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Distressing news on the Therapeutics Initiative

It was deeply distressing to read Ann Silversides' report on the Therapeutics Initiative and discover that the British Columbia minister of health is yielding to pressures from the pharmaceutical industry and "other vested interest groups" to replace it by a system of evaluation less "resistant to meaningful stakeholder engagement."1 The real stakeholders are those who depend on having an independent and trustworthy source of information on new drugs. These groups include the citizens of British Columbia who are prescribed these drugs and must both take and often pay for them. There are also the physicians and surgeons of the province who must prescribe these drugs and the British Columbia health care agencies that want to control drug costs.

The loss of the Therapeutics Initiative will have an impact not only in British Columbia but across Canada and internationally. As one of the very few independent groups undertaking this type of work, it has a widespread reputation for scientific excellence and probity. The extensiveness of this reputation may well explain the ferocity of the attempts to destroy the Therapeutics Initiative.

It may be difficult to explain to consumers and health professionals that their need for reliable evidence has been trumped by the claims of powerful interest groups. Sadly, whatever is put in the place of the Therapeutics Initiative will be seen as untrustworthy because of the way in which it will have been set up, but also because public trust in the pharmaceutical industry is at a low ebb.

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Dangers for children in the care of drug users

I commend Jane Buxton and Naomi Dove for their brief summary of an important public health issue, crystal methamphetamine (crystal meth) use. Unfortunately, the authors did not mention a very important concern associated with the use and production of crystal meth: child protection.

Methamphetamine use is associated with unique child protection concerns that are not seen with other drugs of abuse.2-4 Children who live in methamphetamine laboratories can be poisoned as a result of exposure to the lethal chemicals used to manufacture methamphetamine and their toxic biproducts. In addition, because of the volatility of the compounds used to manufacture methamphetamine in a clandestine manner, it is not uncommon for methamphetamine laboratories to explode, injuring or killing resident children. Methamphetamine-addicted caregivers who are on a run or tweaking may neglect to feed their children or may fail to provide for their developmental, medical or emotional needs. In addition, they may fail to supervise their children and may expose them to a wide range of strangers and drug users. Booby traps are used to protect many methamphetamine laboratories because of the paranoia that often characterizes crystal meth use, and children are in danger of physical harm if they inadvertently trigger these traps. Finally, the hypersexuality and drug-seeking behaviours of adult methamphetamine users may lead to sexual abuse of children, who may be prostituted for money or drugs or used as sexual objects by users on a run.

Although children in the care of drug users are not all in need of protection, physicians who are aware of children living with or around caregivers who are addicted to methamphetamine should seriously consider whether child protection concerns exist. If they have a reasonable reason to believe that a child is in need of protection, physicians have a legal and moral duty to report their suspicions to child welfare authorities.

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Missed opportunity

With the retinal photograph on the cover of a recent issue of CMAJ (May 20) you missed a superb opportunity to point out the many abnormal features in this image and to educate physicians on the value of a careful examination of the eye. One of my retirement projects has been to tidy up my teaching slides and to share them with whoever might be interested. I have been especially interested in sharing my love of the ophthalmoscope, the only device that allows you to actually see nerves and blood vessels. The cover photograph shows florid papilledema, marked vasospasm with an artery to vein ratio of about 1/5 as opposed to the normal 2/3. There are a few fluffy white exudates, a few tiny hemorrhages and maybe a little venous nicking at 7 o'clock.

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