

Up-to-date drug information

Cauchon and Leduc's article,¹ "Finding the right information at the right time. Part 1: Drugs, reference books, clinical practice guidelines," notes that a new medication cannot be found in the *Compendium of Pharmaceuticals and Specialties* (CPS).

The Canadian Pharmacists Association (CPhA) is a major publisher of drug and therapeutic information in Canada, including the CPS, the *Compendium of Nonprescription Products* (CNP), *Therapeutic Choices*, the *Nonprescription Drug Reference for Health Professionals*, and *Herbs: Everyday Reference for Health Professionals*. We have addressed the problem of lack of information on new Canadian products before they are included in the CPS by publishing an update on our website (www.cdnpharm.ca).

Select "CPS/CNP Updates," which brings users to a table listing new products, newly approved indications for drugs, and other information of interest to health care practitioners.

We also publish the product monographs as soon as they are available. This service continues CPhA's tradition of providing timely, high-quality drug information and is available free at www.cdnpharm.ca simply by selecting the appropriate product from the "CPS/CNP Updates" table.

—Carol Repchinsky, BSP
Editor-in-Chief, Publications
Canadian Pharmacists Association
Ottawa, Ont
by e-mail

Reference

1. Cauchon M, Leduc Y. Finding the right information at the right time. Part 1: Drugs, reference books, clinical practice guidelines. *Can Fam Physician* 2001;47:337-8.

Using terminology correctly

I respectfully object to many of the statements and the rationale used in the editorial,¹ "Emergency contraception and family physicians," by Dr Sheila Dunn in the June 2001 issue of *Canadian Family Physician*. By stating that postcoital birth control methods are ... "more accurately referred to as the 'emergency contraceptive pill,'" Dr Dunn erroneously defines a method of birth control that is postulated to act by preventing implantation of a human embryo.¹ It is inappropriate to define a product as a contraceptive when it likely acts after conception

has occurred. In the interests of being scientifically accurate, we should use terms that accurately reflect what is being described. The use of factual terminology also contributes to better patient understanding and informed consent.

Dr Dunn states that patients must be informed in order to appropriately use means to prevent human embryos from implanting or remaining viable. For patients to be truly informed about their health, they must be informed of all possible treatment options and alternatives (in addition to potential risks, benefits, and side effects).

Contrary to the implication in Dr Dunn's editorial, it is entirely possible for physicians who have reservations about postcoital birth control to provide nonjudgmental and supportive care while making patients aware of all of the options and alternatives (which might or might not include amniocentesis, chorionic villus sampling, adoption, and induced abortion).

I agree with the National Advisory Committee on Emergency Contraception's statement that ... "the number of unwanted pregnancies is a serious public health concern for which there is underused preventive treatment."¹ I assert that a truly comprehensive prevention strategy, which informs patients of available options in addition to means that prevent a human embryo from continuing its natural progression toward a full-term pregnancy, enhances the likelihood that individual patients will employ preventive strategies.

It is ironic that, according to the articles cited by Dr Dunn,¹ such contraceptive means "should not be used if a woman knows she is pregnant."²⁻⁴ Because it is possible to detect pregnancy within 10 days of conception using human serum β -human chorionic

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