

New reproductive technology board belies expert selection process

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The federal government reopened an expert selection process and then hand-picked members to the board of a new reproductive health agency — a move some scientists fear is intended to circumvent the legislation the agency will enforce.

On Dec. 21, Health Minister Tony Clement announced that Dr. John Hamm, a former Conservative premier of Nova Scotia, will chair the board of Assisted Human Reproduction Canada. Elinor Wilson, an RN and CEO of the Canadian Public Health Association, will be the Agency's new president. Eight board members were also appointed, including a lawyer, a geneticist, an oncologist and several ethicists and consultants. But against the advice of an expert selection panel, there are no obstetrician/gynecologists, patient representatives or stem cell researchers.

When the Conservative government took office, Health Canada already had a short-list of prospective board members that included representatives from all those areas of expertise.

Former Liberal health minister Ujjal Dosanjh had convened an expert committee to develop a list of candidates in 2005. That committee provided 25 names of prospective board members, but the federal election intervened before the Liberal government acted on those recommendations.

When the new Conservative government announced the board, several committee members say they were surprised to see the names of only 2 of their 25 recommended candidates, despite their efforts to present a balanced short-list including patients, physicians and representatives from the social sciences.

"The appointments which were

made did not reflect the broad conclusions and recommendations of the panel," says Drew Lyall, executive director of the Stem Cell Network and a member of the selection committee.

In fact, many of those appointed to the Board were not even on the list of candidates that the expert panel was invited to review in 2005, say Lyall and Dr. André Lalonde, executive vice-president of the Society of Obstetricians and Gynecologists of Canada (SOGC), who was also part of the selection committee.

Erik Waddell, a spokesperson for Clement, confirmed that when the new government came to power in January 2006 it re-opened the selection process for the agency's board.

"We weren't satisfied with the original short list," Waddell told *CMAJ*. "We just felt that it was best if we broadened the range of the current applicants so that we could have the best board we could put together."

But members of patient groups and the stem cell research community say broad representation is exactly what the board lacks. They are also concerned that 4 of the 8 board members have expressed socially conservative views that the critics think could skew the way the Agency drafts new regulations governing fertility clinics and human embryonic stem cell research (see list of board members on page 612).

"It's analogous to having a Jehovah's Witness who is totally opposed to transfusions being appointed to the board of the Canadian Blood Services," says Dr. Michael Rudnicki, scientific director of the Stem Cell Network. The Network brings together more than 70 scientists, clinicians, ethicists and engineers as one of Canada's Networks of Centres of Excellence.

"It was supposed to be an expert [board] and these are not experts. These are people who have agendas and opinions," Rudnicki says of those 4 board members. "If you wanted to see the legislation enacted in good faith, I would think that you would want to have people who did not have a clear



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Clement announced a board that includes only 2 of the 25 candidates recommended by an expert committee.

stated position in opposition of what they're supposed to be regulating."

The choices "raise the possibility of political interests at work," he added.

The executive director of the Infertility Awareness Association of Canada held a news conference on Parliament Hill to object to the lack of patient representation on the board. Beverly Hanck says several infertility counselors and patient representatives applied under the earlier selection process.

"Why not bring us to the table?" asked Hanck. She wondered how open some members would be to new medical technologies such as in vitro maturation and reprogensis.

Lyall says that 95% of the agency's mandate involves looking after in vitro fertilization patients and regulating clinics, and the selection of members with "clear right-to-life positions" should cause in vitro fertilization patients to question whether the Board is "sufficiently well informed to afford them the protection they'd be looking for from this new agency, and to ensure the appropriate safeguards are in place."

Lyall says he is disappointed that he spent so much time and energy on the selection to "subsequently find that no value was attached to that process."

