Letters
Correspondance

Advertising best practices

In the debate about whether or not medical journals should carry advertising, published in the October issue of *Canadian Family Physician,*[1,2] 2 intractable arguments resurface: journals require advertising[1] and advertising in medical journals compromises the "high standards of medical education and care."[2] In his rebuttal,[3] Dr Hoey introduces a third argument: *Canadian Family Physician* should not carry advertising because it meets a higher, peer-reviewed editorial standard than the so-called throw-away journals. While I agree with his categorization, it begs the question, why don't physicians throw them away?

If physicians have the ability to evaluate which journals they read, why would they not have the ability to evaluate which advertisements they read? Mr Dehaas has confidence in their judgment; Dr Hoey does not. His argument that medical advertising does not support ethical best practices is a non sequitur. Best practices are derived from the objective examination of clinical, pharmacologic, and experiential evidence; advertising presents therapeutic claims based on evidence derived from clinical trials. One does not necessarily exclude the other.

Open Medicine, the publication to which Dr Hoey refers, refuses advertising and sponsorships from pharmaceutical and medical-device companies, and reserves the right to refuse other advertising inconsistent with its mission. Accepted sponsorships are listed on a sponsors page.[4]

Advertising works. The Canadian Advertising Rates and Data database lists 94 medical publications, most of which are directed toward physicians.[5] However, although editorial standards vary widely, advertising standards do not. Dr Hoey acknowledges the strict federal regulatory process monitored by the Pharmaceutical Advertising Advisory Board.[6] Compliance with these standards is mandatory,[7] and journals must adhere to the guidelines of the Canadian Association of Medical Publishers.[8] Nonprescription advertising follows guidelines set by Advertising Standards Canada.[9] Pricing of new drugs is also regulated by the Patented Medicine Prices Review Board.[10]

Physicians should have confidence in this regulatory process because it ensures that the advertisements they see comply with government approval for the drugs they use. Under such regulations, companies have the fair right to advertise their individual products.

One of the fundamental tenets of family medicine education is to promote individual physician integrity in resourcing and evaluating the clinical and commercial information they use in treating their patients. Dr Hoey's conclusion that "unbiased guidelines and sound clinical training and judgment are all that physicians need" is both narrow and patronizing. Family physicians evaluate drug advertising every day, and they never stop learning.

—Peter D. Taylor MA MCFP (Hon)
Aurora, Ont

Competing interests
Mr Taylor is the former publisher of *Canadian Family Physician.*

References
1. Dehaas D. Should medical journals carry pharmaceutical advertising? Yes [Debate]. *Can Fam Physician* 2010;56:978,980 (Eng); 982,984 (Fr).
2. Hoey J. Should medical journals carry pharmaceutical advertising? No [Debate]. *Can Fam Physician* 2010;56:979,981 (Eng), 983,985 (Fr).
3. Hoey J. Should medical journals carry pharmaceutical advertising? No [Rebuttal]. *Can Fam Physician* 2010;56:e358 (Eng), e360 (Fr).
4. Open Medicine [website]. *Editorial policies.* Ottawa, ON: Open Medicine; 2010. Available from: **www.openmedicine.ca/about/editorialPolicies#custom4.** Accessed 2010 Nov 9.
5. CARD online [website]. *Canadian advertising rates and data. Medical: magazines.* Toronto, ON: Rogers Publishing Ltd; 2010. Available from: **www.cardmedia.com/refine/8068.jsf.** Accessed 2010 Nov 10.
6. Pharmaceutical Advertising Advisory Board. *Code of advertising acceptance.* Pickering, ON: Pharmaceutical Advertising Advisory Board; 2009. Available from: **www.paab.ca/en/paab_code/code.** Accessed 2010 Nov 10.
7. Canada's Research-Based Pharmaceutical Companies. *2010 code of ethical practices.* Ottawa, ON: Rx&D; 2010. Available from: **www.canadapharma.org/en/commitment/healthcare/code.aspx.** Accessed 2010 Nov 10.
8. Canadian Association of Medical Publishers. *Ad guidelines.* Mississauga, ON: Canadian Association of Medical Publishers; 2010. Available from: **http://camponline.org/guidelines.php?pageLevel=1&groupId=4&pageId=4.** Accessed 2010 Nov 10.
9. Advertising Standards Canada. *The Canadian code of advertising standards.* Toronto, ON: Advertising Standards Canada; 2010. Available from: **www.adstandards.com/en/Standards/canCodeOfAdStandards.aspx#overview.** Accessed 2010 Nov 14.
10. Patent Medicine Prices Review Board. *Legislation, regulations and guidelines.* Ottawa, ON: Patent Medicine Prices Review Board; 2010. Available from: **www.pmprb-cepmb.gc.ca/english/View.asp?x=73.** Accessed 2010 Nov 10.

CFP and copyright

As the article "Droit d'auteur et droit de savoir"[1] by our Associate Editor somewhat uncomfortably demonstrates, many people might not understand copyright in general or how to share information in *Canadian Family Physician (CFP)* in particular.

