—*Victor Ng MSc MD CCFP(EM) MHPE, CFPC Physician Advisor*
—*Jeff Sisler MD MClSc CCFP FCFP, CFPC Executive Director, Professional Development and Practice Support*
—*Roy Wyman MD CCFP FCFP, CFPC Director, Certificates of Added Competence*

Competing interests
Drs Fowler, Ng, Sisler, and **Wyman** are paid employees of the College of Family Physicians of Canada.

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Purdue's influence continues

I am disappointed that *Canadian Family Physician* continues to publish pro-opioid articles by authors who have declared conflicts of interest with opioid manufacturers.[1,2] For the debates regarding the new opioid guidelines in the February issue, I think it is telling that the only authors for the yes side of the debate both have conflicts of interest with opioid manufacturers.[2]

—*Dan W. Hunt MD CCFP*
Winnipeg, Man

Competing interests
Dr Hunt receives funding from Manitoba Health for providing clinical care to patients with chronic pain and opioid use disorders.

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2. Gallagher R, Hatcher L. Will the new opioid guidelines harm more people than they help? Yes [Debates]. *Can Fam Physician* 2018;64:101-2 (Eng), 105-7 (Fr).

Author's honoraria from opioid seller

I am disturbed that *Canadian Family Physician* published the article "New category of opioid-related death" by Dr Gallagher in the February issue.[1] I do not know Dr Gallagher, but an article touting the benefits of treating noncancer pain with opioids in the elderly by someone who has received honoraria from Purdue Pharma, a big seller of opioids, strikes me as not too far from the key opinion leader articles that encouraged the opioid crisis in the first place. At the very least we should be aware of the size of the honoraria before deciding on the value of the piece.

—*Gordon Ferguson MD CCFP*
Sturgeon Falls, Ont

Competing interests
None declared

Reference
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Taking unnecessary aim at MAID

In the article "New category of opioid-related death" in the February issue of *Canadian Family Physician*, I appreciate Dr Gallagher's concern for the inadequate treatment of pain in our elderly patients, and I concur that the judicious use of opioid therapy can make a world of difference to patients suffering from chronic degenerative diseases, such as osteoarthritis and spinal stenosis.[1] However, I take issue with her insinuation that medical assistance in dying (MAID) will become a de facto alternative to proper pain management.

Multiple studies have shown that most patients who seek MAID do so not because of unrelieved symptoms, such as chronic pain, but because of more existential suffering, such as loss of autonomy and an inability to enjoy life.[2,3] This is borne out by my clinical experience as a MAID provider, and many of my colleagues anecdotally report this as well. A substantial number of patients I assess have already been receiving exemplary palliative care and symptom management, and in those few situations where unrelieved pain is the primary driver of a patient's MAID request, it is most often the case that they have already tried multiple therapeutic strategies, including various opioid analgesics, to help ameliorate their suffering, without adequate success.

Untreated and undertreated pain in the elderly is a real and worrisome phenomenon, but it should not be conflated with unfounded fears and prejudices about MAID.

—*Edward S. Weiss MD CCFP*
Toronto, Ont

Competing interests
Dr Weiss is a member of the Physicians Advisory Council for Dying with Dignity Canada and of the Canadian Association of MAID Assessors and Providers. He does not have any financial conflicts of interest.

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Cannabis view

I thank Dr Ladouceur for providing a balanced view on the benefits of cannabis in his February editorial.[1] While I have not collected statistics, it is my impression that increasing numbers of daily cannabis users are presenting to my emergency medicine practice with cannabis-induced hyperemesis. Many of these patients use cannabis for anxiety management, and usually this has not been initiated by a physician. My suspicion is that this is a dose-related condition, and one that will emerge increasingly as cannabis use spreads.

As a medical community, it might behoove us to exercise some vigilance in assessing the risks and benefits of cannabis prescribing, so that we do not repeat the detrimental situation that arose with the liberalizing of narcotic prescribing in the 1990s and 2000s.

—*Jean Marc Benoit MD CCFP(EM)*
Hamilton, Ont

Competing interests
None declared

Reference
1. Ladouceur R. The cannabis paradox. *Can Fam Physician* 2018;64:86 (Eng), 87 (Fr).