Board of Assisted Human Reproduction Canada

- Chair: Dr. John Hamm, former Conservative premier of Nova Scotia; family physician for 30 years. No public position on reproductive issues.
- President: Elinor Wilson, RN; PhD in administration management; CEO for Canadian Public Health Association. No public position on these issues.
- Member: Roger Bilodeau, lawyer; former deputy minister of justice and deputy attorney general, New Brunswick. No public position on reproductive issues.
- Member: Theresa Kennedy, VP, corporate communications, ResVerlogix (a biotechnology firm). No public position on reproductive issues.
- Member: Barbara Slater, former program manager, Bay Centre for Birth Control; consultant Kingston Public Health Unit; master's in health sciences, baccalaureate in pharmacy. No public position on reproductive issues.
- Member: Dr. Albert Chudley, medical director, Genetics and Metabolism Program, Winnipeg Regional Health Authority; professor, pediatrics and child health, biochemistry and medical genetics, University of Manitoba.
- Member: Francoise Baylis, PhD in philosophy, specializing in bioethics; professor, Department of Bioethics, Faculty of Medicine, Dalhousie University. Baylis has written about the need for tight restrictions on the creation of human embryos for stem cell research.
- Member: Suzanne Rosell Scorsone, PhD in social anthropology, director of research and senior communications consultant, Archdiocese of Toronto. As a commissioner on the Royal Commission on New Reproductive Technologies, she wrote that experimentation and other non-therapeutic research should not be permitted on viable human zygotes or embryos and that she views "the patenting of cell lines derived from human tissues, specifically those of embryos and fetuses, as unacceptable."
- Member: Dr. Joseph Ayoub, hemato-oncologist, Centre Hospitalier de l'Université de Montréal; adjunct professor, McGill University. Ayoub spoke out against euthanasia at the Canadian National Pro-Life Conference in Montréal in 2005.
- Member: David Novak, PhD in philosophy; rabbinical diploma, Jewish Theological Seminary of America; professor, religion and philosophy, University of Toronto. Novak has taken an anti-abortion position in interpreting the Torah and Jewish tradition (www.peopleforlife.org/novak.html).

Hamm, the Board's new chair, told *CMAJ* he was not familiar with the process used to selecting the board. He got a call from Clement's office in December inviting him to take on his new job.

"What I will be asking the board at our first meeting is to go into this with open minds, and not to start coming to conclusions until they've had an opportunity with the issues," Hamm says. "That requires me to be open-minded as well."

Given the length of time it has taken to get the agency up and running, Hamm says he believes it is important "to get on with what I think is a very important piece of work."

Waddell says Hamm was the only person the Health Minister's office in-

vited directly to sit on the board. The other members were drawn from resumes he said were submitted "before and after" the government took power.

The minister's spokesperson declined to answer any further questions about who chose the current board members.

The Assisted Human Reproduction Act received Royal Assent and became law in April 2004. The agency will enact and enforce the Act's regulations, will license and inspect fertility clinics, make decisions about research using human embryonic stem cells, and will advise the minister about assisted human reproduction.

Although human embryonic stem cell research is a small part of the

Agency's mandate, stem cell researchers are concerned that board members opposed to such research could influence the outcome of the legislative review.

"The stem cell community as a whole is concerned at the absence of any stem cell expertise on the board of the agency, and to see so many individuals named to the board who have clearly taken fairly strong and public positions that are not disposed towards stem cell research," says Lyall.

The SOGC would like the government to consider filling some remaining spots on the board with physician experts and patient representatives, says Lalonde. He also suggested that the board set up research, technology and ethics advisory committees.

As Parliament's Standing Committee on Health reviews the legislation, it will be important that the SOGC, patient groups, the CMA and others are "very vigilant" in making their views on assisted human reproduction and stem cell research known, says Lalonde.

The federal government does not plan to add other members to the Agency's board in the immediate future, says Waddell. However, Hamm indicated that he could seek new members if he felt it was necessary.

This is not the first time the Conservative government and Health Canada have ignored the advice of an expert panel. In June 2006, Health Canada conducted its own scientific review of COX-2 Selective NSAIDs, including ibuprofen, and decided that, contrary to the advice of an expert panel in 2005, ibuprofen could continue to be sold off the shelves at pharmacies, rather than behind-the-counter (*CMAJ* 2006;175:233-4).

The Conservative Party's 2006 platform states that the Party supports "an initial 3-year prohibition on human embryonic research, and calls on the federal government to encourage its granting agencies to focus on more promising adult (post-natal) stem cell research."

Stem cell research is already occurring in Canada, says Waddell. "We have no plans to change that." — Laura Eggertson, Ottawa

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