Science and journalism: Never the two shall meet?

Since when has the *CMAJ* become Canada's leading tabloid medical journal? At best, your article[1] questioning the professionalism of pharmacists relating to the dispensing of emergency contraceptive pill (ECP) is a perfect example of sensationalistic journalism. At worst, the article is inherently biased, poorly researched, grossly misleading and dangerously inflammatory.

According to the article, several women's organizations and privacy experts have raised concerns about the guidelines that pharmacists follow in collecting data, such as "women's names, addresses, and sensitive personal information before dispensing the emergency contraceptive levonorgestrel (Plan B)." Let me explain why such questions are necessary: As a minimum obligation of our profession's standard of practice, pharmacists must attempt to engage in a dialogue with the patient. Pharmacists inquire about the time of the woman's act of unprotected intercourse in order to assess the appropriateness of ECP, and that the window of opportunity to use ECP has not elapsed. Pharmacists inquire about the date of the women's last menstrual period to reasonably rule out pregnancy. How ethical would it be to dispense a medication for which there is no longer a valid indication? The notion that these are highly intimidating questions that frighten women is not validated. From my experience, I have not encountered a woman who has told me that she was outraged by these questions. In a situation where the woman is clearly distressed, I can state with confidence that pharmacists would still dispense the ECP and follow up at a later date.

Most importantly, I would conclude by reminding your readers that long before the introduction of the provincial health privacy legislation (Personal Health Information Protection Act), pharmacists have safeguarded sensitive, confidential personal information with the sanctity of the confessional. For any individual to suggest that patients' privacy is being abused or violated is irresponsible and misleading.

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REFERENCE

1. Eggertson L, Sibbald B. Privacy issues raised over Plan B: women asked for names, addresses and sexual history. *CMAJ* 2005;173(12):1435-6.

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Regarding the "news" article on emergency contraception,[1] I think the trend in some journals, including the *CMAJ*, of apparently allowing free rein to journalists within its pages is disturbing. These journals were founded to present scientifically rigorous research and meaningful comment by clinicians and scientists. It's bad enough we have to endure reporters, misinterpretion and sensationalization of medical issues in newspapers and on the evening news. We should not have to endure it in purportedly peer-reviewed medical science journals.

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REFERENCE

1. Eggertson L, Sibbald B. Privacy issues raised over Plan B: women asked for names, addresses and sexual history. *CMAJ* 2005;173(12):1435-6.

DOI:10.1503/cmaj.1060061

One size fits all?

The article by McIntyre and colleagues[1] rightly points out the importance of measurement of severity of depression and remission of symptoms in mental health and primary care settings. After attending the CANMAT conference in Vancouver in June 2005, I wonder about the issue of inter-rater variability. Approximately 30 psychiatrists and family physicians were instructed in the scoring of the HAMD-7, observed the same simulated interview, and then scored the severity of the depression of the simulated patient using the HAMD-7. The range of scores was 5 points from lowest to highest score. This underlined the subjectivity and variability of many of the scoring decisions made by clinicians.

There are other scales that perform as well or better in the primary care setting. Expecting a single tool to fit primary care and tertiary mental health settings may limit its uptake in both settings. Perhaps we should not be taking a 'one-size-fits-all' approach.

I am also concerned about the time it takes to complete the HAMD-7. I have found it more efficient to use a patient-rated scale specifically designed for primary care (the PHQ-9). The PHQ-9 scores severity, remission and response, and includes a quality of life question and a suicide screener question.[2-5] I then follow up with patients who score over 5, have a positive response to the suicide question, or whose experience has a large impact on their quality of life. This strategy is an efficient and effective use of my limited time.

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REFERENCE

1. McIntyre RS, Konarski JZ, Mancini DA, et al. Measuring the severity of depression and remission in primary care: validation of the HAMD-7 Scale [published erratum in *CMAJ* 2006;174(2):207]. *CMAJ* 2005;173(11):1327-34 .
2. Nezu AM, Ronan GF, Meadows EA, et al. *A practi-*

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