

Feds' approach to genetically modified products criticized

A new report has criticized the federal government for its "scientifically unjustifiable" approach to the regulation of genetically modified (GM) products. The report, by a 15-member expert panel of the Royal Society of Canada (www.rsc.ca/), was commissioned by the federal government in November 1999 to investigate potential risks posed by biotech products.

The director general of Health Canada's Office of Biotechnology welcomes the report but says existing scientific assessment is adequate for existing GM foods. "There are [currently] no health issues," says Karen Dodds, but the next generation of GM organisms will require more complex testing. "The [report's] recommendations set the gold standard for the future in terms of more complete testing."

But a spokesman for the society says the scientific recommendations in the 264-page report, *Elements of Precaution: Recommendations for the Regulation of Food Biotechnology in Canada*, need to be applied now. "Any [added] genetic trait needs rigorous scientific assessment," says Dr. Geoffrey Flynn, a biochemist.

At the heart of the dispute is the government's use of "substantial equivalence" to support its approval of GM products. The argument is that since GM foods are so similar to the foods they are derived from, the two can be considered substantially equivalent and it is necessary only to look at the added gene. "We never make an assumption," maintains Dodds, who then discussed the extensive testing being done at the molecular and genetic level.

But Flynn, an associate dean (research) at Queen's University, argues that "the validity of the use of substantial equivalence as a regulatory tool is hotly debated." The report itself calls for an independent peer review of all the science involved in regulating GM organisms.

Dodds responds that external review isn't possible now because in Canada these products aren't protected once they enter the public domain. In other words, an unscrupulous manufacturer could look at the scientific evidence, figure out how the GM organism is made

and steal the technology for his or her profit. In the US, companies are protected. Dodds says she's "not averse to transparency" and Health Canada is considering options such as opening a room where experts could look at documents but not copy or remove them.

Dodds says she understands why the Royal Society may suspect the government's scientific methods. "They don't have access to the information we use to make our decisions. It's privately owned by companies and we can't share. Therefore [the society] can't be sure we are following protocol."

The panel makes 53 recommendations, centred around the issues of scientific scrutiny, public transparency

and conflict of interest. It calls for monitoring of all new transgenic organisms by a multisectoral panel of "arm's-length" experts and adopting the precautionary principle — a conservative safety standard that assumes harm until something is proved safe. "Our job is done," says Flynn. "I assume Health Canada will take this seriously and act on it."

Canada is the world's third-largest producer of transgenic crops. The federal government has already approved more than 40 varieties of corn, potatoes, tomatoes, squash and other plants that have been inserted with DNA from bacteria, viruses or insects. — *Barbara Sibbald, CMAJ*

Canada lags in development of report cards for hospitals

Imagine if you could comparison shop when choosing a hospital. That's already the case in some parts of the US, and the United Kingdom is proposing hospital report cards by year's end. Can Canada be far behind?

Several provinces are already considering report cards for hospitals, with British Columbia and Ontario taking the lead. BC has published province-wide averages for hospital wait times (www.gov.bc.ca/), but Dr. Vivek Goel says Ontario appears to be the only province taking a systematic approach to hospital evaluations. "There is a huge public demand for this type of information," says Goel, head of the University of Toronto's Department of Health Administration.

The Ontario Hospital Association (www.oha.com/) published hospital report cards in 1999 and 1998. The latter, billed as "Canada's largest and most comprehensive report on hospital performance," looked at 4 key areas: financial performance, patient satisfaction, clinical outcomes and organization integration and development.

To help prepare the "snapshot," a research team from the University of Toronto surveyed more than 26 000 patients. Eighty-nine hospitals representing 91% of the province's acute-care facilities participated in the voluntary review.

The UK, meanwhile, is already going national with its report-card system. Its secretary of state for health recently promised annual reports rating every hospital's overall performance.

In addition, within a year the UK will begin releasing previously unpublished data on hospital waiting times, delayed discharges, lengths of stay, hospital cleanliness and cancelled operations.

In the US, several private companies offer rating systems. One Web site (www.healthgrades.com/) allows consumers to check how American hospitals rank according to a 5-star rating system.

"The problem is [that] they don't tell you how the stars are derived," says Goel, who envisions a similar Canadian Web site in the future. "I would like to see something that lets people find out information on hospitals, but in a transparent manner with open sets of data."

But will collecting and publishing the data have any impact? "It's important for doctors and hospital administrators to act upon the data rather than just reporting on it," Goel says. — *Janis Hass, Ottawa*