How we die

One part of CMAJ that I always read is the Deaths page. I would like to suggest that, in the notice requesting submission of obituaries, you ask that the cause of death be included. So often I read of people I knew and wonder what killed them. Surely relatives would not object to sharing “from Hodgkin’s disease” or “from an aneurysm.”

It would also soften the blow of learning of a colleague’s passing (and remind us of the importance of signing donor cards) to read that the deceased’s organs were donated. If this information was provided regularly, perhaps we would have data for an interesting analysis in 10 years’ time.

Along with my will, I have already composed my own obituary, leaving 2 blank spaces for my executrice to enter the date and cause of my death. Yes, this piece is in the “colourful writing” style encouraged by CMAJ, but with all of my Dennis Miller-type rants I would need several hours to reduce it to your 200-word limit, and it would lose much of its flavour in the process. More likely, your readers will have to be referred to a full page in another publication. I’m sure some of them can hardly wait.

Ray Lewans
General Practice
Victoria, BC

Reference

Painful cover

The March 4, 2003, issue of CMAJ needlessly shows a young boy crying and frightened by a vaccination. Is there a purpose to portraying this? I think this shows disrespect to the patient (a child) and portrays no information of value.

N. Kevin Wade
Ophthalmologist
Kerrisdale Professional Centre
Vancouver, BC

Reference

Requiem for a journal

Despite opinions to the contrary, the demise of the Annals of the Royal College of Physicians and Surgeons of Canada, reported recently in CMAJ, represents a significant loss to the Canadian medical literature. Although the Annals might have been perceived as having little importance to those in private practice for whom clinical specialty journals are more relevant, the journal did play an important role in Canadian academic medicine.

Like medical science, medical education and specialty training are constantly evolving. Today’s trainees are not the same as those of decades past, and their training programs have also changed. The only way that training programs and curricula will continue to improve is through evaluation, change and debate. By publishing original, peer-reviewed articles on medical education and related research, as well as articles on biomedical ethics and Canadian medical history, the Annals provided a unique forum for such debate. Journals of medical education exist in the United States and the United Kingdom, but they are not readily accessible to Canadian physicians. Moreover, only rarely do Canadian articles appear in those journals.

Given the proliferation of both peer-reviewed and non-reviewed Canadian journals over the past decade, we might have expected that a journal published by an institution as respected as the Royal College could have found a way to survive.

Eric M. Yoshida
Program Director
Adult Gastroenterology Training Program
University of British Columbia
Vancouver, BC

Reference

[The Royal College president responds:]

I share Eric Yoshida’s concern that the disappearance of the Annals of the Royal College of Physicians and Surgeons of Canada, as described in a recent issue of CMAJ, has created a void in the Canadian medical publication landscape. I also recognize the quality of the content that appeared in each issue of the Annals and value the contribution of all those involved in producing the journal.

However, for many years, the Annals has not enjoyed from the majority of Royal College fellows the level of support reflected in Yoshida’s comments. The current publishing environment dictated that the production and distribution costs of the Annals be significantly subsidized by fellows’ dues. Therefore, we needed to maximize the value of the publication to as large a number of fellows as possible. For these reasons, the College decided to suspend publication of the Annals in its existing form as of December 2002. The College is now exploring options for an alternative publication that will better serve the organization and its fellows.

The new publication may well publish

Correspondance
articles of the type valued by Yoshida and others.

**John W.D. McDonald**  
President  
Royal College of Physicians and Surgeons of Canada  
Ottawa, Ont.

**Reference**  

**Marketing Rx&D**

On the basis of a letter co-signed by the presidents of Rx&D, the College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada and the CMA, and another signed by CMA president Dana Hanson and included with the same edition of *CMAJ*, casual readers may conclude that our several medical organizations and the pharmaceutical industry have come to some sort of agreement regarding industry-funded attendance at continuing medical education [CME] events. Apart from faculty, the CMA has specifically advised against such funding for some time now. Recent changes to section 4A.3.5. of the Rx&D Code of Marketing Practices appear to reflect similar thinking — specialists should no longer be funded for mere attendance.

Speaking to this issue, the authors of the Feb. 6 letter state that the Rx&D code is now “in line with the CMA policy.” Hanson’s letter states that “Rx&D has agreed to harmonize its code with the CMA policy on one of the points of disagreement — whether physicians should receive industry funding simply to attend a CME event.”

Unfortunately, neither of these statements is accurate, because in June 2002, Rx&D inserted a new section (4B) into their code, specifically allowing the sponsorship of attendees at international (read “expensive”) events. The code no longer requires sponsored physicians to be specialists – only that they show their commitment to “improved healthcare for Canadians” by sharing “with Canadians the benefit of knowledge gained” upon their return.

So where does this leave Canadian physicians? Puzzled, to say the least. Apparently, everyone agrees it’s no longer appropriate to accept money to attend the cheaper, local conferences, but the Rx&D code allows us to accept funding for the expensive, international events. In Bermuda, let’s say, or Hawaii.

Obviously, there’s still at least one major conflict between the two policies, and it may leave the new Rx&D code even less consistent with CMA policy than it was before. We shouldn’t pretend there is agreement when there isn’t. The moral basis of CMA policy on physicians and the pharmaceutical industry has always been clear: con-