

New SARS recommendations to be released this month

Later this month Health Canada will release new SARS recommendations to help health care workers and governments respond to the challenges posed by the impending influenza season.

Dr. Arlene King, director of Health Canada's Immunization and Respiratory Diseases Division, says they will provide enhanced SARS case definitions, surveillance processes and testing protocols.

The recommendations were drafted during a closed-door meeting in Ottawa in September. About 25 representatives from the World Health Organization (WHO), US Centers for Disease Control and Prevention, and Canadian officials attended. Health Canada refused to provide participants' names.

One participant, WHO communicable disease expert Dr. Angela Merianos, says the "very productive" gathering offered a rare opportunity to examine SARS issues from different perspectives.

Dr. David Patrick, director of epidemiology at the British Columbia Centre for Disease Control, said it brought together "all the right people."

Journalists were not permitted to attend the meeting and all decisions were kept under wraps. "We're refining all of the documents that were presented and discussed," said King. After being revised, they will be distributed to participants and then published on the Web.

"This is not an unusual process," King said. "We normally don't have anyone from the media present at our working group meetings. ... We invite people that we consider to be the key stakeholders to make sure we get the product we need. And it enables freer discussion of the meat of the issues," avoiding "scrutiny of the process."

"... We really want opportunities as a scientific community to get together and debate issues, and I think there are for-

ums where we do need private opportunities for private discussions. We felt this was one of them, in light of the complexity of the issues."

The complex issues include questions of human rights. When is it appropriate to isolate someone? When should an individual's contacts be traced? And when are quarantines appropriate? "Issues pertaining to quarantine were certainly discussed," said Merianos. "It was a very useful exercise."

But in a separate interview, King said that "we actually didn't get into the issue of quarantining contacts" because public health measures did not have a place in a meeting on surveillance issues.

Responding to questions from *CMAJ*, King said Health Canada will make a greater effort to include the rationale for its recommendations, since the justification for their creation is often lacking. — *Allison Gandey, CMAJ*

Canadian media say DTC pharma ads the right Rx

Canada's media moguls want the federal government to relax its rules on direct-to-consumer (DTC) pharmaceutical advertising. They say this would help end cross-border confusion created by the use of such ads in the US, but there are many skeptics.

A coalition of 5 media associations is advocating a "made-in-Canada" solution that would ensure advertising is accurate and that "objective" information is provided. For example, advertising for a drug to treat diabetes would have to include contact information for an organi-

zation such as the Canadian Diabetes Association.

"The status quo is untenable," says Anne Kothawala, president of the Canadian Newspaper Association. She says consumers are becoming confused by the flow of advertising from the US, where limits on DTC drug advertising were lifted several years ago.

Kothawala also maintains that Canadian rules — the ads can contain either the name of the drug or indications for its use, but not both — are "not helpful. If you didn't know what the [Viagra] campaign was for, you would have no idea [what it's about]."

She says bans on DTC advertising in Europe are irrelevant here. "The North American marketplace is the context for what we need to do as Canadians."

The coalition, which includes representatives of the newspaper, magazine, broadcasting, weekly newspaper and advertising industries, is lobbying for changes during the review of the federal Food and Drugs Act.

But Dr. Joel Lexchin, a Toronto emergency physician who monitors the drug industry, says self-regulation by

groups such as Advertising Standards Canada has proven ineffective. "If they think voluntary controls will do it, they are being tremendously naïve," he says.

According to Lexchin, the coalition is "motivated by pure greed."

Extrapolating from American data, media revenue from DTC drug advertising could top \$250 million a year in Canada. Publishers and broadcasters are pursuing that revenue vigorously because other ad revenue has been falling.

The CMA also opposes DTC advertising, saying it drives up the cost of health care, undermines the physician-patient relationship and is a marketing tool for drug companies, not an information source.

However, Kothawala argues on behalf of the coalition that "Canadians have the right and the responsibility to make informed decisions about their health care. People want to know what their options are, and doctors are pressed for time."

Lexchin dismisses that argument. "Consumers have a right to information," he says, "but promotion is not objective information. Promotion is a money-making proposition." — *Barbara Sibbald, CMAJ*



Barbara Sibbald

A "confusing" campaign?