

CMA guidelines concerning relationship of MDs and drug industry to be revised, board told

Patrick Sullivan

The CMA's *Guidelines for an Ethical Association with the Pharmaceutical Industry*, one of the most controversial policy statements the association has ever issued, is going to be revised. "That statement was never intended to be a static document," Dr. Noel Doig, chairman of the Committee on Ethics, told the December meeting of the Board of Directors. He said the committee hopes to have the revision completed in time for the August annual meeting.

John Williams, PhD, the CMA's director of ethics and legal affairs, says at least two areas within the 36-item guidelines (*Can Med Assoc J* 1992; 146: 388A-388C), which were adopted unanimously by General Council in 1991, require attention. "One issue is samples," he said. "That area seems to be causing a fair bit of difficulty."

The other controversial item involves continuing medical education (CME) events and the payment of physicians who attend them. The guidelines state that "the industry should not pay for travel or lodging costs or for other personal expenses of physicians attending a CME event." However, Williams noted that this

creates problems for doctors from remote areas, who may not be able to participate in these events without some sponsorship.

The CMA has already asked interested parties for suggested



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amendments to the guidelines; a draft set of amendments will be prepared by Jan. 30. After being studied and approved by the Board of Directors, they are to be sent to General Council for final approval in August.

In a recent speech to physicians and representatives of the pharmaceutical industry in Quebec, Williams noted that the CMA has no legal authority to enforce the guidelines: "We can only provide moral leadership and hope that physicians will be convinced that the guidelines are indeed appropriate," he said. He noted that the guidelines have received support from other medical bodies — the colleges in Ontario and Alberta have both adopted them.

Williams described the guidelines as a "fairly remarkable achievement, but they are not perfect. They represent a first attempt to deal with a very complex and controversial area of physician behaviour, and they need to be tested in the light of physician experience both in Canada and elsewhere."

Board members also learned that there is growing concern about physician human resources issues in Canada. "The issue of the balance between international medical graduates [IMG] and Canadian graduates has been recognized as very important," Dr. Hugh Scully, chairman of the

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Council on Health Policy and Economics, told the board.

An executive summary of a task force report prepared for the Canadian Medical Forum, an information-sharing body comprising the CMA and seven other national medical organizations, indicates that 26.9% of Canada's practising physicians received their medical degrees outside Canada; in Newfoundland and Saskatchewan, almost one in every two physicians is an IMG. The task force noted that the number of undergraduates accepted by Canadian medical schools is going to be cut by 10%, but the number of new IMGs entering practice in Canada has been rising unchecked; recent data suggest that

as many as 700 IMGs enter practice in Canada each year and that fewer than half of them take post-graduate training in Canada. If this trend continues, it says, by 1995 the number of IMGs passing the Medical Council of Canada Evaluating Examination will surpass the number of Canadian graduates who pass it. The summary states that controls must be placed on the number of IMGs entering practice "if an effective physician-resource strategy is to be developed in Canada."

A CMA policy summary on physician resource planning was reviewed by the Committee on Physician Resources in January, and will be brought to the board later this year for final approval.

Scully also noted that a CMA working group is preparing a "future directions" paper dealing with health systems financing in Canada. The creation of the group follows a recommendation passed last year by General Council, which called on the CMA and its divisions to provide leadership in amending legislation "to permit the emergence and development of both alternative and complementary private health insurance and health care arrangements" in Canada. Scully said the final draft of the background paper should be completed next fall. "A very important policy statement will come forward from this," said Dr. Judith Kazimirski, who chairs the board.

In other areas, the board:

- Decided the CMA will meet with the Canadian Medical Protective Association (CMPA) to discuss advice contained in a CMPA newsletter. The CMA is concerned that a piece of advice provided by the CMPA — "a doctor should limit enquiries into sexual history and conduct to circumstances where it is essential for diagnosis and treatment" — could affect the care physicians provide. "This is an important matter," said Dr. Drew Young. "It is part of the normal practice of medicine to be able to discuss sexual matters with patients."

