

mentioned the “detailed list of quibbles” put forward by the US Department of Health and Human Services,<sup>5</sup> questioning the scientific basis of the new WHO strategy on diet and physical activity.<sup>6</sup> As Dyer<sup>4</sup> has pointed out, “[w]henver you hear the government or the industry talking about scientific rigour . . . it’s code for self interest.” Food fights, therefore, constitute an unequal struggle between the common good, represented axiomatically by public health, and the individual interests of food manufacturers, who are so powerful as to influence and shape government policies.<sup>2-4</sup>

Morality, in its original meaning,<sup>7</sup> suggests that the individual interests of food industrialists should no longer be privileged over the innumerable human lives that could be saved by preventing obesity and its tragic consequences.<sup>8</sup> Strict regulations on food production and its advertising are urgently needed worldwide and should be respected by market forces. Otherwise, to contain increasingly catastrophic epidemics of nutrition-related disorders, many governments will probably be compelled to turn food companies into nationalized, nonprofit organizations.

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## Medical privacy is important

As noted in a recent “News @ a Glance” item,<sup>1</sup> the use and abuse of oxycodone is a growing concern in Canada, particularly in Nova Scotia.<sup>2</sup> The lay press has reported that police and pharmacists in that province would like a province-wide database to be established to track users of narcotic medications prescribed for pain relief, especially drugs containing oxycodone;<sup>3</sup> it is believed that such a database would help to prevent “double-doctoring.”

Drug databases can certainly be used by primary care physicians to improve the quality of patient care and to ensure that patients are not exposed to dangerous drug interactions.<sup>4</sup> However, it is important that patients’ privacy be protected. If patients think that the police may have access to such a database, those suffering from legitimate chronic pain may be less likely to seek appropriate medical care.

Before consideration is given to violating patients’ privacy, a good first step would be a study to determine the effectiveness of such a database in detecting double-doctoring. The seriousness of the problem of drug addiction does not justify the unethical violation of medical privacy, even when it is done with the best of intentions.

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## Genetics and ARMD

Thank you for Erica Weir’s Public Health article on age-related macular degeneration (ARMD).<sup>1</sup> The term for this condition sounds like an apology for our inability to identify a better cause, but in fact genetics plays a large role in a person’s predisposition to macular degeneration. Several genes may be associated with macular degeneration, including *ABCA4*, *VMD2*, *EFEMP1*, *TIMP3*,<sup>2</sup> *ELOVL4*<sup>3</sup> and *CRX*.<sup>4</sup> However, a search for mutations in these genes in patients with a diagnosis of ARMD has been disappointing, except in the case of *ABCA4*. Patients who carry mutations in both *ABCA4* alleles have an autosomal recessive disorder called Stargardt disease.<sup>5</sup> Allikmets<sup>6</sup> has shown a significantly higher incidence of mutations in the *ABCA4* gene among patients with ARMD than in a control population. These mutations may contribute to the higher risk of vision loss from ARMD among first-degree relatives of patients with the condition, estimated at 4 times the risk for the general population.<sup>7</sup>

How can ARMD be prevented? As mentioned by Weir, stopping smoking and eating a healthy diet are both important. In particular, eating fish at least twice a week reduces the risk.<sup>8</sup> Fish is an excellent source of omega-3 fatty acids, in particular docosahexaenoic acid, the predominant highly unsaturated fatty acid of the retina. With people now living into their 80s, a healthy lifestyle and a healthy diet are important not only for general well-being but also for good vision.

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