

A grand seduction indeed

Was it over another bottomless glass of sangria or during the boat ride on a sparkling lake? I'm not sure exactly when it occurred to me, but I am suddenly very popular. People laugh more at my jokes, request that I be seated first, and listen to even the longest of my stories. And while I would like to believe that my Semitic features or past travels have invoked such interest, the truth is this: my name is Eric, and I am a graduating family physician.

From Vancouver to Val-d'Or, Canadians are in dire need of family doctors. Recent estimates peg the shortage at 3000, and between 4 and 5 million Canadians still do not have a family physician. Given the substantial health benefits that family medicine provides to individuals, families, and communities, demand for new *omni-praticiens* is very high. So, communities want to know how to attract our licence numbers and our magical ability to shorten waiting lists, transform walk-in vagabonds to well-covered roster-dwellers, and perennially apparate at 2:00 in the morning when a woman delivers her baby.

Thus, the seduction continues.

Certainly, all of this attention is quite flattering. After living the impecunious existence of medical-school suppliant, medical-student scut monkey, and resident workhorse, this spotlight of seemingly unconditional love can feel very warm. Unfortunately, such indulgences can also impair judgment and imbue a harmful hubris in place of vigour for lifelong learning. Thankfully, a long night on call or a difficult patient encounter are often effective antidotes, reminding me that I am still very much a family doctor in the making—there is much more personal and professional growth ahead.

And, as I politely decline another invitation for afternoon golf, I hope that my suitors understand this as well.

—Eric Cadesky, MD CM
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by e-mail

And the winner is...

Joel Lexchin won the debate in the May 2006 edition of *Canadian Family Physician*.^{1,2} Russell Williams and Jean Marion, the opposers of the motion "Are drugs too expensive in Canada?" did not answer the question posed for debate. Instead they used fallacious reasoning, attempting to convince us that brand-name prescription medicines are tremendously valuable and cost-effective treatments.¹ This does not oppose the motion that these brand-name drugs are too expensive. Even the attempt to compare costs in Canada as being "9% below the international price median in 2004" is not an argument to oppose the motion that the drugs are too expensive in the first place.

When considering who wins a debate, it is important to look at how evidence is used. Interestingly, both sides quoted the same paper by DiMasi³ to reference the research and development cost of bringing a new drug to market. One side quotes \$802 million (US)² and the other "more than \$1 billion."¹ A point goes to Joel Lexchin for correctly quoting the figure of \$802 million (US). The DiMasi paper was incredibly dense for this noneconomist, but the figure quoted by Lexchin jumped out in several places. Perhaps Williams and Marion converted the figure into Canadian dollars to make it look larger. If they did, they did not say so.

—Don Eby, MD, CCFP(EM), FCFP
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References

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2. Lexchin J. Are drugs too expensive in Canada? Yes. *Can Fam Physician* 2006;52:573-6.
3. DiMasi JA, Hansen RW, Grabowski HG. The price of innovation: new estimates of drug development costs. *J Health Econ* 2003;22:151-85.