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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[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 *CMA7* editorial about the firearms registry' 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" 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 year² 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

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Repeat of March 18, 2003