case that was the subject of a discipline hearing at the College of Physicians and Surgeons of Ontario. Although discussion of case details is accurate, the outcome of the case was not. In this case, the penalty ordered was a recorded reprimand and suspension of licence for 2 months.

Thank you for bringing this important issue to the attention of your readers.

—John M. Bonn, MD, LLB
Toronto, Ont
by mail

Reference
1. Maurice WL. Talking about sexual matters with patients. Time to re-examine the CMPA’s policy. Can Fam Physician 2000;46:1553-4 (Eng), 1558-60 (Fr).

Clarification needed for raloxifene use

I appreciate the content and design of Canadian Family Physician, particularly its clinical relevance to my practice.

In the Prescrire article in the August issue, two potential uses of raloxifene were suggested in the “Possibly Helpful” box at the beginning of the article. The first use said “in early menopause, when estrogen is contraindicated...” (emphasis added). I was unaware that estrogen is contraindicated in early menopause. Can we no longer switch women from oral contraceptive pills to hormone replacement therapy? Is this what the author meant? Is there a reference that would help me?

—M. Reinders, MD, CCFP
Orillia, Ont
by e-mail

Reference

Response

Eligibility for MAINPRO-C credits

I am a member of the College of Family Physicians of Canada (CFPC) residing outside of Canada. I recently passed my first sitting of the American Family Practice Board examination and was disappointed to learn that my initial certification is not eligible for MAINPRO-C credits, although recertification is eligible.

Because members are allowed to claim only two life support courses (ie, Advanced Cardiac Life Support, Advanced Trauma Life Support, Advanced Life Support in Obstetrics) per cycle, it becomes very difficult for non-resident members to acquire sufficient MAINPRO-C credits, as most MAINPRO-C activities are based in Canada. If a member has sampled the Self-Learning Suite and has not found it conducive to ongoing medical education, this further limits the availability of MAINPRO-C credits.

I propose that the CFPC consider allowing non-resident members to claim more than two life support courses per cycle for MAINPRO-C credits, in light of the barriers (for non-residents) to accessing many MAINPRO-C activities.

—Andrea Hillerud, MD, CCFP, ABFP DIPLOMATE
Madison, Wis
by e-mail

Response

We should have been more precise. Of course, treatment with estrogen is not generally contraindicated in early menopause: indeed, some disorders linked to menopause are indications for estrogen-based drugs. But there are circumstances that contraindicate treatment with estrogen and that can occur in early menopause, such as breast cancer and genitai hemorrhage of undetermined origin. In these cases, raloxifene is not contraindicated and can therefore be useful. Of course, deep vein thrombosis contraindicates both estrogen and raloxifene.

—Dr Bruno Toussaint
Editor-in-chief
La revue Prescrire
Paris, France

We should have been more precise. Of course, treatment with estrogen is not generally contraindicated in early menopause: indeed, some disorders linked to menopause are indications for estrogen-based drugs. But there are circumstances that contraindicate treatment with estrogen and that can occur in early menopause, such as breast cancer and genital hemorrhage of undetermined origin. In these cases, raloxifene is not contraindicated and can therefore be useful. Of course, deep vein thrombosis contraindicates both estrogen and raloxifene.

—Dr Bruno Toussaint
Editor-in-chief
La revue Prescrire
Paris, France

Response

We should have been more precise. Of course, treatment with estrogen is not generally contraindicated in early menopause: indeed, some disorders linked to menopause are indications for estrogen-based drugs. But there are circumstances that contraindicate treatment with estrogen and that can occur in early menopause, such as breast cancer and genital hemorrhage of undetermined origin. In these cases, raloxifene is not contraindicated and can therefore be useful. Of course, deep vein thrombosis contraindicates both estrogen and raloxifene.

—Dr Bruno Toussaint
Editor-in-chief
La revue Prescrire
Paris, France