References
1. Quebec's Bill 114 [editorial]. *CMAJ* 2002;167 (6):617.
2. See, for example, the public response reported by Jeff Heinrich in the *Montreal Gazette* 2002 July 26; Sect A:1.

[Réponse des rédacteurs :]

Nous n'avions pas l'intention de condamner les médecins, ni du Québec ni d'ailleurs, et nous regrettons que la formulation de notre texte (et sa traduction) aient suscité cette interprétation. Le cas de Claude Dufresne à Shawinigan-Sud a démontré tragiquement les pressions intenables qui s'exercent sur les services d'urgence au Québec. Nous avons parlé d'une confiance «broken» (rompue)[1] — non d'une confiance «betrayed» (trahie) — et nous n'avions pas l'intention de juger quiconque, mais de réfléchir sur les dommages que de tels événements causent aux rapports entre les médecins et la société[2] — rapports régis de plus en plus par les forces économiques. Notre éditorial signale les nombreux facteurs ayant contribué aux difficultés actuelles au Québec et critique l'approche législative adoptée par le gouvernement pour remédier à la situation. Nous accueillons favorablement les échanges ouverts d'idées sur ces questions par tous les intéressés.

John Hoey
Le rédacteur en chef
Anne Marie Todkill
La rédactrice adjointe principale
JAMC

Références
1. La Loi 114 du Québec [éditorial]. *JAMC* 2002; 167(6):619.
2. Voir, par exemple, la réaction du public rapportée par Jeff Heinrich dans le *Montreal Gazette* 2002 le 26 juillet; A:1.

Medical newsletters: Can they be trusted?

In 1995, I wrote a letter to *CMAJ* about medical newsletters and the conflict-of-interest risks they pose.[1] These newsletters continue to flourish and, unfortunately, may become a major source of information for busy practitioners.

The newsletter format closely resembles that of a peer-reviewed journal. Undoubtedly, this approach is taken to reinforce the newsletters' claims that they provide an educational service reflecting peer opinions and facilitating physicians' understanding of current trends in medicine.

However, 2 recent newsletter articles illustrate that their ultimate goal is quite different.[2,3] Each describes only one of the available drugs in a given class. In each case, the drug described also happens to be the drug produced by the pharmaceutical company underwriting this particular "independent report."

In short, these newsletters offer no references, are not peer reviewed and present one-dimensional examinations of the issues they cover. For instance, 2 cardiologists writing in the newsletter offered their views on how a new drug class should be used in practice. The surprise was not that both arrived at the same favourable conclusions about the same drug but rather that their comments were identical — word for word (see Box 1 at www.cmaj.ca).[2,3]

I have no objection to these newsletters if they appear with a banner stating that they are advertisements. However, to call them educational is misleading.

Jay Brophy
Associate Professor of Medicine
Division of Cardiology and Clinical Epidemiology
Royal Victoria Hospital
Montreal, Que.

References
1. Brophy JM. Medical newsletters: funding and interests should be stated. *CMAJ* 1995;152(11): 1744-5.
2. Refining the evidence: early use of GP IIb/IIIa inhibition confers greater-than-expected benefits in high-risk ACS patients. In: New frontiers in cardiology: a report from the American College of Cardiology 51st Annual Scientific Session, Atlanta, Ga., 2002 Mar 17-20. Beaconsfield (Que.): *Medical Frontiers International*; 2002.
3. Glycoprotein IIb/IIIa inhibitor therapy in acute coronary syndromes: management algorithm based on risk. In: New frontiers in cardiology: a report from the American College of Cardiology 51st Annual Scientific Session, Atlanta, Ga., 2002 Mar 17-20. Beaconsfield (Que.): *Medical Frontiers International*; 2002.

The lockout of '62

In her novel *Swimming into Darkness*, Gail Helgason exercises considerable artistic licence in depicting Saskatchewan doctors' partial withdrawal of services in 1962.[1,2] Although some called this a strike, it was more like a lockout.

The Co-operative Commonwealth Federation (CCF), now the New Democratic Party (NDP), had recently brought in legislation to provide for universal public insurance for medical care. This gesture of apparent social conscience was more than it seemed. Buried in the fine print was an abrogation of doctors' democratic right to negotiate their working conditions. Section 49(g) of the legislation stated, "The Medical Care Commission [i.e., the government] shall determine the terms and conditions of service."

