articles of the type valued by Yoshida and others.

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Reference

1. Sullivan P. Royal College *Annals* ceases publication. *CMAJ* 2003;168(3):325.

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*,[1,2] 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[3] has always been clear: con-

flicts of interest can harm our patients. If we continue to accept gifts, we remain beholden to the giver.

That our professional leaders suggest we "reaffirm our commitment to work together" with Rx&D is a testament to the power of money. It can blind us, for example, to the simplest of facts. As physicians, we prescribe drugs to improve the health and well-being of our patients, whereas industry wants us to prescribe drugs so that industry stays profitable. There's nothing evil about that, and nothing too surprising, but let's be honest — we are in fundamentally different lines of work. What is surprising is that our leaders choose to align themselves with industry leaders in an effort to convince us otherwise.

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1. Elston MJ, MacKean P, McDonald JWD, Hanson DW. Rx&D code of marketing practices [announcement]. *CMAJ* 2003;168(6):714.
2. Hanson DW. Message from the president: physicians and the pharmaceutical industry. Ottawa: Canadian Medical Association; 2003 [insert to *CMAJ* 2003;168(6)].
3. Canadian Medical Association. Physicians and the pharmaceutical industry (update 2001) [policy statement]. Available: www.cma.ca/cma/common/displayPage.do?pageId=/staticContent/HTML/N0/l2/working_on/ppi.htm (accessed 2003 Mar 28).

[The president of the CMA responds:]

Dr. Hanson replies to concerns about the CMA's position on the Rx&D marketing code on page 1274.

Debating gun registration

The recent *CMAJ* editorial about the firearms registry[1] raises several issues, the primary one being the legitimacy of physicians using their special place in society to espouse opinions outside their area of expertise. This practice lends a false air of authority to views that are political rather than scientific in nature.

Guns themselves hurt no one. It is their abuse by malicious, suicidal or ignorant people that leads to harm. Stating that people are "killed by... firearms"[1] leads people to erroneously fear guns rather than those who abuse them, and we tend to end up with laws that attack the object rather than the behaviour.

The quoted estimate that firearm injuries and deaths cost $6 billion per year[2] is based on a costs-only analysis that assumes that every person injured or killed by firearms abuse would have produced some $5 million over his or her lost lifetime. However, many murder victims have criminal histories themselves, and many suicidal people have psychiatric illnesses; to suggest that these people