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Self-regulation, and little in the way of censure, appears the norm in European handling of industry handouts to physicians.

As well, "no gifts, pecuniary advantages or benefits in kind may be supplied, offered or promised to such persons unless they are inexpensive and relevant to the practice of medicine or pharmacy."

The European Federation of Pharmaceutical Industries and Associations' code (www-efpia.eu/content/Default.asp@PageID=366) says that events should be held within the home nation of a firm "unless most of the invitees are from outside of its home country and it makes greater logistical sense to hold the event in another country. Hospitality must not include sponsoring or organising entertainment (e.g., sporting or leisure) events. Gifts for the personal benefit of healthcare professionals (such as tickets to entertainment events) should not be offered or provided."

Separate national codes of contacts covering each member's country are available at www.efpia.eu.

Most medical associations have some measure of code of practice, typically placing the onus on doctors to resist the temptation of accepting goodies.

The UK's General Medical Council, for example, (www.gmc-uk.org/guidance/good_medical_practice/index.asp), advises that doctors "must not ask for or accept any inducement, gift or hospitality which may affect or be seen to affect the way they prescribe."

The German Medical Association, meanwhile, says that industry sponsorship of continuing education events must be free of commercial interests and transparent, while speakers must disclose connections with industry (www.bundesaerztekammer.de).

Self-regulation appears the norm. The UK's Prescription Medicines Code of Practice Authority, for example, publishes regular reports on complaints that it investigates into whether its code of practice has been breached.

For instance, it recently ruled that the medical director of Teva UK Ltd breached a provision against using educational meetings for promotional purposes.

That finding was published but there was no other censure, although it is within the Authority's purview to suspend firms from the Association of the British Pharmaceutical Industries. — Lynn Eaton, London, England

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Complaints rise but legal actions decline

Canadian doctors are now far less likely to be named in legal actions, but more likely to face complaints lodged with their provincial regulatory colleges, compared to 10 years ago, according to the Canadian Medical Protective Association.

The association, a nonprofit medical defense fund that represents the vast majority of Canadian doctors, says the chances of a member doctor being named in a lawsuit are about half what they were a decade ago. (The tally was 928 for legal actions commenced in 2007, according to the association's annual report.)

On the other hand, since 1998 there has been a more than 30% increase in legal and other assistance provided to physicians facing college complaints. In 2007, the association had some degree of involvement, nationwide, in 2784 regulatory college matters, according to the report.

In Ontario alone, the number of complaints climbed to 4738 in 2007 from 3844 just 2 years earlier, according to the College of Physicians and Surgeons of Ontario.

The reason for the lower trend in lawsuits is not clear, but the association speculates it may be linked to improved medical care and risk management, as well as a better understanding of patient safety.

Meanwhile, the increase in complaints about doctors is probably due to greater public awareness about the role of regulatory colleges, says the executive director of the protective association. Dr. John Gray gives credit to the colleges for more actively promoting mediated resolutions to complaints, so that patient concerns can be addressed.

But there is a growing, and troubling, trend for the regulatory colleges to require more personal information about doctors at the time of license application or renewal, he adds.

For example, the Ontario college has said it will require doctors to disclose whether they carry blood-borne pathogens such as HIV or hepatitis, he says.

The question is intrusive, but even more disquieting is what could happen to the information, given a tendency of courts and public inquiries to require colleges to disclose information they have about physicians, Gray adds. "That is very worrisome to us, so we are saying, if there isn't an absolute necessity to collect this information, why are you doing it?"

The protective association's fees are set on a regional basis — there is no cross-subsidy. Gray says that 2009 will mark the first year in which none of the regions will see a fee increase. In 2007, on an aggregate basis, member fees paid to the association decreased.

Other highlights from the association's annual report to members on Aug. 20, 2008, in Montréal, Quebec:

- The association paid $3 million for insurance against extraordinary claims in 2006 but beginning in 2007 decided to self-insure. A "risk retention reserve fund" now totals $3 million.

- Association reserves now top $3 billion, with just over $2 billion listed as liabilities against that total, most of which ($1.987 billion) is a provision against known, or estimated, outstanding claims.
- Of the 95 legal actions that went to trial in 2007, only 25 judgments favoured plaintiffs. In total, 312 legal actions were settled, while 575 were dismissed, discontinued or abandoned.

The association once again took aim at the policies of some provinces to launch legal actions to recoup expenses for insured health care services in cases of medical negligence (a policy known as subrogation).

The actions "make no sense from a financial perspective," says Gray, since provinces themselves subsidize the fees that doctors pay to the Canadian Medical Protective Association. For example, in 2007 Ontario's subsidy to doctors for their malpractice protection was $127 million, according to the Ministry of Health and Long Term Care.

Gray says there have been occasions when the association has settled with the plaintiff but can't complete the transaction until the province comes to an agreement on their claim, which can take up to a year.

"So there are not just financial costs, but also some emotional costs for plaintiffs." — Ann Silversides, *CMAJ*

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Dispatch from the medical front

Medicine and sorcery in the Republic of Congo

Reuters

Medical life in the Congo often means dealing with the after-effects of sorcerers and "Ninja" rebels, seen here on the streets of Kinkala wearing their trademark purple scarves.

It began with frantic cries from several of the staff. A pickup truck entered the gates of Kindamba Hospital and dropped off a patient. Staff presumed it was the first victim of a rumoured internecine war among the district's Ninja rebels.

I saw panic on the faces around me as we received a pregnant woman soaked with feces and urine. As her companion informed us, the patient was at term and in labour.

Touching her shoulders, I felt no muscle mass. Her head had a skeletal appearance and her hair was sparse and reddish blond, a sign of severe malnutrition.

We rushed to the operating room to stabilize her and do a cesarean section. The operation was successful. We delivered a boy but the mother's condition soon deteriorated, with fever and loss of appetite. We ordered a malaria test and the result was negative. She had no antenatal care records.

Her husband had brought her from Kimba, 45 km to the north. There she had been under the care of a sorcerer to chase out evil spirits that took away her first husband, who died 2 years ago from some mysterious disease. She met and married her current husband in Kimba.

The husband added that the family had little to eat back in the village, just river fish, vegetables and manioc [a root consumed like potatoes or ground into flour and baked into a bread]. He said they were better off in the hospital until his wife regained sufficient strength to farm.

We offered voluntary counselling and HIV testing, to rule out the possibility that an opportunistic infection could be the cause of the high fever. The patient accepted, and sadly the test result showed her to be HIV positive.

We proposed transferring the mother and child to an antiretroviral treatment centre. But she asked to go back to her village first, to wrap up the sorcery business. Otherwise, the sorcerer could summon up harmful spirits.

Unfortunately, we lost contact with her and still don't know her whereabouts.

The sorcerer has treated her clients using Jinn spirits, amulets and herbs.

The mind is a powerful thing. I would like to find an anthropologist who can explain how this sorcerer controls the minds of the people. — Dr. Ahmed Alas, Kindamba, Republic of Congo

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CMAJ invites contributions to "Dispatches from the medical front," in which physicians and other health care providers offer eyewitness glimpses of medical frontiers, whether defined by location or intervention. Submissions, which must run a maximum 400 words, should be forwarded to: wayne.kondro@cma.ca