

enough, and we need to acknowledge this—even in the non-profit world.

—*Danyaal Raza MD CCFP*
Toronto, Ont

Competing interests

None declared

Reference

1. Hale I. The greatest good. *Can Fam Physician* 2011;57:868-9 (Eng), e273-5 (Fr).

Painful debate

In their letter,¹ Drs Jovey and Dubin assert that my statement “high prescribers ... were influenced by an intense and sustained pharmaceutical marketing campaign” is unsubstantiated. According to a US government report,² by 2000 Purdue’s OxyContin campaign employed almost 700 full-time sales representatives and a total “call list” of 70 000 to 94 000 physicians.

Sales representatives were directed to focus their efforts on physicians with high rates of opioid prescribing, and they received substantial bonuses for OxyContin prescriptions by doctors on their list. From 1996 to 2002, OxyContin had a speakers’ bureau of 2500 physicians and sponsored more than 20 000 educational programs on pain management.² This

campaign was wildly successful; in the United States, OxyContin prescriptions for noncancer pain increased from 670 000 in 1997 to 6.2 million in 2002, accounting for \$1 billion in annual sales.

The marketing campaign was based on several simple messages: addiction is rare in pain patients, controlled-release opioids are less addictive than immediate-release opioids, and opioids are much more effective and safer than alternatives. Unfortunately, these messages are not true. In 2007, Purdue pleaded guilty to felony misbranding of OxyContin and was fined \$634.5 million.³

—*Meldon Kahan MD MHSc CCFP FRCPC*
Toronto, Ont

References

1. Dubin R, Jovey R. The real crisis of chronic pain [Letters]. *Can Fam Physician* 2011;57:762-4.
2. United States General Accounting Office. *Prescription drugs: OxyContin abuse and diversion and efforts to address the problem*. Washington, DC: United States General Accounting Office; 2003.
3. Meier B. In guilty plea, OxyContin maker to pay \$600 million. *New York Times* 2007 May 11.

Correction

An error was introduced in the biography of the Hypothesis article that appeared in the September 2011 issue.¹ The biography should have read as follows:

Dr Ryan is a postdoctoral fellow in the Centre for Studies in Family Medicine in the Department of Family Medicine at the Schulich School of Medicine and Dentistry at the University of Western Ontario (UWO) in London, Ont. **Dr Cejic** is a family physician in an academic practice in London and Associate Clinical Professor in the Department of Family Medicine at the Schulich School of Medicine and Dentistry at the UWO. **Dr Shadd** is Assistant Professor, **Dr Terry** is Assistant Professor, **Ms Chevendra** is IT Consultant, and **Dr Thind** is Associate Professor, all at the Centre for Studies in Family Medicine in the Department of Family Medicine at the Schulich School of Medicine and Dentistry at the UWO.

Canadian Family Physician apologizes for this error.

Reference

1. Ryan BL, Cejic S, Shadd JD, Terry A, Chevendra V, Thind A. You and your EMR: the research perspective. Part 1. Selecting and implementing an EMR. *Can Fam Physician* 2011;57:1090-1.

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