First of all, it is our policy and the mission at *CFP* to do everything we can to encourage the transfer of knowledge and the sharing of information published in our journal. There are any number of ways in which you can properly share a copyrighted article in our journal with friends, colleagues, students, or others for legitimate, noncommercial, educational purposes.

The quickest and easiest way to share an article is by e-mail, for which purpose a button appears with every

The top 5 articles read online at cfp.ca

1. **Emergency Files:** Anaphylaxis. *A review and update* (October 2010)
2. **Clinical Review:** Bariatric surgery. *A primer* (September 2010)
3. **RxFiles:** Taking the stress out of treating erectile dysfunction (September 2010)
4. **Child Health Update:** Use of dexamethasone and prednisone in acute asthma exacerbations in pediatric patients (July 2009)
5. **Research:** Interprofessional collaboration in family health teams. *An Ontario-based study* (October 2010)

article on our website. If you want to share or discuss an article with a group, you can e-mail the link to 2 or 3 or 10 friends—they can all read it online or print off their own copies. This is also a great way to provide hard copies to people attending a small educational event without any agonizing over copyright; just send the link from our website and ask participants to print off their own personal copies or bring their laptops to the session.

If you really need multiple hard copies to hand out, you can e-mail *CFP* and explain quickly and informally who you are, why you want copies, and how many you need; we routinely grant permissions for legitimate uses. The appropriate contact name and e-mail address can be found under "Permissions" on our website (**www.cfp.ca**).

If you are with an academic institution, your library will likely belong to Access Copyright, a clearing house for legally managing legitimate, small-scale copying of copyrighted materials. Most academic publishers, including *CFP,* are also members. To skip over the administrative details, going through an Access Copyright member ensures that ethical standards are maintained and that a small percentage of the pennies-per-page you pay to make a copy finds its way back to the copyright owner.

But why, you might ask, do publications such as *CFP* make such a tiresome fuss over copyrights and permissions? Why does our policy allow readers only 1 hard copy?

There are actually 2 very powerful reasons why we and other publications are so insistent about protecting our copyrights.

The first is that publishers, who assume the copyrights when articles are printed, have a responsibility to safeguard the integrity of the authors' work. We must—and we do—prevent anyone from re-editing the work to change its meaning, from republishing it without giving credit to the authors, from putting it in some shoddy compilation that makes the authors look bad, or even from using the article to sell products in some way the authors would never have agreed to.

The second reason is that publishing journals costs money. Whether this money comes from subscriptions or advertising or membership contributions, academic publishers plow that money back into publishing articles. If we did not fiercely protect our copyrights, the more, shall we say, opportunistic members of society could scoop up the best of our content (after the authors, editors, reviewers, and designers had done all the hard work) and sell their own "journals" or compilations or other derivative works that would draw off subscription and advertising revenue.

These are not minor or hypothetical concerns. There really are people out there who take our content without permission—our lawyers put a stop to a fairly serious case of copyright infringement as recently as this last summer.

But still, you might say, "I'm not planning on doing any of those bad things! I just want to make half a dozen copies of a great article in your journal for the people in my department! What does all this have to do with me?"

Well, I'm not going to quote Canadian copyright law or try to offer hair-splitting legal interpretations of what it means and how it should be interpreted. But I will point out that if you were to ask a traffic cop if it was legal to drive at 101 km per hour on a highway with a posted speed limit of 100, the answer would be no—and the self-evident reason would be that if 101 were acceptable, so might be 102 or 110, and so on, until the speed limit was completely unenforceable.

Would you get a speeding ticket if you drove at 101 km per hour? Probably not, but the law clearly reserves that option. Would you get a letter from our lawyers if you made 2 copies of an article in *CFP?* Probably not, but you can see why we have to reserve that right.

More to the point, perhaps, we also ask our readers and our colleagues in the medical world to understand why it is important to play by the rules and to help us maintain the integrity of the work published in our journal.

—David Dehaas
Publisher,
Canadian Family Physician
Mississauga, Ont

Reference
1. Ladouceur R. Droit d'auteur et droit de savoir. *Can Fam Physician* 2010;56:1037-9.

Care over castigation

As a practising physician I am able to recognize and sympathize with Mr van der Pol's comments about improving Medicare.[1] One of his observations stood out, however, as a reason why physicians should not create public policy. Mr van der Pol promoted making certain habits less socially acceptable in order to reduce their prevalence. My observation is that those suffering from unhealthy habits need more care and less castigation, certainly from their doctors.

The government can restrict advertising, create tax penalties or incentives, and otherwise mold people's choices. Physicians should be exploring areas in which applied care can be brought to those suffering. I encourage your readers to be proactive in applying care models rather than reactive in creating punitive social measures. Let's hear from those ready to be part of the physician solution. Anyone can make a law against an activity or group they find distasteful. Physicians can uniquely identify what is effective to assist those individuals who have inappropriately self-medicated with food, alcohol, or cigarettes. May Tommy Douglas be proud!

—Gordon Dyck MD
Steinbach, Man