

Ottawa's GM food plan faces criticism

Some observers aren't impressed by a new federal action plan on the future of food biotechnology, which is Ottawa's response to the Royal Society of Canada's Expert Scientific Panel Report on the Safety of Genetically Modified (GM) Foods. Greenpeace representative Eric Darier describes it as "a whitewash" that "fails to absorb the critical analysis of the Royal Society," but the panel cochairs were a bit more diplomatic.

"It was lukewarm at best," says Brian Ellis, a plant biochemist at the University of British Columbia.

"There were no big surprises in the action plan," adds Conrad Brunk, an academic dean at the University of Waterloo who specializes in environmental and bioethical issues. "My general feel-

ing is that it is a step in the right direction. The question is, will it keep moving along? It is very noncommittal."

But a Health Canada spokesperson defended Ottawa's response. "I guess it's an issue of interpretation," says Paul Mayers, director of food policy integration. The federal government had asked the Royal Society to assemble an expert panel to provide scientific advice on the regulatory process and development of GM foods. In its report, the panel made 53 detailed recommendations that ranged from increasing the transparency of the regulatory process to monitoring the long-term effects of GM organisms on human health and the environment.

"We made many specific recommendations, and the action plan doesn't

commit to [many] of them," says Brunk. "The action plan tends to give them a lot of wiggle room."

However, Mayers says the plan provides an agreement to work with external experts and members of the expert panel and to share information with other countries. "We're not closing the door to any particular mechanism."

Ellis remains concerned about accountability. "They say they will be reporting back on their progress, but who are they reporting to? And in what fashion?"

Mayers counters that the federal government will report on progress to all Canadians "through the same mechanism as the action plan." — *Janis Hass*, Ottawa

Court's ultrasound ruling worries Canadian MDs

Canadian physicians are worried about the implications of a ruling by France's highest court, which found a doctor liable for denying a woman her right to end a pregnancy because he failed to detect possible fetal deformities during an ultrasonograph.

The court ruled that a boy born with Down's syndrome was entitled to damages because a gynecologist had not discovered the abnormality. The mother, who received Can\$170 000, said she would have had an abortion had she known the boy would be born disabled. "It's worrisome," says Dr. Ian Hammond, president of the Canadian Association of Radiologists. "Perfection is something everyone strives for, but it's not obtainable [with ultrasonographs]. Even the latest scanner can only detect 60% to 70% of malformations and disabilities." Hammond says the issue is one of public education. "I don't think people are being told that the tests aren't perfect."

Because of the ruling, the Syndicat National des Gynécologues et Obstétriciens de France advised members to stop performing routine ultrasonographs on pregnant women, and many stopped in early January. The French Parliament has since voted to overturn the ruling that established the "right not to be born." The bill must now be approved by the French Senate. — *Barbara Sibbald*, CMAJ

New "Daytox" centre opens for subgroup of Vancouver drug/alcohol addicts

A new detoxification centre in Vancouver is designed to help drug and alcohol addicts who already have a stable living situation and support network. "Often people have not reached out for detox because there is a perception that you don't go for it until you have really hit the bottom," says Denise Bradshaw, manager of withdrawal services at the Daytox centre. "Here's an opportunity to [get help] before going that far."

Daytox, which is run by the Vancouver Coastal Health Authority, opened last November after a year of planning. Demand has been "more than we anticipated," says Bradshaw.

The goal of the centre, which is loosely based on a similar facility in Portland, Oregon, is to move beyond immediate detoxification, which takes about a week, to achieve relapse prevention through a comprehensive, long-term program that includes individual and group counselling and basic nursing care. Clients receive an initial assessment from a nurse, who becomes their case manager.

Two-thirds of the clients seen so far are women, mostly aged between 25 and 35. About half are employed and come into the centre before and after work for medication, acupuncture treatment or counselling. Many patients are addicted to heroin and cocaine, while others are withdrawing from opiates or methadone. They range from professionals to residents of the Downtown Eastside, the epicentre of illicit drug use in Vancouver. Although referrals come from a variety of sources, including addicts themselves, Bradshaw is hoping that more family doctors who know patients "struggling with an addiction" will refer people.

The addicts are encouraged to attend the centre daily for the first week, to undergo acupuncture to help minimize their drug craving, and to receive help from drug and alcohol counsellors. Addicts will then usually come 3 times weekly for a total of about 6 weeks, although Bradshaw says that the "biggest unknown is how long people will need." Later this year, family members will also be offered counselling services.

The centre is slated to cost \$377 000 in its first year, after which its effectiveness will be evaluated according to how many people successfully complete their withdrawal from drugs and alcohol. (Vancouver's 24-bed residential detoxification centre costs \$1 million annually.) Follow-up is planned at regular intervals for up to a year after patients leave the program. — *Heather Kent*, Vancouver