- Learned about efforts by MD Management Ltd. to encourage more medical students to join the CMA. Dr. David Irving, chairman of the MD Advisory Board, said the board wants the CMA to explore incentive programs that could be used to encourage more students to join the association and its divisions. MD Management has already agreed to pay the annual CMA membership dues of medical students while they are insured under various student disability insurance programs that are being introduced by CMA divisions across the country. The programs have been

Free CMA handbook will help MDs prepare for media interviews

A new *CMA Media Handbook*, released during the December meeting of the Board of Directors, is a sign of the increasing attention the media is paying to health care issues, the CMA's director of communications and government relations says. "We can tell from the number of calls and requests for information that there is a great deal of interest in the health care field," said Lucian Blair. "We decided to put this handbook together to provide some guidance to CMA employees and members who may receive calls."

Blair noted that his department alone received 571 calls from reporters between July 1 and Nov. 27 of last year. "Being prepared is the most important aspect of dealing with the media," said Blair. "We hope this handbook will help with that preparation. Our message is that you must always be cau-

tious when dealing with the media, but you should never be afraid to do so."

The bilingual, 48-page booklet outlines 10 basic rules for dealing with reporters. "Be positive," states one. "A hostile, overly aggressive or, worse, defensive attitude will quickly become apparent to the reporter and will leave a negative impression with the audience."

The booklet discusses different types of interviews, lists several phrases that can be employed to help defuse confrontational interviews and provides a list of communications experts who can provide advice at the CMA and its divisions.

Copies of the booklet, which is available free to CMA members, can be ordered from the Department of Communications and Government Relations, CMA, 1867 Alta Vista Dr., Ottawa, ON K1G 3Y6; 1-800-267-9703.

Meeting of CMA, divisional leaders focuses on country's political, economic climate

Presidents and chief executive officers (CEO) from the CMA and its 12 divisions met in Ottawa in November, and by the end of the 2-day session they had agreed in principle on new cooperative initiatives that should strengthen the medical profession's voice across the country.

During the first day, speakers reviewed the history of organized medicine's relationship with government and made predictions about future political and economic climates. Michael Adams, president of Environics, a polling firm, painted a bleak outlook for the near future. He suggested that current events mark a turning

point in the way populations perceive and deal with their politicians. People are more cynical in their expectations about the ability of politicians to effect positive change and are less forgiving of government actions that fly in the face of public opinion. His prediction: the public is currently so sceptical that electorates will install a series of minority and one-term governments.

Comments from political consultants Herb Metcalfe and Leo Duguay, principals in the Capital Hill Group, echoed Adams's presentation. They drew on their political and lobbying experience to relate be-

hind-the-scenes events that drive government activities and to suggest election strategies for the CMA.

Saskatchewan Minister of Health Louise Simard heartened her listeners by telling them that her government doesn't think health care costs are out of control; nonetheless, she said, efforts to reduce the deficit magnify everyone's problems. Her comments confirmed something that organized medicine has observed for some time: there is indeed a national health agenda. For the presidents and CEOs who attended the meeting, the question is how to deal effectively with it.

developed in response to revised accreditation standards for medical schools.

- Decided which doctors will form the working group to study primary care in Canada and make recommendations on physicians' role in providing such care. The chairman is Dr. Lorne Rabuka, a member of the CMA's Council on Health Care and Promotion; joining him as CMA representatives are Dr. Peter Fraser of the Committee on Physician Resources and Dr. Paul Grand'Mai-

son of the University of Sherbrooke. Dr. Marco Terwiel and Dr. Ruth Wilson will represent the College of Family Physicians of Canada, while Dr. Pierre-Paul Demers will represent the Royal College of Physicians and Surgeons of Canada and Dr. Lisa Moore will represent the Canadian Association of Internes and Residents. Their work is to be completed this year.

- Approved a policy statement on the Canadian Drug Formulary Service. The CMA has

endorsed the concept of the service, which is to "collect, organize, evaluate and make available all relevant therapeutic and economic information to all interested parties for their decision-making purposes." The CMA says the new service "has the potential" to improve the quantity and quality of information available about drugs and their effectiveness. However, it warns that it must be allowed to function effectively and should not duplicate activities carried out elsewhere. ■

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