

Surprised by photos

Given the generally pacifistic, peaceful nature of physicians, I was surprised to see a profile¹ that included a photo of a physician wielding a high-powered assault rifle that some game hunters told me could kill a moose, caribou, or similarly large animal. The recent shootings reported in the US and Canadian media and mention of this physician providing palliative care services on the same page as the photo leave me baffled and further sensitized.

—Lucas Gil MD
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Competing interests

None declared

Reference

1. Glenn WM, Franklin S. The Faces of Family Medicine. Debbie Dooler. *Can Fam Physician* 2015;61:791-3.

Relationship with pharmaceutical companies

I thank Dr Lemire for her response¹ to Drs Spithoff, Lexchin, and Kitai,² who are eager to cut ties with the health care and pharmaceutical industry. I am very grateful to the pharmaceutical industry and am embarrassed by the lack of acknowledgment afforded to it by some groups in our profession. In the course of my career I have regularly attended medical conferences and meetings fully or partially funded by the pharmaceutical industry and have been excited to hear about new medications. I have been equally excited to return to my practice and advise my patients that relief might be on the horizon for them. While I am cautioned by the adage “Be not the first by whom the new is tried nor the last to lay the old aside,” I and my patients wait for feedback from other specialist colleagues on the efficacy and side effect profiles of new medications.

I recall the excitement of attending pharmaceutical industry-sponsored meetings to hear about proton pump inhibitors, angiotensin-converting enzyme inhibitors, selective serotonin reuptake inhibitors, and more

recently, glucagonlike peptide 1 agonists, sodium-glucose cotransporter inhibitors, α_1 -proteinase inhibitors, 5-hydroxytryptamine receptor agonists, and ulipristal—all of which were generated because of the investment, research, and development of pharmaceutical companies.

When I arrive home at the end of a busy day, and have committed to go out that evening to listen to a pharmaceutical industry-sponsored talk given by a practising specialist and eat a pharmaceutical industry-sponsored meal, most times my preference would be to stay at home. I nevertheless attend the gathering and listen to the speaker and the questions and discussions of my colleagues—most of whom are gray-haired, I might add. I always learn something. My patients expect me to talk to them about the benefits of exercise and eating a healthy diet, and they also expect me to have current knowledge about new drugs from which they might benefit.

—Margot A. Walker MD CCFP
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Competing interests

None declared

References

1. Lemire F. Response [Letters]. *Can Fam Physician* 2015;61:669.
2. Spithoff SM, Lexchin J, Kitai C. Complete dissociation from the health care and pharmaceutical industry [Letters]. *Can Fam Physician* 2015;61:668-9.

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