Canadian company to develop mock pandemic vaccine

Vancouver-based ID Biomedical Corporation has begun developing a mock vaccine to protect people against H5N1 influenza, which the World Health Organization believes is the most likely candidate for the next flu pandemic.

The company will develop a vaccine based on a genetically modified variant of H5N1. The firm is working from a genetically modified reference strain supplied by the UK National Institute for Biological Standards and Control.

ID researchers are using reverse genetics technology to grow the strain in chicken eggs, a technology that also produces a non-pathogenic version of the strain that has been circulating in Southeast Asia. That lesser virulence means ID Biomedical can produce the mock vaccine in its existing Quebec manufactur-

ing plant, instead of waiting to build upgraded containment facilities that would be required to work on the actual strain of H5N1.

Phase II of the project, which will involve conducting clinical trials and using the actual H5N1 strain for a mock vaccine, will require upgraded containment laboratories and renovations at the company's Quebec plant. ID Biomedical is hoping to receive \$20 million from the federal government for that vaccine development — a proposal that requires Cabinet approval.

"We are still in discussions with Health Canada for the funding to move to that second phase," says Michele Roy, a spokesperson for ID Biomedical in Laval, Que.

Even if the eventual pandemic strain does not prove to be H5N1, the company's work



ID Biomedical's mock vaccine is the most likely candidate for combatting the next flu pandemic.

on the mock vaccine will help it prepare for whatever strain does emerge, says Roy.

"With a mock vaccine and clinical trials, you learn a lot and you can go [into production] faster. It cuts some days out of the production process." — Laura Eggertson, CMAJ

MEDICOLEGAL

Physician loses appeal of "zero tolerance" rule

The Ontario Court of Appeal has dismissed an appeal by a physician who lost his licence because he had a sexual relationship with one of his patients.

Dr. Anil Mussani, a primary care physician in Burlington, Ont., engaged in a relationship with a patient identified in court documents as A.K. The College of Physicians and Surgeons of Ontario found Mussani guilty of professional misconduct in December 1999 and revoked his licence.

Mussani challenged that decision before the Ontario Court of Justice, Divisional Court. When he lost that case, he appealed again.

The doctor argued that provisions of the Regulated Health Professions Act violate sections of the Charter of Rights and Freedoms because they require a "zero tolerance" policy that revokes the licence of a health

professional who engages in sexual activities with patients. Mussani contended that section 7 of the Charter granted him the "liberty" to chose a consensual sexual partner, and that the regulations prohibiting health care professionals from engaging in consensual sexual relations with patients violated his freedoms. The doctor also argued that revocation of his licence denied his right to engage in an economic activity of his choice.

Not so, said Justice Robert Blair, who wrote the argument dismissing the appeal. In his judgement, Blair restated the evidence from the earlier trial and agreed with his colleague on Divisional Court. Both quoted extensively from the 1991 Final Report of the College's Task Force on Sexual Abuse of Patients. The task force emphasized the power imbalance that exists between a

physician and patient, undermining the conditions for a truly consensual relationship.

The judge emphasized that a health professional "need only terminate the treatment relationship" to avoid this problem. He also rejected the economic freedom argument that Mussani's lawyers advanced.

The decision now stands as strong case law, says Lorraine Ferris, an associate professor in public health sciences at the University of Toronto. "The take-home message from all this is that the [Act] has withstood a Charter challenge. If you want to engage in a sexual relationship with a patient, then you have to end the doctor–patient relationship."

Mussani has not yet decided whether he will appeal the case to the Supreme Court of Canada, said his lawyer Jonathan Lisus. — Laura Eggertson, CMAJ