

## Correspondance

were not wearing personal flotation devices. Every year dozens of Canadians drown because they were out on the water underprotected like the 2 people on the cover of our official journal. What next? An article on the joy of driving with a picture of drivers not wearing seat belts?

### William Eaton

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### Reference

1. McKendry RJ, Busing N, Dauphinee DW, Brailovsky CA, Boulais A-P. Does the site of postgraduate family medicine training predict performance on summative examinations? A comparison of urban and remote programs. *CMAJ* 2000;163(6):708-11.

### [One of the authors responds:]

Russell MacDonald raises 2 important issues concerning rural practice not addressed in our study: maintenance of skills and scope of (rural) practice, and practice location.<sup>1</sup> Perhaps, in the future, maintenance of skills and scope of practice could be evaluated using the results of the relevant and validated recertification process. A career tracking study of the graduates of the 2 family medicine training programs in northern Ontario suggested that approximately 50% to 70% of graduates begin practice in a rural or remote setting. In comparison, only 4-14% of all graduates of Ontario medical schools practice in a rural or remote location.<sup>2</sup> Incomplete responses from graduates of family medicine training programs and a lack of standard definitions for terms such as "rural" and "retention" are among the problems encountered in researching an accurate answer to this important question.

William Eaton was disappointed that our description of the rural training programs was limited to 2 sentences contrasting urban and rural teaching settings. This information was sacrificed to stay within the prescribed word limits. We will put Eaton in touch with the directors of the 2 rural training pro-

grams in northern Ontario for a more informed description of the programs.

### Robert J. McKendry

Professor of Medicine  
Faculty of Medicine  
University of Ottawa  
Ottawa, Ont.

### References

1. McKendry RJ, Busing N, Dauphinee DW, Brailovsky CA, Boulais A-P. Does the site of postgraduate family medicine training predict performance on summative examinations? A comparison of urban and remote programs. *CMAJ* 2000;163(6):708-11.
2. McKendry R. Physicians for Ontario: too many, too few for 2000 and beyond. Report to the Ontario Ministry of Health and Long-Term Care. Toronto: The Ministry; 1999. p. 52

### Unwanted freebies

In the very week in which Patrick Sullivan's article about the fines incurred by drug companies for improper continuing medical education (CME) events appeared,<sup>1</sup> we each received a large, 3-kg box full of more prescription pads than we will need between now and our funerals. Every psychiatrist we have talked to has received a similar freebie, including a colleague in another province. There are interleaved advertisements for an antidepressant, as well as a bunch of ads in the holders for the pads.

These pads were not solicited. None of the colleagues we have spoken to want them. One has already had his shredded.

Across the country environmentalists are concerned about the destruction of our forests. Clear-cutting in Nova Scotia has contributed to the collapse of salmon angling in 2 of our most famous rivers and many more of our minor ones. We object to these unsolicited, unwanted pads being sent to us.

When a new formulation of this antidepressant was introduced we, along with many others, were stupid enough to accept an invitation to attend a meeting in Montreal. It was of the kind that, judging by Sullivan's article, would today have led to a fine. It included the best seats for a lavish stage musical. Such was our shame on returning home

that it took us about 2 years before we prescribed the drug.

### Lawrence Buffett

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Sackville, NS

### William McCormick

Psychiatrist  
The Nova Scotia Hospital  
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### Reference

1. Sullivan P. Freebies to MDs targeted as drug industry starts publicizing CME fines. *CMAJ* 2000;163(6):749.

### A drug by any other name

In *CMAJ*, drugs are described by their generic name only. However, many physicians, myself included, often know drugs by the most common proprietary name. It would be helpful if the proprietary name was always included after the first mention of the drug in question.

### Allen Gold

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### [The editor of *CMAJ* responds:]

We agree that most physicians are more familiar with the brand names of the drugs they prescribe than with the generic names; their patients and colleagues often refer to drugs by their brand name. For a medical journal, however, identifying drugs by their brand name is problematic. First, a given drug may have several brand names. Second, readers of *CMAJ* in other countries might not know the brand names used in Canada, as drugs are often marketed under different names in different countries. Thus, unless the brand name is critical to the manuscript (for example, a case report in which a particular brand of a drug is implicated), we prefer to use only the generic name.

### John Hoey