Letters
Correspondance

Ginkgo or gunk?

I agree with Dr Sherman's position in his Commentary, "Evidence-based common sense?"[1] Clinical practice should not be excluded, nor should it be used in the presence of evidence to the contrary. While training, I observed a surgeon using an antibiotic powder to "dust" an abdominal wound before closure, despite a resident referring to the material as *fairy dust* and despite good evidence against the use of such an agent. Physicians in Europe have access to herbal products that have standard potency regulated by the government. In Canada, no such regulation for standardized potency exists; potency is determined by the label on the container. Confidence is not only in the product, but also in the manufactured entity that customers purchase.

A number of years ago, the federal government sponsored a large, multicentre trial on glucosamine. The researchers developed a protocol and, before proceeding, decided to replicate "real life" by purchasing glucosamine for the trial at a local store. Testing was done to determine the validity of the 500-mg dose stated on the label. Neither the initial purchase nor any of the other tested-brands had 500 mg of glucosamine per tablet. Each brand was inconsistent with its label. The trial was abandoned.

The herbal industry is one of the few industries in Canada where products are available on a "trust me, it's good for you" basis. Should doctors be sceptical? Common sense says yes.

—Gordon H. Dyck MD
Steinbach, Man
by Rapid Responses

Reference

1. Sherman M. Evidence-based common sense? *Can Fam Physician* 2008;54:166-8 (Eng), 169-71 (Fr).

Response

Thank you to Dr Dyck for his insightful comments on the lack of regulation of herbs and supplements in Canada. There is actually a Natural Health Products Directorate, which is a part of Health Canada, with quite elaborate regulations for all health products (herbs, homeopathics, supplements, vitamins, and minerals). They have regulations about licensing, manufacturing, labeling (including a requirement to state how much product is in the pill), adverse effects reporting, etc. This was all established in 2004, and information can be found at **www.hc-sc.gc.ca/ahc-asc/branch-dirgen/hpfb-dgpsa/nhpd-dpsn/index_e.html**.

Unfortunately, the enforcement of these regulations, at least with respect to content of active ingredients, is inconsistent. I feel strongly that it is up to the health practitioner community (MDs, naturopaths, homeopaths, etc), as well as users of these products, to demand that such regulations are stringently enforced.

More than two-thirds of Canadian adults use some form of natural product. Many do so without the knowledge of their physicians (more than 50%), and decisions are often based on recommendations of friends, family members, or the Internet. It is our not-so-small responsibility as health care practitioners to accept the prevalence of use of these products and to ensure that our patients know the appropriate indications, interactions with medications, and potential side effects, and know that the products available are standardized. Our patients will use the products anyway, so we should make sure they use them well.

—Mark Sherman MD CM CCFP
Victoria, BC
by Rapid Responses

Common sense is not that common

Thanks and kudos to Dr Sherman for his excellent, practical, and balanced approach[1] to a complex and multifaceted health care world. Medicine is neither an exact science nor a whimsical, fly-by-night practice.

With each and every one of my complete physical examinations, my last questions in the long list are about exercise, nutrition, and spirituality. I order my questions that way so that subsequent discussion and teaching can begin with these 3 topics fresh in the patient's mind and at the top of my priority list.

Common sense, intuition, and complementary approaches are as much a part of the art of medicine as evidence-based medicine is. Exclusion of any of the above is to the detriment of our patients.

—Robert C. Dickson MD
by Rapid Responses

Reference

1. Sherman M. Evidence-based common sense? *Can Fam Physician* 2008;54:166-8 (Eng), 169-71 (Fr).

Scepticism regarding common sense

Thank you for a thought-provoking article that provided a glimpse at the chasm between the current state of evidence-based medicine (EBM) and ideal clinical practice.[1]

While I agree that considerable scepticism is required in the interpretation of EBM and the clinical trials upon which it is based, I submit that common sense requires at least as much scepticism in its implementation.

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