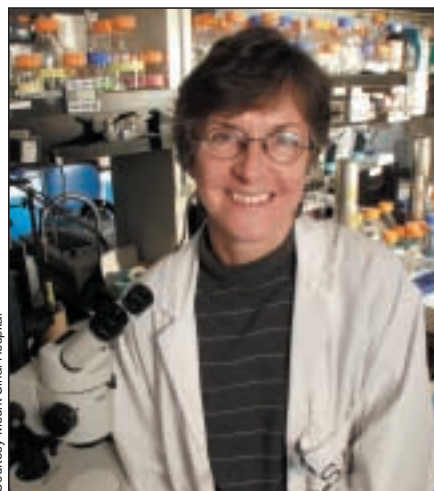


Stem cell research gets nod, source of cells remains controversial

The therapeutic promise of human embryonic stem cell research means that such research must be allowed to proceed, albeit under well-regulated conditions, Canadian Institutes of Health Research (CIHR) president Dr. Alan Bernstein says.

Bernstein says stem cells, which have the potential to grow into all types of human tissue, may one day be used to cure diseases such as diabetes “that today cause tremendous pain and suffering in individuals and their families, at an ongoing cost to our health care system and our economy.” He made the comments in April while unveiling draft guidelines to govern such research.



Courtesy, Mount Sinai Hospital

Dr. Janet Rossant: no embryos created by somatic cell nuclear transfer

Developed by a 10-member CIHR ad hoc Working Group on Stem Cell Research chaired by Dr. Janet Rossant, cohead of the Program in Development and Fetal Health at Toronto's Mount Sinai Hospital, the guidelines would allow researchers to derive stem cells from fetal tissue obtained during elective abortions or embryos left over from fertility treatments (www.cihr.ca).

It is the source of these cells — human embryos — that has stirred controversy. Pro-life groups such as the Campaign Life Coalition have already spoken out against using embryos for research.

Canada's proposal is less restrictive than US guidelines now being reviewed by the Bush administration, but don't go as far as rules in the United Kingdom, which allow scientists to create embryos for research purposes.

Rossant's panel rejected the use of embryos created by somatic cell nuclear transfer, saying that the underlying science is faulty and that the practice would inevitably lead to human cloning. “Not only do people find it troublesome on ethical grounds, but it is an inefficient technique that leads to abnormalities,” Rossant says.

The guidelines would make stem cell research eligible for funding in CIHR grant competitions, under the auspices of a national oversight body that would undertake an ethical review of all protocols and license scientists

who perform such research. The creation of such a body has been a core element of long-promised federal legislation on reproductive technologies. The CIHR guidelines, now being shepherded through a public consultation process, will likely be tagged on to the federal legislation.

Although pro-life groups oppose stem cell research, other groups expressed support for the guidelines after fears that they might promote the sale of ova were laid to rest. This happened when Rossant's committee recommended that gametes not be used to create embryos for the sole purpose of generating stem cell lines.

“That would certainly have been the dividing line,” says Ruth Brown, health convener for the National Council of Women of Canada. “All of these processes should not be commercialized.”

Dr. Patricia Baird, the geneticist who headed the federal Royal Commission on Reproductive Technologies that issued its report in 1993, says the key to public acceptance will be the nature of the oversight regime that's ultimately adopted. “Unless we have a proper management system to reassure people that what is being done is ethical, balanced and accountable, I think we could end up not, in fact, using some of the potentially promising avenues of research that are presenting themselves now.” — *Wayne Kondro, Ottawa*

College cannot be sued over negligence claim, judge rules

A judge has ruled that the College of Physicians and Surgeons of Saskatchewan cannot be sued by a woman who is unable to collect a negligence award of \$2.2 million. The family of Alana Marble successfully sued her physician, Dr. Simon Krige, but he had no malpractice insurance and has since returned to South Africa (see *CMAJ* 2001;164[5]:677). The family then sued the college for failing to require that all physicians carry malpractice insurance. Although this is now a requirement for licensure in the province, it was not mandatory in 1992 when Marble suffered

brain damage while under Krige's care.

The judge ruled that even though the college has a responsibility to act in the public interest, it does not have the same responsibility toward a particular person. “There was nothing that the college did specifically in dealing with this doctor that had anything to do with the harm suffered by Miss Marble,” says Bryan Salte, a lawyer with the college. The judge did rule that a similar lawsuit against the provincial government may proceed.

Marble was 21 when she was rushed to Kindersley Union Hospital in 1992.

She was comatose because of drugs she ingested at the house of her late grandmother. The lawsuit, filed by her parents, alleged that she suffered acute hypoglycemia because tests that would have detected low blood sugar were never carried out.

Today, despite her relatively young age, Marble lives in a seniors' care facility in her hometown. She is unable to speak or to care for herself. Her parents say they need the money from the negligence award to improve their daughter's quality of life now and in the future. — *Amy-Jo Ekman, Saskatoon*