

BCM J

BC Medical Journal

Letters of less than 300 words are welcomed provided they do not contain material that has been submitted or published elsewhere; they may be edited for clarity and length. Letters may be e-mailed to journal@doctorsofbc.ca, submitted online at bcmj.org/content/contribute, or sent through the post and must include your mailing address, telephone number, and e-mail address.

BCM J covers

I have been meaning to write for some time now to say how excellent I think the *BCM J* cover art is. Really superb. Of course, there are lots of other things I love about the *BCM J* as well! Well done.

—Doug McGhee, MD
Victoria

Parkinson disease ad

I am puzzled by the full-page advertorial that appeared in the May issue of the *BCM J* [2015;57:152].

First, what does the neologism “advertorial” mean? An advertisement combined with an editorial? Or approved by the editor? Is it an advertisement dressed in respectable clothes hiding its dubious raiment, such as being sponsored by an organi-

zation with commercial motives? I’m sure if it were sponsored and/or paid for by the very respectable Parkinson Society British Columbia (which doesn’t get a mention) that fact would have been made plainly obvious.

Second, what is the goal of this piece? This journal is read almost entirely by physicians. The level of information is for the most part below the common knowledge of most physicians. Other facts such as loss of smell and constipation being early “signs” (that should be “symptoms”) of Parkinson disease are of little practical use to physicians.

Third, regarding advances in treatment: deep brain stimulation is indeed very effective in some patients. Not mentioned is that this is essentially unavailable to large num-

bers of patients who would benefit due to lack of funding for this very labor-intensive and expensive treatment. Indeed, the wait list just to be evaluated, let alone treated, is years, by which time most patients have deteriorated to the point of being beyond help. What a shameful waste of a few very precious years for the patient. (Remember when this used to be the case for hip replacements, and this became a national scandal?) Also mentioned is the intestinal pump infusion of dopamine. The availability of this, as for deep brain stimulation, is so limited here in BC, as in most places, that it hardly deserves mention. Suggestions for other approaches, as yet unproved, let alone available, are unhelpful—that is with one exception:

Continued on page 228

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Continued from page 226

exercise. This is afforded a single five-word sentence. Meanwhile, the benefit of regular daily exercise has been proven to have very significant benefits for patients, clearly augmenting the effects of medication on their Parkinson-related symptoms. A whole article on this important fact, with guidelines as to the frequency, type, and duration of exercise would have vastly more effect on the help we physicians can give to Parkinson patients than all the other contents of this advertorial.

Fourth, as for the vague statement that “a better understanding and awareness of Parkinson’s disease will ultimately result in more efficient use of the Canadian health care system,” while all of us general neurologists manage the treatment of many Parkinson patients, access for these patients when true super-specialist and team-oriented care is required is extremely limited owing to underfunding in our

health care system. Fortunately, other serious neurological conditions such as multiple sclerosis and amyotrophic lateral sclerosis fare better.

So, please come clean. Who paid for this? What’s the goal? Was it subjected to any peer review? (Of course not.) Why is the *BCMJ* demeaning itself in this way?

— **John Stewart, MBBS**
North Vancouver

Thank you for your letter. The advertisement you are referring to was paid for by AbbVie, a publicly traded company specializing in research-based pharmaceuticals. This information can be found in the Advertiser Index on page 166 (which is also included on the Contents page). However, we agree that readers should not be required to do any detective work to discover who is sponsoring the ad they are looking at, and in future we will ensure that all ads clearly state the name of the advertiser on the ad.

In publication advertising, there are two types of content: advertising and editorial. In this abbreviated lexicon, everything that is not advertising is editorial. The word “advertorial” is meant to convey that although the content looks like editorial, it is in fact an advertisement. We agree that the word is ambiguous, and will no longer use it; if something could be

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mistaken for editorial content, we will label it “advertisement.”

The BCMJ accepts advertising (totalling about \$250 000 per year) in order to lower the cost of the journal to members.—ED.

Not all Benadryl are the same

Many BC doctors are familiar with the antihistamine with the brand name Benadryl to contain diphenhydramine (25/50 mg), to be used up to four times daily.

Brand-name Benadryl may contain different antihistamines, and dosage may range from once daily to four times a day. Side effects (e.g., level of drowsiness) may also be different. For example, Benadryl sold in London, United Kingdom, contains cetirizine (10 mg to be used once daily). In Copenhagen, Denmark, it contains acrivastin(e) (8 mg to be used up to three times daily).

Patients should read a product’s list of ingredients rather than relying on the brand name when purchasing an antihistamine, especially outside of Canada.

—H.C. George Wong, MD
Vancouver



Coming soon: Electronic invoicing for all advertising

Starting in October 2015 the *BCMJ* is expanding its use of Freshbooks to include secure, online billing for display advertising and CME event advertising.

Clients will receive invoices via e-mail and be able to pay directly online using a credit card. Please note that we will no longer accept cheques.

Watch for your invoices to come by e-mail starting in October.

Contact Kashmiria Suraliwalla for more information at 604-638-2815 or ksuraliwalla@doctorsofbc.ca.

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