

ucation. An ad hoc working group was charged by participants with exploring the formation of a national alliance for online continuing medical education, one objective for which would be the identification of new models of funding. We welcome the discussion likely to be initiated by the *CMAJ* editorial<sup>1</sup> and are confident that Canadian physicians are capable of identifying innovative and sustainable approaches to meet the ongoing educational needs of the profession.

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**Competing interests:** None declared.

#### REFERENCES

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On behalf of the entire Board of the Canadian Association of Continuing Health Education, we wish to respond to the recent *CMAJ* editorial on sponsorship of continuing medical education.<sup>1</sup> Although there may be merit in exploring the need for and role of an Institute of Continuing Health Education, there is no published evidence to suggest that our current continuing professional development programs require a major overhaul. As well, we question the perception that sponsorship by the pharmaceutical industry influences the selection of topics for educational initiatives or results in sessions that embellish the positive elements of studies while downplaying the potential adverse effects of the sponsors' products.

In our extensive collective experience, we can cite numerous examples of educational programs as well as articles in peer-reviewed journals that demonstrate the value and contribu-

tion of collaborative educational and research initiatives sponsored by industry. More importantly, the Canadian landscape for health education is unique; many stakeholder groups are engaged in a collaborative model that supports improvements in our health care system and our patients' health and wellness.

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#### REFERENCE

1. Hébert PC. The need for an Institute of Continuing Health Education [editorial]. *CMAJ* 2008;178:805-6.

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A recent *CMAJ* editorial stated that it may be difficult to overcome the "culture of entitlement" in which physicians believe that they are entitled to receive the pharmaceutical enticements that accompany continuing medical education.<sup>1</sup> The editorial went on to suggest that "we need to disentitle physicians and adopt a more principled approach."<sup>1</sup> Many physicians have long since recognized that neither we nor the pharmaceutical industry benefit from continuing medical education that in any way resembles product marketing. Most of us prefer continuing medical education opportunities that focus on a disease-related issue and that use techniques demonstrated to be effective for adult learning.

The tone of the editorial was disturbing, particularly given the clear culture of entitlement apparent on the part of medical journals that rely on the pharmaceutical industry for their existence. In the 174-page issue of *CMAJ* in which this editorial appeared, there were 79 pages of pharmaceutical adver-

tising and 42 pages of research or educational material. Perhaps it is time that medical journals recognize the necessity for "... a radical change in [their] approach to funding."<sup>1</sup> Would *CMAJ*'s editors be willing to argue that pharmaceutical advertising should be completely banned from the Journal to change that culture of entitlement? This represents a clear double standard. Perhaps it is time for *CMAJ* to lead by example.

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**Competing interests:** Allan Becker has served on advisory boards for Altana, AstraZeneca, Glaxo-SmithKline, Graceway Pharmaceuticals, Merck Frosst and Schering. He has received unrestricted education grants from Astra Zeneca, Glaxo-SmithKline and Merck Frosst Canada as well as speakers fees for continuing education presentations from AstraZeneca, Merck Frosst Canada and Nycomed.

#### REFERENCE

1. Hébert PC. The need for an Institute of Continuing Health Education [editorial]. *CMAJ* 2008;178:805-6.

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Paul Hébert and the *CMAJ* Editorial-Writing Team appear to be unaware of the current state of Canadian continuing health education.<sup>1</sup> Although there is always a need for improvement, the College of Family Physicians of Canada rejects the notion that continuing health education in Canada is "a truly broken system."<sup>1</sup> The editorialists not only selected dated studies and American statistics to support their positions but also ignored the significant changes to Canadian accreditation criteria; by using these revised criteria, existing professional organizations now fulfill many of the roles the editorialists propose for an Institute of Continuing Health Education. Perhaps most disturbingly, by suggesting that most physicians are irresponsible and greedy in their pursuit of opportunities for continuing medical education, the editorialists insulted the majority of Canadian physicians, who conscientiously and ethically pay for a substantive portion of their continuing education.