

"Do things really go better with Coke?" (Susman J. [Editorial] *J Fam Pract.* 2009;58:630), prompted a barrage of letters—more than the journal has received on any single article in recent history.

AAFP-Coke stance is "political ideology"

Your editorial condemning the American Academy of Family Physicians (AAFP) and The Coca-Cola Company is a despicable attack on an act of generosity—and an example of political ideology run amok.

The editorial condemns Coca-Cola for offering financial support to a good cause, and the AAFP for accepting it, apparently for no other reason than that Coke makes drinks with sugar and there are fat people in America. Such logic implies that the AAFP should refuse contributions from automakers, television manufacturers, and candy companies, since they all contribute in some way to obesity.

Nothing in the editorial suggested that Coca-Cola is pushing an agenda or that the AAFP will produce a program that is compromised in any way. In fact, according to statements on the Academy's Web site, the agreement specifically gives the AAFP full, independent editorial control.

The anti-corporate left has been demonizing private-sector funding of medical activities and research for years, by critics who are blissfully unaware of or carefully avoid pointing out the equally perverse incentives created by funding from government agencies and liberal foundations. Peer review, public access to databases, and transparency are the ways to ensure the quality of science and professional conduct, not witch hunts based on speculation or editorial knee-jerk reactions based on political ideology. The AAFP was entirely in the right to accept a contribution from The Coca-Cola Company, and we applaud both parties for entering into an agreement.

John Dale Dunn, MD, JD
Carl R. Darnall Army Medical Center
Fort Hood, Tex

Joseph Bast
Heartland Institute
Chicago, Ill



It is a shame that you have chosen political expediency and political correctness over sound science to castigate Coca-Cola. I would expect more from an academician and editor-in-chief of a professional journal.

For instance, I would anticipate at least a rudimentary understanding that caloric intake in excess of that expended leads to obesity—not mere consumption of sweetened

beverages.

While I appreciate the average citizen and average legislator asking for simplistic solutions to complex societal issues, we physicians have a responsibility to educate lay individuals. To blame national obesity trends on sugary beverages does a disservice to society and portends poorly for our profession as advisors on public health issues. Your readers would be better served by being educated in the scientific realities of contemporary public health concerns than by being subjected to the regurgitation of unscientific political agendas.

Michael P. Elston, MD, MS, FAAFP

AAFP-Coke editorial was "music to [our] ears"

For decades I have been appalled by the AAFP Foundation's choice of partners in producing health "education" materials that boldly display corporate names that are not consistent with the health message my professional organization should be sending. Your editorial was music to my ears.

John A. Patterson, MD, MSPH
Riverview Clinic
Irvine, Ky

Thanks for the great editorial. It reminds me of the AMA and Sunbeam product deal a while back.

The sad thing is, primary care is in such dire straits in terms of funding that this is what some people stoop to. For what it's worth, here are a few of my suggestions for ways to begin fixing the US health care system:

1. Pay primary care physicians more



To blame national obesity trends on sugary beverages does a disservice to society and portends poorly for our profession as advisors on public health issues.

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jfp@famned.uc.edu

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(equalize the hourly rate for all doctors, that is), so we don't have to be tempted to consider such unethical choices. An hour of my time is worth the same as that of a radiologist, a cardiologist, or a gastroenterologist.

2. Require the US Food and Drug Administration to regulate junk food (which is regulated in Great Britain).

3. Ban direct-to-consumer pharmaceutical marketing, which is clearly bad for Americans' health.

4. Do not publish clinical trials that have been funded by pharmaceutical companies. (Better yet, require all clinical trials to be carried out by a neutral organization, such as a branch of the National Institutes of Health, so we can have more faith that the data have not been manipulated to get the "right answer.")

5. Adopt a universal single payer system or a public option, at the very least. As of today, this sadly looks to be a long shot. But maybe when the system completely collapses

under its own weight in 10 or 15 years, we'll finally have a chance at real change.

Bert Bieler, MD
Newark, Del

Thanks for shining a sunbeam on the AAFP-Coke deal. You may recall how several of us were ostracized in the 1980s for daring to question the Academy's commercial ties to Philip Morris. The more things change

Alan Blum, MD
The University of Alabama Center for the
Study of Tobacco and Society

I agree that AAFP should not sell out to Coke, and have said so to the Academy. But it took me until the 5th paragraph of your editorial to see that the first 4 paragraphs were written sarcastically. Please consider putting your point earlier in the body of the article, or making the title more clear.

Brandan Hull, MD
Providence Medical Group
Central Point, Ore



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