

This issue's letters

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Information about a discontinued drug

In their research letter on the extent to which publication in the biomedical literature concerning drug-induced harm can influence the legal process, David Juurlink and colleagues mention that the manufacturer of gatifloxacin stopped marketing the drug worldwide on May 1, 2006.¹ Health Canada issued a number of alerts about the potential for this product to interfere with glucose metabolism^{2,3} but never bothered to formally inform either the public or health care professionals that oral and intravenous forms of this drug were withdrawn from sale in Canada. The only place where one can find this information is by searching the discontinued products in Health Canada's Drug Product Database (<http://cpe0013211b4c6d-cm0014e88ee7a4.cpe.net.cable.rogers.com/dpdonline/searchRequest.do>). This failure to communicate important information about a drug raises serious concerns about Health Canada's ability to keep health care professionals and the public informed about safety issues.

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Competing interests: Joel Lexchin has been retained by a law firm working for Apotex Inc. regarding the role of promotion in product sales.

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Hunger in Canada

Gerard Kennedy's heartfelt editorial on hunger in Canada reminded *CMAJ* readers during the holiday season of the social suffering of others.¹ However, Kennedy's analysis failed to accurately position hunger, particularly child hunger, within the context of food insecurity (briefly defined as lack of access to adequate, nutritious food through socially acceptable means²) in Canada.

When the 2004 Canadian Community Health Survey was conducted it was the first time that an internationally validated instrument was used to measure the epidemiology of food insecurity in the Canadian population.³ The survey found that 9.2% of households (1.1 million) experienced income-related household food insecurity. Children are regularly spared food deprivation in food-insecure households^{2,4} and this was reflected in the fact that 5.2% of children experienced food insecurity whereas 9.0% of adults did.³ The percentage of children who actually experience hunger is small: 1–2%⁵ or 0.4%.³ In contrast, 2.9% of adults in the Canadian Community Health Survey were severely food insecure or hungry.³

Between one-fifth and one-third of people reporting food insecurity seek assistance from a food bank.^{5,6} Lone mothers are most likely to seek such assistance,⁵ which probably accounts for the high percentage of children who are deemed to be recipients of food from food banks.¹ Although absolutely no child in Canada should experience hunger, food insecurity in

Canada is not synonymous with food bank counts.

We support Kennedy's recommendations to address food insecurity in Canada and his call for physicians to advocate for social justice measures that eliminate the abject poverty that results in severe food insecurity. However, a discussion of hunger that focuses on the needs of children while ignoring the needs of adults and that defines child hunger solely on the basis of the counts of children who are food bank users does not reflect the true number or make-up of Canadians who are food insecure and can unintentionally perpetuate the myth of parental neglect of poor children.

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Krever: the recommendation not followed

I read with interest Kumanan Wilson's commentary on the contributions of the report of the Krever Commission to public health in Canada.¹ Of Justice Krever's 50 recommendations, it was the first (no-fault compensation for people who experienced injuries