

Dal medical school is open for business

Although the Business Development Office at Dalhousie medical school is only a few months old, it has already met its goal of forming 3 companies a year. Since last April, the office has helped 5 faculty members at the medical school turn biotechnology research in cancer diagnostics, amyotrophic lateral sclerosis treatment and pain management into commercial enterprises.

The office has also raised \$2 million in seed money from venture capital corporations to kick start the companies — Liposome Pain Management, NovaNeuron and OncoDynamics. In about a year, each company will require an additional \$2 million to \$5 million in investment capital. “The growth is exponential,” says Neil Ritchie, whose firm, BioMed Management, runs the Business Development Office for the school. “They have the potential to become significant companies.”

Ritchie, who doubles as president of NovaNeuron, says his office earmarks research discoveries at the medical school that have commercial po-



Neil Ritchie: “The growth is exponential.”

tential, helps the scientists form companies, finds investors and defines markets. The office also assists with basics, such as filing patents and drafting business plans. “Our objective is to try to create some infrastructure for building these companies,” says Ritchie. He says that health and life-sciences businesses in the Maritimes have thus far amounted to little more than a cottage industry.

Ritchie’s office has identified 30 of about 400 research projects at the medical school that have commercial possibilities. “About 10% of basic medical research projects have commercial potential. Of that, about 10% will form the basis of a company.”

Ritchie says the medical school is not driven by a desire to reap profits from any companies founded by its faculty, although it may hold up to 10% ownership in some future ventures and intends to charge for the use of its facilities. “All of the intellectual property is owned by the scientist/entrepreneur. The school is interested more in the spin-off benefits of an enriched academic environment.”

Have faculty been receptive to commercialization? “Initially I had the impression that scientists would be resistant,” Ritchie says. “But the reality is that they’re starting to understand the importance of having commercial partners. We’re seeing a new mindset emerging, and it’s not a sellout at all. Scientists want to make a difference in people’s lives.” — *Nancy Robb, Halifax*

Colleges can do little to regulate telemedicine: registrar

Licensing in telemedicine can be a complex issue because of jurisdictional and geographic factors, says Dr. Tom Handley, registrar of the College of Physicians and Surgeons of BC.

The college’s Board of Directors recently discussed 4 resolutions on telemedicine developed by the Federation of Medical Licensing Authorities of Canada. They call for licensing bodies to establish requirements for doctors wanting to practise telemedicine “through whatever regulatory or legislative mechanisms are appropriate.” Handley said there are limits to what regulatory bodies can do because there is often no prosecution involved and the mandate of “protecting the public” is interpreted differently across the country.

The federation’s second recommendation was that telemedicine services should be provided where the patient lived, a notion that Handley said is unrealistic. As an example, he cited a complaint to the college regarding a doctor who was involved in an incident with a flight attendant during a flight. “In that case, where is the jurisdiction?” he asked. Similarly, Handley said the federation’s recommendation that physicians practising telemedicine satisfy the licensing requirements “of the jurisdiction in which their intended patients reside,” is impossible to apply in all circumstances. Moreover, the federation suggests that professional misconduct in a jurisdiction includes telemedicine practices in which the

physician has not obtained the necessary approval to provide the medical services.

Handley responded that the college could only monitor its members’ standards of conduct within the province and could not control illegal practitioners, including those who practise across the province’s or the country’s borders by electronic means. “We have to tell patients that if they choose to get medical care by phone or any other method [that may involve a doctor outside the province], the college can’t deal with any complaints.” However, it will help a member of the public to complain to another jurisdiction, especially within Canada or the US. — *Heather Kent, Vancouver*