The Saskatchewan doctors felt that they had to resist the loss of such freedom, not only for themselves but on behalf of others who might one day be similarly constrained. But this did not mean a strike; rather, most doctors decided that they would work outside the Act. Thus the doctors would have their freedom and the government its insurance, but the insurance would be between the patient and the government. This was in keeping with Premier Tommy Douglas' oft-repeated statement that "we only want to pay the bill" and its implication that there was no desire to control the doctors.

However, when Douglas became the first leader of the national NDP, he wanted to include medicare in his platform. To achieve this objective, Douglas' successor in Saskatchewan amended the Act in May 1962, adding section 28, which made it illegal for a patient to even voluntarily pay a doctor's bill. This measure, the government thought, would mandate doctors to work within the Act when the amendment came into force on July 1, 1962.

Saskatchewan's doctors could not tolerate this Star Chamber legislation, nor could we run our offices with no income. As a result, we closed our offices but continued to operate hospitals and emergency departments.

True, our services were for emergency cases only, but the definition of "emergency" was broad. We unequivocally accepted a patient's designation of his or her condition as urgent, although we did draw the line at marriage medicals (yes, in those days you could not get married until you had submitted a medical certificate).

After several weeks the government unilaterally called in a mediator: Lord Stephen Taylor, a socialist English peer who had been instrumental in initiating Britain's national health plan. Taylor essentially agreed with the doctors, and on his recommendation the legislature wiped out the 2 offending clauses. The doctors went back to work, and the government had its medical care insurance plan.

Helgason's fictional treatment of these events suggests that the public opposed the doctors' action. My recollection is to the contrary. When Tommy Douglas ran for Parliament in June 1962, just days before the plan was implemented, he was soundly beaten.

I recall clearly the last patient I saw in June of that year. As he left my office he shook his fist in my face and said, "Doctor, if your office is open in July I will never see you again."

A puzzled reporter from the now-defunct *Washington Star* came to the provincial medical association's press relations office. He said he had talked to many people and found 2 apparently contradictory things. First, they wanted the government legislation; second, they supported the doctors. We resolved his confusion: people wanted health insurance, but not at the expense of doctors' civil rights. They were concerned about the slippery slope — a concern that was epitomized in a Saskatoon newspaper cartoon featuring the provincial premier (see illustration).

The final blow to government support occurred when the premier called an election a year after the strike. The Liberals, campaigning in support of the doctors, soundly defeated the CCF/NDP.

As Helgason's novel portrays, emotions and, indeed, hatreds ran deep in the crisis of 1962. The province was on the brink of violence. A priest who supported the doctors recommended carrying guns. Government supporters physically threatened doctor supporters with rivet guns used to drive studs into concrete. I believe that they loosened the wheel bolts on my mother's car.

In the end, reason prevailed over ideology, government has stuck to financing, and medicare in Saskatchewan has worked, all of which demonstrate that the fascist clauses in the Medical Care Insurance Act of 1962 were unnecessary.

Marc Baltzan
Nephrologist
Saskatoon, Sask.

April 24, 1962

Ed Sebestyen, Saskatoon Star-Phoenix

"Next? . . ."

References
1. Helgason G. *Swimming into darkness*. Regina: Coteau Books; 2001.
2. Todkill AM. Restoration projects [book review]. *CMAJ* 2002;166(7):938.

[The author responds:]

I'm rather surprised to be criticized for suggesting in my novel *Swimming into Darkness*[1] that "the public opposed the doctors' actions." In drawing my characters, I deliberately chose to portray the protagonist's family sympathetically, as "average" Saskatchewan citizens who supported the doctors. In fact, several fine Canadian writers have praised *Swimming into Darkness* for not taking the "easy" and "politically correct" route, which would have been to portray the protagonist's family firmly in the "anti-doctor" camp. Indeed, the novel explores the views of characters on both sides of the dispute. In the character of "Uncle Gisli," a storekeeper, the novel also particularizes the view that Saskatchewan in 1962 was on the brink of a "slippery slope" that would lead to further incursions into civil rights. As Uncle Gisli states (p. 162), "We let the politicians tell the doctors how to run their business, and the next thing you know they'll be telling me how to run my business. Or farmers, for that matter."

My research revealed plentiful evidence of opposition to the doctors' stance in many communities. During the novel's launch last fall, I was approached by members of doctors' families who recounted how, as children in Saskatchewan in 1962, they had been