

## Correspondance

## Excluding the experts?

Although it is a laudatory objective to publish only articles by authors who have no financial relationship with corporations or the products and issues discussed in the articles, as outlined in a recent *CMAJ* editorial,<sup>1</sup> it may not be beneficial for readers to be deprived of the information thus excluded. Furthermore, the new *CMAJ* policy on conflict of interest guarantees that, no matter how carefully and without bias a drug company studies its product, the report of such a study will never appear in the journal. However, journals like *CMAJ* are only too willing to criticize drug companies for not publishing drug studies, accusing them of trying to hide information.

Because of my unusual academic background and interests, I serve (or have served) as a paid consultant for almost every company that manufactures or sells ophthalmic viscosurgical devices, as well as the Canadian government and the US Food and Drug Administration. I sat on the International Organization for Standardization (ISO) committee that set the world standard for ophthalmic viscosurgical devices.<sup>2</sup> I have published over 200 peer-reviewed articles, most dealing with these devices, and I am on the editorial boards of 3 ophthalmic journals. In this capacity, I review a significant proportion of the major articles about ophthalmic viscosurgical devices before they appear in the medical literature.

Like other medical editors and reviewers, I am extremely careful to avoid any possible bias in my own articles and in my reviews of articles by other researchers. I consult for all sides on most issues; I do not care who wins an argument from the financial point of view, but I do care passionately that the academic issues are resolved honestly and correctly. Undoubtedly there are many other "experts" like me, who will henceforth be excluded from contributing to your journal.

Your opinion of the ability of your readers to distinguish good articles

from bad (as suggested by this policy) seems rather insulting. I am unaware of any example where censorship benefited the reader, and the new *CMAJ* policy appears to be nothing less than misguided blanket censorship.

**Steve Arshinoff**

York Finch Eye Associates  
Toronto, Ont.

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**[One of *CMAJ*'s deputy editors responds:]**

Steve Arshinoff is concerned that *CMAJ*'s new conflict of interest policy<sup>1</sup> will censor legitimate science from the journal. This is certainly not the intention of the policy, which does not apply to original research papers but is restricted to narrative review articles and commentaries. The editors are well aware that companies producing drugs and medical devices frequently conduct research and fund clinical trials; the resultant papers will continue to be considered and published in the journal on the basis of their scientific merit.

Commentaries and narrative reviews, on the other hand, do not follow protocols and are inherently prone to bias. Arshinoff suggests that authors who receive a substantial income from drug companies can maintain their objectivity. His own case in this regard notwithstanding, there is ample evidence that many physicians who receive income or gifts from drug companies are indeed influenced and are more likely to hold favourable views of the products of those companies than might otherwise be the case.<sup>2,3</sup>

Readers also understand that financial conflicts of interest can challenge authors' objectivity. Given that the information published in the journal is

used by our readers to practise medicine, that patient care is at stake and that public trust in physicians understandably erodes when drug companies influence the care that physicians provide, the editors feel a responsibility to safeguard the highest possible level of objectivity in those pages of the journal most directly devoted to the practice of medicine.

**Stephen Choi**

Deputy Editor  
*CMAJ*

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**The marginalization of some medical students**

We very much appreciate Verna Yiu's recent article on the well-being of medical students and the enormous level of stress we face.<sup>1</sup> It is very important for medical schools not to overlook the psychosocial health of the future physician workforce.

Students from marginalized populations, such as gay, lesbian, bisexual and transgendered (GLBT) medical trainees, face additional sources of stress that go beyond the "normal stressors of everyday life." They have to contend with prejudice from others in the medical community;<sup>2-4</sup> the medical profession has traditionally been more conservative than many other fields.

GLBT medical trainees are still being marginalized in the profession.<sup>5-9</sup> Hateful jokes and disrespectful attitudes from peers and superiors make it difficult for GLBT students to relate to others in the social and professional settings of medical schools, thereby putting additional strains on their working rela-

tionships and career choice decisions.<sup>2,4,6,7</sup> Also, because of their sexual orientation, GLBT students and residents are often the targets of unprofessional behaviours, such as harassment and academic mistreatment, from their supervisors and faculty members.<sup>9,10</sup>

Although Canadian medical schools have been proactive in supporting other underrepresented groups in the profession, such as women and Aboriginal medical students, more work is needed to address the needs of GLBT medical students.

#### Louie Chan

Medical student, Class of 2007  
University of Toronto  
Toronto, Ont.

#### Shelley Turner

Medical student, Class of 2006  
McMaster University  
Hamilton, Ont.

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I thank Louie Chan and Shelley Turner for their comments, in response to my recent *CMAJ* piece,<sup>1</sup> on a very important issue that faces GLBT medical students. I agree with them that medical schools across Canada need to be more proactive on this subject.

At the University of Alberta we are trying to address GLBT issues in sev-

eral ways. The first was through an educational session on GLBT issues with our student advisors. We are hoping to integrate diversity modules into our medical curriculum and are developing a support group for staff, residents and medical students who are dealing with GLBT issues within our medical school. In 2004 I attended a conference of the Canadian Rainbow Health Coalition (a national organization that provides a means for people working on GLBT health and wellness issues to network and advocate together) and tried to network that organization with the Association of Faculties of Medicine of Canada. The Coalition is also developing educational materials that I hope can be used in the medical curriculum.

Although there is a long road ahead to completely change the attitudes of people within the medical field, I am hopeful that continued small advances will eventually lead to a safe and healthy environment for all minority medical student groups.

#### Verna Yiu

Assistant Dean, Student Affairs  
Faculty of Medicine and Dentistry  
University of Alberta  
Edmonton, Alta.

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## An unusual crystal

We were most interested in the report by Joe Dylewski and colleagues on acute monoarticular arthritis caused by birefringent Maltese cross-like crystals composed of lipids.<sup>1</sup> Arthritis has been reported in patients with hyperlipidemias, especially type II.<sup>2</sup> Although Glueck and colleagues<sup>3</sup> reported synovitis in such patients, the body of evidence favours a periarticular site of inflammation.<sup>4</sup> Cholesterol crystals have been identified in some patients but do not appear to be particularly inflammatory.<sup>5</sup> To date we know of no other report of

Maltese cross-like crystals in patients with arthritis associated with hyperlipoproteinemia.

Why arthritis is associated with hyperlipoproteinemia remains a mystery. Perhaps high levels of blood lipids of a certain type act as a source of lipid-bound macroenzymes.<sup>6</sup> It is perhaps germane that high concentrations of trypsin and lipase resulting from pancreatic disease cause synovial fat necrosis with either a mono- or polyarthritis and subcutaneous necrosis.<sup>7,8</sup>

#### W. Watson Buchanan

Emeritus Professor of Medicine  
Walter F. Kean  
Clinical Professor of Medicine  
McMaster University  
Head of Service, Rheumatology  
Hamilton Health Sciences  
Hamilton, Ont.

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We appreciate the interest shown by Drs. Buchanan and Kean in our case.<sup>1</sup> As mentioned in the text, elevated levels of lipids in the serum and/or synovial fluid are unusual in Maltese-cross crystal-associated arthritis (only 2 of 13 reported cases). The references cited in our text suggest that the lipid-containing crystals are formed in the synovial fluid by various proposed but unproven mechanisms. They are not the product of an abnormal