and finally to ethics in practice. Even in the more theoretical early chapters, an effort has been made to link concepts to pharmacy practice. The final chapter consists of 15 pharmacy-relevant “worked examples” that appeared previously in the eighth edition of *Dale and Applebe’s Pharmacy Law and Ethics* (by Gordon E Appelbe and Joy Wingfield, Pharmaceutical Press, 2005); these scenarios relate to both community and institutional practice. A common format has been used for each worked example: presentation of the practice scenario, followed by issues that a pharmacist should consider, locations of relevant information in the volume *Pharmacy Law and Ethics*, and finally dilemma analysis based on the “4-stage approach” to decision-making (gather relevant facts, prioritize and assign values, generate options, and choose an option). For each example, the authors have provided their preferred option(s), but they also ask whether the reader agrees.

Although the chapters flow logically in sequence from theory to practice, the authors helpfully suggest a different pathway for the busy reader, beginning with Chapter 6, “Ethics in Practice”, to enable the reader to gain an impression of “what the book is about in practical terms”. This chapter highlights both a strength and a limitation of the book for North American readers. Its important strength is provision of a thumbnail sketch for each of 17 commonly encountered topics in bioethics, including consent and capacity, confidentiality, vulnerable patient groups, and issues at the beginning and the end of life, addressing for each topic both its “ethical basis” and “legal considerations”. This treatment should help readers to appreciate the importance of both legal and ethical perspectives in their consideration of practice dilemmas. However, as a limitation, the discussions of legal considerations are based largely on legislation, regulation, and case law of England, Scotland, and Wales, which are not familiar to or directly practice-relevant for North American pharmacists. Furthermore, frequent reference is made to the Code of Ethics of the Royal Pharmaceutical Society of Great Britain, which would be similarly unfamiliar (although it is provided in the book). Nevertheless, these brief discussions provide learning opportunities for readers in all jurisdictions.

This book is clearly written and should be readable by its intended audiences, ranging from pharmacy students to practising pharmacists. It could provide an excellent framework for an undergraduate course in pharmacy ethics, although North American faculty would need to identify for students the different legal considerations applicable in their own jurisdictions. Alternatively, the ethical concepts and “worked examples” could be integrated into courses in pharmacy practice and social and administrative pharmacy across the several years of undergraduate pharmacy education. It could also serve well as a resource for pharmacists’ self-directed learning.

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**Perceptions and Opinions of Canadian Hospital Executives about Medication Management: Correction**

Because of an error during production of the January–February 2008 issue, the acknowledgements section was omitted from a survey article reporting the perceptions and opinions of Canadian hospital executives regarding medication management, by Neil J MacKinnon and others. The missing material is presented here.

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**Reference**


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**Atazanavir in Combination with Acid-Lowering Therapy: Correction**

A review article about the use of acid-lowering therapy in combination with atazanavir therapy, written by Karen Dahri and Elaine Lum and published in the January–February 2008 issue, contained an error in the “Background” section of the Abstract. The correct statement appears here, with the corrected text in italics:

In pharmacokinetic studies, the oral absorption of atazanavir has been compromised in high pH (i.e., low acid) environments.

Des études pharmacocinétiques ont montré que l’absorption orale de l’atazanavir était compromise en présence d’un pH gastrique élevé (c.-à-d. acidité faible).

**Reference**


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