

Spanish service now indexing *CMAJ*

Articles in *CMAJ*, which are already abstracted and indexed by MEDLINE/*Index Medicus* and more than 30 key English-language scientific databases, now have a much broader reach.

This happened after *CMAJ* was added to the list of journals tracked by one of the world's major indexing services for Spanish and Portuguese physicians and medical scientists.

Sociedad Iberoamericana de Información Científica (www.siiusalud.com), based in Buenos Aires, serves physicians throughout South America. It added *CMAJ* to its list earlier this year. — *CMAJ*

Alberta MDs warned not to co-sign American prescriptions

The College of Physicians and Surgeons of Alberta has deemed cross-border prescribing unbecoming conduct and is warning members they could face disciplinary action if they co-sign American prescriptions.

"That practice for Alberta physicians is not appropriate," said Registrar Bob Burns. "In fact, we feel it's so inappropriate we think it's unbecoming conduct. It's not responsible. It's not a quality process at all and, therefore, don't do it."

Mail-order pharmacies are not new, but their Internet-based cousins are. There are now almost 100 of them in Canada, and they have proliferated this past year to fill an increasing American demand for cheap Canadian drugs, said University of Alberta pharmacy management instructor John Bachynsky. Burns said the college examined its existing prescribing protocol and determined nearly 2 years ago that co-signing prescriptions without examining patients, reading their charts and making proper diagnoses did not meet quality-control standards. In February, the college's council decided to reiterate that position and remind members of potential penalties.

The Canadian Medical Protective Association (CMPA) has also warned members to steer clear of cross-border prescribing. If an American patient launched a lawsuit in a US court over an adverse drug reaction, CMPA coverage would not apply, said spokesperson Françoise Parent. "We do not defend physicians in the United States. It's a real issue, so we've told our members not to co-sign prescriptions on this basis. You're opening yourself up to the possibility of litigation."

Canada has become a mecca for Americans seeking prescription drugs because the cost is regulated by the federally appointed Patented Medicine Prices Review Board. There is no similar pricing watchdog south of the border.

In order for American patients to save 20% to 90% by buying drugs in Canada, they need a licensed Canadian physician's signature on the prescription. Web-based pharmacies pay lucrative fees for this service, with doctors signing off on batches of prescriptions; some pharmacies actively recruit physicians online.

The Alberta College of Pharmacists recently circulated proposed new standards of practice and a code of ethics that would apply to all pharmacies, including those operating over the Internet. However, Registrar Greg Eberhart said it has not yet decided how to proceed. "It's evolving extremely rapidly. There are more questions than answers right now, and we have no specific position on it." He said government silence and inaction has been discouraging.

Bachynsky wonders what all the fuss is about. "I don't see it as an issue as long as the people signing have a reasonable assurance the prescription is legitimate," he said.

But by the time pharmacists and doctors across the country agree on new protocols, the issue of cross-border prescribing might be moot. GlaxoSmithKline (GSK), the second largest pharmaceutical manufacturer in the world, sent letters to Canadian Internet pharmacies in January warning that it will cease supplying products to those selling its drugs south of the border. They have already done this

MDs will have to sign off on new compassionate care applications

A new compassionate care initiative announced in the February federal budget will provide new benefits for Canadians but is also likely to mean more paperwork for physicians.

Starting Jan. 4, 2004, \$970 million will be set aside over 5 years to provide 6 weeks of employment insurance benefits to people who must take time off work to care for gravely ill or dying children, parents or spouses.

"At the end of life, we rely on family members for a wide variety of things, from psychological support to actually caring, so this is really to recognize that a lot of people leave work during those periods," says Wilma Vreeswijk, director general of labour-market policy with Human Resources Development Canada. "They and their families go through a lot of personal and financial stress. This is to provide that kind of support."

But the new program also means that physicians will have a new form to sign, since medical certificates will be required to confirm all applications. Vreeswijk says there's already been consultation with medical associations and palliative care physicians to design simple, user-friendly certificates to alleviate any confusion or problems when the initiative is implemented. She said the department hopes the lengthy consultation period will ensure smooth implementation, with minimal additional work for doctors.

"We're not in the world [to add] to people's burden," she said. "We're really trying to alleviate that problem."
— *Tim Lai, CMAJ*

to several Web pharmacies, including Winnipeg-based canadameds.com.

GSK, which reported nearly \$50 billion in sales worldwide in 2001, insisted its actions are not motivated by profit. It says cross-border prescribing and delivery contravenes American Food and Drug Administration policy and is "poorly regulated" and "potentially unsafe." — *Lisa Gregoire, Edmonton.*