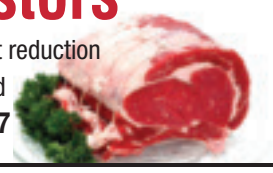
NPS: the patient perspective

Patient advocates had their say about the pending National Pharmaceutical Strategy, and voiced concerns about catastrophic drug coverage and the kind of evidence to be used to develop policy 4

Eating like our ancestors

Evidence is growing that increased protein intake—not reduction in fat consumption—is associated with weight loss and a decrease in the all-important waist circumference 37



The Medical Post

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A happy side-effect?

Smokers who had been prescribed statins to prevent coronary artery disease may enjoy an unforeseen benefit: a slower deterioration in their lungs. This was one of many studies presented at the annual meeting of the American College of Chest Physicians 23

CME push

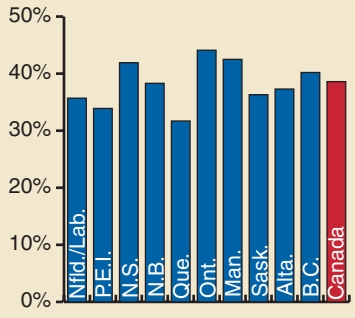
The Society of Rural Physicians of Canada is working to bring more—and more relevant—courses to doctors in some of Canada's more remote areas 62

Blind to all the signs

Sometimes a doctor can miss the truth about a patient even when the correct diagnose is right in front of him 39

Snapshot

Projected government health expenditure as a proportion of total government programs, 2005/06. For more on trends in health spending, see page 8



Source: CIHI

Bristol-Myers Squibb/Charlotte Raymond

Flickers of light in the darkness **With almost one-quarter of adults afflicted with AIDS, HIV has devastated the tiny African nation of Lesotho. Here, patients receive care at the Senkatana Centre, which combines medical care with community support programs sponsored by Bristol-Myers Squibb. Dr. Val Rachlis of Toronto visited Lesotho recently and found while there are bright lights of hope in the work of volunteers and the establishment of this centre, he questions whether the developed world is doing enough. See story page 46**

Revenge of the stents

New data analyses reaffirm benefits, safety of drug-eluting models

by Andrew Skelly

TORONTO | Drug-eluting coronary stents have received a lot of bad press lately, with reports the two first-generation devices are associated with increased risks of death and myocardial infarction. But new analyses of clinical trial data have failed to back those findings.

The new reports do confirm a small increased risk of thrombosis one to four years after implantation of drug-eluting stents (DES), but interventional cardiologists say this risk is balanced by lower rates of restenosis—and they point out that longer use of antiplatelet therapy with ASA and clopidogrel (Plavix) may help address the problem.

The latest stent thrombosis controversy heated up earlier this year with presentations at the American College of Cardiology annual meeting in Atlanta and the World Congress of Cardiology in Barcelona suggesting increased mortality and MI risks with the see Late | page 85

Online MD ratings draw fire from CMPA

Letter reminds Web group about Canadian libel laws

by Alison DeLory

OTTAWA | "The worst of the worst. He butchered me," is how one anonymous patient rated his or her Canadian physician at www.RateMDs.com.

Other unflattering comments on the Web site, which invites anyone to share a good or bad experience or opinion of a doctor, included: "Are you planning to commit suicide? Go to this doctor and he will kill you."

The Canadian Medical Protective Association (CMPA) considers these statements defamatory and has successfully pressured the California administrators to delete them from the site. But other comments that remain posted include:

- "Very argumentative and ignores what is being explained to him."
- "Her level of knowledge appears to be mediocre . . . she didn't take responsibility for a mistake she clearly made."

These comments and more are on the Web site next to the names of Canadian doctors.

see Web | page 84

Workers' comp deal divides B.C. specialists, FPs

by Ann Graham Walker

VANCOUVER | The British Columbia Medical Association board has endorsed it, the BCMA's Society of Specialist Physicians and Surgeons (SSPS) has sent out an e-mail asking their members to endorse it—but a proposed new Workers' Compensation Board agreement is raising howls from general practitioners who say they weren't properly consulted.

B.C.'s Society of General Practitioners is calling for members to vote against it. GPs make up just less than 50% of BCMA membership.

