Clinical trial registry initiative

Editor – The news item in the January 2006 issue of the Bulletin announcing a new WHO clinical trial initiative,1 inappropriately and inaccurately refers to Merck, a company that has always been committed to the highest standards of scientific integrity and patient safety. Merck promptly and appropriately disclosed the results of Vioxx clinical trials — positive and negative — including VIGOR and APPROVe. Merck’s behaviour over Vioxx is not that of a company “withholding negative research findings,” as your article inaccurately suggests. We also wish to clarify the timing of certain events. The editorial by the International Committee of Medical Journal Editors (ICMJE) calling for registration of clinical trials as a condition of publication, which you cite in your news item, appeared online at www.nejm.org on 8 September 2004, and on 16 September 2004 in the print version of the New England Journal of Medicine, as well as in other ICMJE journals. This was several weeks prior to Merck’s voluntary withdrawal of Vioxx on 30 September 2004,2 i.e. not in response to the withdrawal as the Bulletin news item implies. Additional information can be found on our Vioxx information page at: http://www.merck.com/newsroom/vioxx_withdrawal/.

Merck has been an active participant in the WHO International Clinical Trials Registry Platform, taking part in meetings when invited, and commenting on proposals. Merck’s commitment to registering all Phase II, Phase III, and post-marketing controlled clinical trials that we conduct anywhere in the world goes well beyond both the current US law that mandates registration of clinical trials designed to test the efficacy of products for life-threatening or otherwise serious illnesses and the industry commitment to register all “confirmatory” trials. Our policy on the registration and publication of clinical trials is posted at: http://www.merck.com/rnl/swf/Merck_Position_on_Clinical_Trials_Registries.swf.

We look forward to continued dialogue with WHO and other stakeholders to promote transparency and allow patients and their health-care providers access to clinical trial information, while preserving protection of intellectual property.

Competing interests: none declared.

Laurence J Hirsch∗


Dual job holding by public-sector health professionals may be beneficial to patients

Editor – The paper recently published in the Bulletin by Jan et al. on dual job holding (in the public and private sectors) by health professionals in developing countries makes an important contribution to the debate on human resources for health.3 Dual job holding can provide continuity of care to those patients who can move between the two sectors. For example, patients attaining a private facility would have the opportunity of obtaining services they cannot afford to pay for but which might be available in the public sector.

Jan et al. appear to be suggesting that the flow of patients from the public to the private sector is a bad thing per se. In the case of Malawi, however, the flow of patients from the predominantly free public health sector to the private sector may even be desirable as it reduces pressures on the public sector. Also, patients who demand services that are not available within the public sector, but which are available in the private sector, can be offered them against payment by dually employed physicians.

Competing interests: none declared.

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Corrigendum

In Vol. 84, issue number 3, 2006, page 181, the correct affiliations for the sixth author of this paper, Johannes Kinflu, should be “Australian National University, Canberra, Australia, and ACDIS, Africa Centre, University of KwaZulu-Natal, Durban, South Africa”. The name of the eleventh author was incorrectly spelled; it should read “Kubaje Adazu”.

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