the CMA's Commitee on Ethics, I have not discussed this issue with any of the committee members. The views expressed are my own.

Eugene Bereza
Associate Profesor, Biomedical Ethics Unit
Faculty of Medicine
McGill University
Montreal, Que.

References
1. Hoey J, Todkill AM. An editorial on editorials. *CMAJ* 2002;167(9):1006-7.
2. Jonson A, Toulmin S. *The abuse of casuistry: a history of moral reasoning*. Berkeley: University of California Press; 1990. p. 5.

Mandatory work in Quebec

Quebec's Bill 114,[1] which threatens doctors who refuse to work in emergency rooms with fines of up to $5000, should be compared with US legislation stipulating fines of up to US$50 000 for a similar infraction.[2] The existence of such coercive measures in the bastion of free enterprise might come as a surprise to Canadian physicians, but that is the law south of the border.

Emile Berger
Neurosurgeon
Montreal, Que.

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1. Pengelley H. Quebec's decision to draft MDs to work in ERs creates storm. *CMAJ* 2002;167(5):530.

2. Fosmire MS. Frequently asked questions about the Emergency Medical Treatment and Active Labor Act (EMTALA). In: emtala.com [Web site]. Marquette (MI): Law Offices of Garan Lucow Miller, PC; [no date]. Available: www.uplaw.net/faq.htm (accessed 2002 Sep 25).

[The News Editor responds:]

There are significant differences between the legislation in Quebec and the United States. The American law is imposed not on individual physicians, as is the case in Quebec, but on the hospitals where they work. As well, the US$50 000 fine applies in a much narrower context: when physicians fail to respond to a specific emergency situation when they have on-call duties. Under the US law, physicians are not obliged by government to participate in a call schedule — the hospital imposes this obligation. In Quebec, the obligation and the accompanying penalties are applied by the province.

Medicare reform series: left-wing bias?

For years *CMAJ*'s editorial bias has been decidedly left wing. I grow increasingly frustrated that I have been treated to the likes of Steven Lewis,[1] Monique Bégin,[2] Bob Rae[3] and Lloyd Axworthy[4] in your medicare reform series. What percentage of your readership do you believe you are representing with this cabal? Not me.

James Wiedrick
Physician
Olds, Alta.

Reference
1. Lewis S. The bog, the fog, the future: 5 strategies for renewing federalism in health care. *CMAJ* 2002;166(11):1421-2.
2. Begin M. Renewing medicare. *CMAJ* 2002;167(1):46-7.
3. Rae B. Some thoughts on medicare. *CMAJ* 2002;167(3):258-9.
4. Axworthy L, Spiegel J. Retaining Canada's health care system as a global public good. *CMAJ* 2002;167(4):365-6.

[The editors respond:]

We agree with James Wiedrick's assessment that the contributors to our series of commentaries on medicare reform (which ran May 28 through Aug. 20, 2002) were at least slightly to the left of Canada's political spectrum. And we understand how readers might draw the conclusion that this was the result of a deliberate editorial policy of selection. However, it was not.

In drawing up a list of possible contributors to the series, we took considerable care to achieve a balanced representation. Of the approximately 20 people who received an invitation and follow-up telephone call, about half would be characterized by most observers as being on the political right. Despite our prodding, only 7 individuals accepted our invitation, and we published the contributions of everyone who did so.

John Hoey
Editor
Anne Marie Todkill
Senior Deputy Editor
CMAJ

Tackling tobacco in Saskatchewan

A recent news article[1] highlighted reaction from the tobacco industry to Saskatchewan's world-precedent-setting ban of "power walls." These growing rows of brightly coloured tobacco products found in stores across Canada are the tobacco industry's last hope of promoting its products to children and youth.

In Saskatchewan, these eye-level displays of tobacco products in a place our children frequently visit — the corner store — have been gone since March. The tobacco companies have reacted to the loss of this marketing tool by launching the lawsuit mentioned in your article. By addicting youth, the industry replaces the 45 000 Canadians who die each year from tobacco-related illnesses.

Protecting our youth from tobacco has been at the centre of Saskatchewan's Tobacco Control Act, and our legislators are continuing to stand firm to achieve this goal. In the weeks since Saskatchewan's Tobacco Act was proclaimed, both the Saskatchewan Pharmaceutical Association and federal enforcement officers have noted high levels of compliance and acceptance of the legislation. They also report that compliance appears to have been achieved relatively easily and with minimal disruption.

Lynn Greaves
Regina Health District
Regina, Sask.

Reference
1. Ehman AJ. Court battle looms over Saskatchewan's new cigarette laws. *CMAJ* 2002;167(4):389.

Erreur de traduction

Il y a une sérieuse erreur de traduction dans l'éditorial[1] (troisième paragraphe, huitième ligne). En effet, on a traduit Hib par VIH !

Yv Bonnier Viger
Centre de coopération internationale en santé et développement
Gaspé (Qué.)

Référence
1. Vaccination mondiale et terreur mondiale [éditorial]. *JAMC* 2002;167(8):839.

Erratum

Dans la version française d'un éditorial récent[1], une erreur s'est glissée dans la huitième ligne du troisième paragraphe. Au lieu de l'abréviation «HIV», il aurait fallu écrire «Hib».

Référence
1. Vaccination mondiale et terreur mondiale [éditorial]. *JAMC* 2002;167(8):839.