The new WCB (now called WorkSafeBC) agreement has been under negotiation for 15 months. There were

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Mailing

Web site founder says MDs have nothing to fear

from | page 1

In a letter obtained by the *Medical Post*, CMPA executive director Dr. John Gray wrote on Oct. 6 that he is "extremely concerned" about defamatory postings and warns RateMDs.com that such statements are actionable under Canadian law.

"You should be aware that despite the fact that certain users have posted such defamatory statements about our members on your U.S. Web site, they can still be held accountable under Canadian law," wrote Dr. Gray. The CMPA is the principal provider of medical-legal assistance to Canadian physicians.

The site was launched in March 2003 as a place for U.S. patients to find out what others think of a doctor. Canadian doctors were added shortly after the site was launched in the U.S. but it has been slower catching on here and at press time, only 942 of more than 37,000 doctors listed on the site were Canadian. Many Canadian doctors have only one or two patient ratings, whereas some U.S. doctors have responses numbering in the double digits.

"The ratings are probably skewed more to the negative side than they should be. However, there are still a lot of people posting positive reviews," said John Swapcienski, a co-founder of RateMDs.com. By his estimation, about 70% of reviews on the site are positive.

"Further, I think as the site becomes more popular and more 'mainstream,' the outlying, radical opinions are given less weight and moderate viewpoints become more prevalent." Swapcienski said he saw a similar evolution on another Web site he previously launched called RateMyProfessors.com.

Of Dr. Gray's letter and similar feedback he has received, Swapcienski said, "We have received letters of complaint from the CMPA, the CMA and individual Canadian doctors. We definitely are not popular with Canadian doctors but we have a thick skin and we do not scare easily."

In Dr. Gray's letter, the CMPA asked site administrators to remove any Canadian content the CMPA identifies as being defamatory and post a notice to Canadian users about Canadian libel laws informing them that RateMDs.com will disclose the IP (Internet protocol) address or identity of any Canadian user who posts defamatory statements about a Canadian physician. Swapcienski said he doesn't plan to comply.

The site is free to users and site revenue comes from Google advertising.

RateMDs.com does state that it reserves the right to delete comments and entire ratings it feels are inappropriate. It encourages patients to focus only on a doctor's professional ability. Yet Swapcienski admitted occasionally an inappropriate rating squeaks through.

"We do want comments to be fair but we have little ability to discern which comments are fair and which are not. This is ultimately the responsibility of the individual raters. . . . I do believe the truth will win out as doctors receive more and more ratings." He said once a doctor has 10 or more ratings the averages become more meaningful.

"We have received letters of complaint from the CMPA, the CMA and individual Canadian doctors. We definitely are not popular with Canadian doctors but we have a thick skin and we do not scare easily." — John Swapcienski, a co-founder of RateMDs.com

Site 'offensive'

Dr. Janet Friesen of Surrey, B.C., a *Medical Post* advisory board member, has only one rating thus far. Her patient wrote, "Always makes you feel she knows what is wrong," and scores her five out of five on punctuality, helpfulness and knowledge. Regardless, Dr. Friesen said she does not support the site.

"I find it offensive. I hate having my name out in public like that without my permission," she said. Dr. Friesen said she understands patients may want to warn others if they feel a doctor has harmed them but, "like many Web sites, the reader cannot really check the source. All the comments are individual opinion only and may even be based on only one visit. This is hardly the basis to make a decision about your doctor."

Dr. Friesen is also concerned about comments such as one from a patient who said his or her doctor would rather give out painkillers than find the cause of the problem, noting it could invite drug-seeking patients into a physician's practice. After 23 years in general practice, she said comments on a Web site are not appreciated but comments made in person are always welcome.

"I can understand then when I have done something that someone really appreciated and when I have done what the patient thought was wrong and learn something. That is helpful even when it is painful."

Swapcienski said he understands doctors' concerns but said most have nothing to fear.

"As with any profession, there are some bad apples. Hopefully, our site will expose the bad apples and get them to change or drive them out of medicine. Meanwhile, the good doctors are given the recognition they deserve," said Swapcienski.

"Also, I suggest doctors encourage their patients to rate them on RateMDs.com as this is the best protection against what may be a minority of dissatisfied patients."

Dr. Friesen, won't be recommending it to her patients. "As far as I am concerned it lacks all credibility. . . . I hope the CMPA can monitor them somehow."

Dr. Gray of the CMPA declined the *Medical Post's* request for an interview for this story.