

CIHR appointment

Appointing a representative from the drug industry to the Canadian Institutes of Health Research (CIHR) governing council¹, and particularly a representative from Pfizer, seems inappropriate given that industry's, and that company's, recent history of illegalities in marketing products.² CIHR has recently been given responsibility for setting up Canada's first Drug Safety and Effectiveness Network. CIHR will identify and fund university-based researchers to evaluate pharmaceuticals after they come to market. This effort is designed to gather evidence at arm's-length from drug companies and also at arm's length from government — with a commitment that the evidence on safety and effectiveness will not remain confidential. Designing these evaluations cannot be done in partnership with the companies that market the drugs. Experience teaches us that this results in benefits being overstated and risks being downplayed. The CIHR governing council is no place for narrow interest groups.

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Patricia Baird, professor emeritus
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REFERENCES

1. Silversides A. CIHR appointment stirs controversy. *CMAJ* 2009;181:E256-57.
2. Silversides A. Federal committee to review Pfizer v-p appointment to CIHR council. *CMAJ* 2009; Nov. 9. [E-pub ahead of print]

For the full letter, go to: www.cmaj.ca/cgi/eletters/181/11/E256#245405

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Child pedestrians

The *CMAJ* review on child injuries and the built environment by Andrew Howard¹ is a valuable contribution to the literature. However, the review ignores developing countries, where more fatal child pedestrian injuries occur on a daily basis than in most industrialized countries. Research shows that economic factors may play a role in the higher inci-

dence of child pedestrian crashes in developing countries, because many of the children injured were engaged in buying and selling goods along the roadsides.² We also need to recognize that, apart from other pedestrian-related risk factors, vulnerable children in underdeveloped countries are victims of poor design features of vehicles. These vehicles are made in and for industrialized countries, and do not take the unique traffic situations in developing countries into consideration. Now is the time to incorporate effective technology and materials that could reduce the impact of motor vehicle crashes on child, and all, pedestrians.

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REFERENCES

1. Howard AW. Keeping children safe: rethinking how we design our surroundings *CMAJ* 2009; Oct. 5. [E-pub ahead of print]
2. Adesunkanmi ARK, Oginni LM, Oyelami OA. Road traffic accidents to African children: assessment of severity using the injury severity score (ISS). *Injury* 2000;31:225-8.

For the full letter, go to: www.cmaj.ca/cgi/eletters/cmaj.080162v1#216262

DOI:10.1503/cmaj.109-2043

Correction: Review

In the article “Management of asthma in adults,”¹ published Dec. 8, the dose equivalences for beclomethasone dipropionate (hydrofluoralkane; HFA) and ciclesonide in Table 2 were incorrect. For beclomethasone (HFA) the daily doses should have been listed as 100–250 µg for low, > 250–500 µg for medium and > 500–1000 µg for high doses. For ciclesonide, the daily doses should have been listed as 100–200 µg for low, > 200–400 µg for medium and > 400–1600 µg for high doses. Also, in the section of the article “The case continued,” the list of low-dose inhaled corticosteroids in the fourth bullet should have included beclomethasone dipropionate 100 µg one inhalation twice daily. The article has been corrected online.

REFERENCE

1. Balter MS, Bell AD, Kaplan AG, et al. Management of asthma in adults. *CMAJ* 2009;181:915-22.

DOI:10.1503/cmaj.110-2008

Correction: Research

In Table 4 of a Sept. 15 article on home births,¹ the headings for the two columns on planned home births (“Planned home birth with midwife v. planned hospital birth with midwife” and “Planned home birth with midwife v. planned hospital birth with physician”) were reversed.

REFERENCE

1. Janssen PA, Saxell L, Page LA, et al. Outcomes of planned home birth with registered midwife versus planned hospital birth with midwife or physician. *CMAJ* 2009;181(6-7):377-83.

DOI:10.1503/cmaj.110-2011

Correction: Salon

The article “End of life, year after year after year,”¹ published Nov. 24, said cosmologist Stephen Hawking died in 2009. In fact, Hawking is still alive. The article also incorrectly spelled Hawking's first name. The *CMAJ* apologizes for these errors.

REFERENCE

1. Koch T. End of life, year after year after year. *CMAJ* 2009;181:868.

DOI:10.1503/cmaj.110-2009

Letters to the editor

In submitting a letter, you automatically consent to have it appear online and/or in print. All letters accepted for print will be edited by *CMAJ* for space and style. Most references and multiple authors' names and full affiliations will appear online only. (The full version of any letter accepted for print will be posted at cmaj.ca.)