

[The News Editor responds:]

Barry Shandling's point is well taken, but *CMAJ* can publish only the information that it receives. In the case of Dr. Farmer,¹ staff compiled the notice from information garnered from the CMA's Membership Department and the Canadian Medical Directory. No additional information was received from readers prior to publication. Every Deaths page includes a request for submissions about deceased colleagues. We encourage readers to act upon it.

Pat Sullivan
News Editor
CMAJ

Reference

1. Deaths. *CMAJ* 2002;167(11):1312.

Family health networks in Ontario

I wish to point out 2 areas of concern relating to an otherwise interesting analysis of Ontario's plan for primary care reform.¹

First, the statement that the Ontario Medical Association (OMA) "developed a contract setting out terms and conditions for joining an FHN" (family health network) creates the impression that the OMA alone was responsible for developing these contracts, but the OMA collaborated with the provincial Ministry of Health and Long-Term Care to develop the FHN templates.

Second, the last paragraph states that FHNs "must also negotiate internal governance agreements that set out schedules for extended office hours and on-call services." In fact, the FHN templates set out minimum governance requirements. In many instances, physician groups will already have in place associateship or partnership agreements, which can be modified to accommodate the FHN agreement. The actual "negotiations" for suitable governance do not involve the ministry but are part of the physician group's transformation to a new structure. The

FHN templates permit the province's Family Health Network to obtain copies of internal governance documents and to then request changes if it determines that the governance structure does not meet the requirements of an FHN agreement. Whether this will actually occur remains to be seen.

Robert L. Lee
Legal Counsel to Ontario Medical Association
Toronto, Ont.

Reference

1. Tamburri R, Sibbald B. Ontario's ambitious primary care reform plan slow in attracting MDs. *CMAJ* 2002;167(10):1159.

Setting the record straight

My published letter¹ about the dispute between Dr. Nancy Olivieri and the University of Toronto and the Hospital for Sick Children contained an error, which I want to correct. My letter referred to Apotex's suit against Olivieri as follows: "It arose from Olivieri's statements about the company's CEO." This language was recommended to me by one of the university's legal advisors, and I accepted the advice in good faith.

However, I have since been advised that the Apotex suit is in fact a countersuit launched in response to a suit commenced by Olivieri on Mar. 17, 2000, against Apotex Inc. and its CEO, Barry Sherman, which arose in turn from statements about her made by Sherman. The Apotex countersuit is based on Olivieri's statements about Apotex and deferiprone. The sentence quoted above conflates the suit and the countersuit, and I believe it is unfair to Olivieri, particularly as litigation between her and Apotex is still in progress.

As regards other legal action, I am pleased to confirm that an agreement was reached in November 2002 to resolve all outstanding disputes, litigation and grievances involving Nancy Olivieri, 4 of her colleagues, the Hospital for Sick Children, the University of Toronto, and past and present office-holders in

the latter 2 institutions. The resolution was fully supported by the University's Faculty Association and the Canadian Association of University Teachers.

David Naylor
Dean, Faculty of Medicine
Vice Provost, Relations with Health Care Institutions
University of Toronto
Toronto Ont.

Reference

1. Naylor D. I beg to differ [letter]. *CMAJ* 2002;167(1):11-2.

Corrections

In a recent News article,¹ Human Rights Watch was incorrectly credited with taking the photograph. It was supplied by James Wentzy of Act-Up New York.

Reference

1. Sibbald B. AIDS activist mum after release from Chinese prison. *CMAJ* 2002;167(9):1044.

In Fig. 2 (page 1002) of a recent research article,¹ the X axis labels do not clearly match the caption or the text. In the caption, static balance score refers to Equitest in the figure, dynamic balance refers to Figure of 8 and knee extension strength refers to Quad strength.

Reference

1. Carter ND, Khan KM, McKay HA, Petit MA, Waterman C, Heinonen A, et al. Community-based exercise program reduces risk factors for falls in 65- to 75-year-old women with osteoporosis: randomized controlled trial. *CMAJ* 2002;167(9):997-1004.

In a recent *CMAJ* article,¹ the second sentence of the caption for Fig. 2 incorrectly indicates that the bottom of each box represents the 75th percentile. In fact, the bottom of each box represents the 25th percentile.

Reference

1. Natarajan MK, Mehta SR, Holder DH, Goodhart DR, Gafni A, Shilton D, et al. The risks of waiting for cardiac catheterization: a prospective study. *CMAJ* 2002;167(11):1233-40.