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Has the CMA become "big business"?

Within Doug Geekie's report on the May 29 and 30, 1989, CMA Board of Directors meeting (*Can Med Assoc J* 1989; 141: 150-151) was a sidebar entitled "Will there be a new CMA House?" (151). Geekie says in it that the board "has established a subcommittee to review future office requirements for the CMA and its subsidiaries — MD Investment Services, MD Management Limited and MD Realty Limited" and that the "rapid staff growth in recent years, especially within the subsidiaries, has put a heavy strain on CMA House". It is foreseen that it

will be necessary to quadruple the available space in the next 5 to 7 years.

My first reaction was to wonder if the CMA has become "big business", since it is stated that most of the space needed is required by the subsidiaries having to do with investment, management and realty. If so, what a change from the past!

While we all recognize the great benefits of the national health system — free, universal and comprehensive — it must be recognized that the medical profession has been effectively and with great determination shoved aside from all key committees having to do with the establishment of the system, its policies, its orientation, its planning and its budgets. It is not surprising that the medical profession has therefore been placed in a defensive position. In line with the prevalent mercantilism of other professions and of our society it has directed its major interests and energies toward its financial remuneration and the management of personal funds. Is it also possible that this may be related to the fact that physicians are less active than in past generations in societal affairs and organizations?

Is it not also a little astonishing that the CMA does not foresee much increase in space and staff for expansion of its facilities for postgraduate medical education, for transmission of scientific information to physicians, for medical ethics and for medicosocioeconomic aspects of medical care? For the older physician still attached to the ideals of medicine and the purposes of the medical

profession it is clear that times have changed. For the better?

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Boycotting pharmacies that sell tobacco products

Object to the CMA's boycott of pharmacies that sell tobacco. I wrote last July "How would the CMA respond if the Canadian Pharmaceutical Association recommended a boycott of physicians who smoke?" (*Can Med Assoc J* 1989; 141: 96).

Dr. Morton Rapp responded that my argument is not valid because I was "confusing the user of a drug with the dealer" and that "the law takes a much dimmer view of the latter" (*ibid*: 652).

I believe that the main point of the issue is that tobacco is a legal product; hence, pharmacists are not criminal dealers. The effort to decrease smoking in society must be directed elsewhere than at pharmacists, who have a business to run.

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Induced abortion

The views expressed by Dr. A.J. Cunningham (*Can Med Assoc J* 1989; 141: 869) are offensive and insulting to many members of our profession. Perhaps they are meant to be.