

## Canada must bolster its GM food regulations, not add labels: report

Canada must boost its regulatory control over genetically modified (GM) foods, but mandatory labelling won't be part of the scheme, a new federal report suggests. "Although the products that have entered the market appear to be safe by all scientific measures, we don't think the system is up to the challenge it's going to face in the next while," says Dr. Peter Phillips, cochair of the Biotechnology Advisory Council of Canada's Committee on GM Foods.

The report, *Improving the Regulation of Genetically Modified Foods and Other Novel Foods in Canada*, says there's a need to standardize review procedures, to adopt a "precautionary" approach at all stages of development and commercialization of new biotechnology products, and to conduct more research into the long-term impact of GM foods on human health or the environment.

As new biotechnologies allow us to modify the look, taste and nutritional value of foods, Canadians will "have to start thinking about new ways of characterizing risks and hazards around foods," says Phillips.

The report also calls for more transparency and accountability in the regulatory process, including clearer rules governing the use of external, independent scientific panels.

There's no doubt that more transparency would help allay public concerns, says Queen's University biochemist Geoff Flynn. "If we knew what regulatory impositions were put on [GM foods], what tests were done, what precautions were taken, then we'd all be a bit happier."

But Council of Canadians biotechnology campaigner Nadege Adam says GM products shouldn't be sold until long-term studies demonstrate their safety. "Lack of evidence is not evidence of absence," she said in rejecting the report's claim that 3 decades of scrutiny have yielded no evidence of hazard.

Adam said the report was "weak" and "contradictory," particularly in its failure to recommend mandatory labelling. "We want labelling, whether it's voluntary or mandatory," added Mel Fruitman, president of the Consumers' Asso-



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ciation of Canada. "It would give consumers a choice."

But the committee argued that a 5-year experiment with voluntary labelling is preferable. "When there are health concerns, labelling becomes mandatory," says committee cochair and Ottawa-based consulting nutritionist Suzanne Hendricks. "But safety is not the issue here."

The report says mandatory labelling would be problematic because of the cost to industry and the potential conflicts it would raise in international trade agreements. Other problems are the lack of common international standards, the absence of adequate auditing mechanisms to test the accuracy of labels and the difficulty in identifying and tracing the GM component of some foods.

It's legitimate to say labelling should not be required until there's evidence of detrimental impact, Flynn says. "If it's carefully done, under strict regulations ... and every precaution is taken ... then I think these [foods] should be on the market." — *Wayne Kondro, Ottawa*

## Self-regulation challenge on shelf — for now

Sindi Hawkins, British Columbia's minister of health planning, has extended the consultation period on controversial new legislation after groups representing several health care professions accused the province of trying to undermine self-regulation.

"We understand government's stated objectives concerning the protection of patient care," the British Columbia Medical Association (BCMA) stated. "However, [this legislation] is deeply flawed and will not meet [these objectives]."

The Registered Nurses Association of BC was worried the law would allow the province to take over operation of a regulatory body. "Of particular concern are the new powers the minister would have to inquire into the functioning of a college and to direct a board of a college to act."

The BCMA went further, saying that the law would give politicians powers similar to those enjoyed by HMOs in the US. These powers "tend to insert organizational priorities between physicians and patients to the detriment of quality care."

The changes to the Health Professions Act were proposed following a detailed examination of the 15 regulated health care professions by a 3-member council. The council's 1400-page report, presented in March, was followed 4 months later by a consultation paper in which the government asked for input. Under the draft legislation, the 6 acts governing physicians, optometrists, dentists, podiatrists, chiropractors and registered nurses would be replaced by a uniform regulatory framework.

In late September, Hawkins told cabinet that input from health workers had prompted her to extend the consultation period. The legislation may be introduced in the spring. "The proposed amendments are not in any way intended to interfere with the day-to-day operations of colleges," Hawkins said. — *Steven Wharry, CMAJ*