

Letters Correspondance

Concerns about Family Medicine Forum

I am writing to congratulate the College of Family Physicians of Canada on a very successful 50th Anniversary Family Medicine Forum that included many inspiring high-profile speakers and useful workshops. However, I must also register my protest on the disproportionate exposure of certain companies that have poor public health track records. I will cite two examples.

I suspect that you have already received this feedback regarding McDonald's fast-food restaurants. Their very recent efforts to improve their image as more health conscious (through increased labeling of their products, expanded menu selections, and initiatives such as distributing free pedometers) can be compared with their disingenuous efforts to appear child friendly (through distribution of toys, alluring commercials, and a [proportionally small] budget for a children's charity)—something that they are clearly not, at least on a population health scale. I believe that physicians should not promote fast-food restaurants. These companies have the right to compete in a free marketplace, but they have no place at a health conference.

It could be less obvious to attendees, however, that the Nestlé food company also has a dubious public health record, especially regarding the inappropriate promotion and distribution of infant formula, notably in Africa.¹ In fact, as recently as 2003, Nestlé published a statement that "fortified complementary foods play an important role in maintaining adequate micronutrient status of small children in developed countries and are likely to play an increasing role in developing countries in the near future."² It is for this reason that I was discouraged to learn that during 1 day at the conference they welcomed more than 100 delegates, whereas my poster dealing with poor breastfeeding rates in Ontario's James Bay region—which unlike the Nestlé booth was quite invisible

in a dark recess of the exhibit hall—attracted at most a dozen. We must be careful with the information we make accessible to our health professionals, lest urgent public health concerns (such as the current 5% exclusive breastfeeding rate in Kenya) be minimized or ignored.

I sympathize with the very difficult task of balancing the need to secure funding for our national conference with the need to ally with companies truly motivated to contribute to our patients' health. I suspect, however, that considering the above information, most delegates would vote for a more frugal conference in the future.

—David Ponka, MD, CCFP
Ottawa, Ont
by e-mail

References

1. International Baby Food Action Network. *Breaking the rules 1994. A worldwide report on violations of the WHO/UNICEF international code of marketing of breast milk substitutes.* Cambridge, UK: International Baby Food Action Network; 1994.
2. Pettifor JM, Zlotkin S, editors. *Nestlé Nutrition Workshop Series Pediatric Program. Vol 54; 2003 Oct 26-30; Sao Paulo, Brazil.* New York: Karger Publishers; 2003.

Responses

On behalf of the Family Medicine Forum (FMF) Advisory Committee, I would like to thank Dr Ponka for his thoughtful letter. The concerns he has raised are priority issues for us. The decision to include these groups at FMF 2004 was based on our belief that their presentations were appropriate and would be positively received by our delegates. This decision will be fully reviewed by our Advisory Committee, not only in the context of concerns such as yours about FMF 2004, but also with respect to future meetings. We rely upon feedback like this from our members to help guide our ongoing decision making.

We look forward to your feedback following FMF 2005, December 8 to 11 in Vancouver, BC.

—Adam Grzeslo, MD, CCFP, FCFP
Chair, Family Medicine Forum 2004
Burlington, Ont
by e-mail

At Nestlé we are proud of our commitment to infant nutrition and the well-being of children and mothers around the world. We believe that breast milk is the best source of nutrients for developing infants, and we encourage mothers to breastfeed for as long as possible. We understand that some mothers cannot or might choose not to breastfeed, and in these circumstances we believe that iron-fortified formula is the next best alternative.

Nestlé complies with laws regarding marketing of infant formula in every country in which it does business. In developing countries where specific laws regarding infant nutrition do not exist, Nestlé voluntarily follows the World Health Organization's International Code of Marketing of Breast-Milk Substitutes guideline.¹ For further information about Nestlé's adherence to this code visit www.babymilk.nestle.com.

In Canada, Nestlé supports the position of the Canadian Paediatric Society, the Dietitians of Canada, and Health Canada. This position is outlined in the document entitled *Nutrition for Healthy Term Infants*,² which states that breastfeeding for as long as possible is the best option, and that formula is appropriate if mothers choose to supplement or discontinue breastfeeding. In addition, Nestlé complies with the Food and Drug Act and the Competition Act, which regulate the infant formula industry here in Canada.

Nestlé Canada's marketing practices support parents' right to make an informed choice by: stating on all our infant formula products that breast milk is the optimal method for feeding infants and that parents should consult their health care professionals before making a feeding change; providing information to parents about infant feeding and our products; providing infant formula samples to families only upon request; and providing healthcare professionals with educational materials and samples for professional use.

Our commitment to infant nutrition was forged in 1867, when Henri Nestlé developed and introduced an infant food source for mothers unable to breastfeed. From the beginning, he maintained that

a mother's breast milk is best for her baby. This remains a core belief at Nestlé today.

—Catherine O'Brien
Corporate Affairs
Nestlé Canada Inc.
North York, Ont
by e-mail

References

1. World Health Organization. *International code of marketing of breast-milk substitutes*. Geneva, Switzerland: World Health Organization; 1981. Available at: http://www.who.int/nut/documents/code_english.PDF. Accessed 2005 February 9.
2. Canadian Paediatric Society, Dietitians of Canada, Health Canada. *Nutrition for healthy term infants*. Ottawa, Ont: Minister of Public Works and Government Services; 1998. Available at: http://www.phac-aspc.gc.ca/dca-dea/publications/pdf/infant_e.pdf. Accessed 2005 February 9.

Training and rural physicians

I have just read Dr Roger Strasser's article¹ on training rural physicians. He suggests beginning by aiming our attention at rural high school students and then continuing to support and encourage these students during their undergraduate years.

I then read Cal Gutkin's article² on a common first year of postgraduate training (PGY-1) and the Wilson and Cox reports^{3,4} suggesting that there should be three PGY-1 streams: one for family medicine residents, one for specialists, and one for those who have not yet decided.

Make your views known!

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