treatment plan until the organism's susceptibility is established.

Although gram-negative infections occur less frequently than gram-positive infections, they are important and potentially difficult to treat. Although it was not the focus of our review, gonococcal septic arthritis should be considered in patients who have demographic risk factors for this condition or in whom Gram's staining does not show bacteria.

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Health Canada's new standards on conflict of interest

In a *CMAJ* news piece, Wayne Kondro stated that "Canada has no hard rules governing exemptions or waivers. Experts with conflicts are allowed to sit on [scientific advisory] panels without a formal waiver process."[1] This is incorrect. Health Canada has been working and consulting with the public on this issue for some time and recently released standards that define conflict of interest for advisory body members and impose standards that are stricter than those of the US Food and Drug Administration (FDA).

Through the department's new *Review of Regulated Products: Policy on Public Input*,[2] we are providing opportunities for public input when it can strengthen risk–benefit assessments of regulated products. A new guidance document[3] clarifies our practices in managing advice from external experts, including the fact that anyone with a direct financial interest in the outcome of a product review will be barred from participating in an advisory body involved in that review. Unlike the FDA's policy, this is a blanket exclusion, and there are no waivers.

Health Canada places a high value on the expertise that it receives from its advisors, who can be in limited supply. The new policy and the guidance document make clear that only direct financial interest is a bar to participation and that not all affiliations and interests are conflicts. Affiliations may, in some instances, be desirable (e.g., valuable clinical or research experience with a particular drug). Rather than exclusion, our policy supports diversity of perspective, and a range of affiliations and interests in the membership of our advisory bodies, in an effort to obtain comprehensive, credible advice.

Furthermore, the guidance document includes a requirement that background information about advisory body members, including their relevant expertise, experience, affiliations and interests, be made publicly available. Like the FDA, we expect a rigorous, transparent approach to the selection of advisory body members to contribute to public confidence in government decision-making.

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Competing interests: None declared.

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[*CMAJ* responds:]

The information in the news article[1] regarding Health Canada's rules governing exemptions and waivers for its panel members came directly from a Health Canada spokesperson, Carole Saindon.

Wayne Kondro
News Editor, *CMAJ*

Competing interests: None declared.

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Whose responsibility is it?

I agree with much that my old friend Michael Bliss put forward about "socialized medicine and Canada's decline,"[1] but I would submit that the responsibility for our inadequate health care system rests more with our medical educators — the clinicians and the professors — than with our politicians. True, in the pre-medicare days, we did maintain high standards of medical education and we produced competent doctors. However, in 1968, our profession handed over responsibility for policy, planning and human resource development holus-bolus to the politicians, the health economists and the bureaucrats. We did so with scarcely a whimper and subsequently let our new masters in Ottawa confine us in a legislative straitjacket called the Canada Health Act, with its 5 criteria or pillars: accessibility, universality, comprehensiveness, portability and public administration.

In their zeal to exercise this kind of control, the architects of the Canada Health Act are guilty of an incredible oversight. Nowhere in this statute is there a word about the responsibility for the training and distribution of health care professionals. Furthermore, there is nothing to indicate which level of