Health Canada undergoes a shakeup

Hugh Malcolm

Health Canada is a leviathan. It has more employees — 6000 — than the New Brunswick public service, and it fills more than 25 pages in the federal telephone directory.

In terms of bureaucrats based in Ottawa, only 2 departments are larger: Public Works, which deals with the federal government's vast inventory of property and real estate, and Human Resources Development Canada, which the recent wave of grant scandals has suggested is beyond anybody's control. However, neither department has as much direct impact on Canadians' everyday lives as Health Canada.

The *Canada Food Guide*, hepatitis, Inuit health care, occupational safety, contaminated shellfish, parasitic infections, health standards on cruise ships, flu epidemics, Viagra, blood safety, tobacco products, HIV/AIDS, cosmetic safety, bacterial vaccines — the range of departmental responsibilities is staggering. Although the provinces deliver health care to most Canadians, Ottawa's oversight, health-promotion and regulatory roles directly affect most of the decisions made in doctors' offices. The federal government not only sets and enforces standards on a range of fronts, but it also plays a lead role in focusing research and public education on issues such as smoking. And it provides health care directly to Aboriginals living on reserves.

Without the department, health care in Canada would be an incoherent jumble of different regulations, rules and policies. Yet few physicians, or even provincial health officials, have found it easy to understand how this federal department functions. Up to now, it has been a mass of acronyms, scattered responsibilities and confusing lines of accountability.

But all this is supposed to start changing on July 1, when this vast bureaucratic machine will embark on a total transformation. Preparation for the change began in April with a volley of announcements and the publication of a glossy booklet, *Realigning Health Canada to Better Serve Canadians*. Dann Michols, 1 of 4 "champions for change" appointed by Deputy Minister David Dodge to drive the realignment, says the transformation is much more than a shakeup of the departmental org chart.

"This is about a change in mindset. We want to make our regulatory processes more transparent and we want to build a new relationship between Ottawa and the regions. It is not going to be 'business as usual' for anybody in the department."

The most important aspect of the shakeup is that the 2 largest branches in the department, Health Protection and Health Promotion and Programs, are being reorganized into 3 branches: Population and Public Health, Health Products and Food, and Environmental and Product Safety.

In large part, the change is recognition that the Health Protection Branch (HPB) has been growing like Topsy and had become unmanageable. The branch functioned under 12 different pieces of legislation, and there was little coordination for its activities. In theory, it dealt with regulation within the health field, but various other programs were thrown into the basket. Scientific capacity was fragmented across departments: infrastructure was duplicated and it was impossible to focus resources on health priorities.

In the US, the functions performed by the HPB are managed by at least 4 separate agencies, the names of which clearly define their mandate — the Centers for Disease Control and Prevention, the Food and Drug Administration, the Environmental Protection Agency and the National Institutes of Health. Canada's HPB, meanwhile, had become a grab bag of competing programs. "It was too unwieldy for good management," explains Michols.

The smaller Health Promotion & Programs branch included most of the programs that related to health education, whether it was about healthy eating, disease prevention or incidence of particular diseases. But the split between "Protection" and "Promotion" led to duplication on issues. While the environmental health program resided in the HPB, for example, programs dealing with safe physical environments and workplace health were dealt with not only in a different branch (Health Promotion and Programs) but also in a different building. In bureaucratic terms, they were light years apart.

With the unprecedented advances in scientific knowledge and technology in recent years, and with growing public demand for good information and accountability, the department could not afford to make artificial divisions between programs or spread itself too thin. "We're bunching pro-

grams," Michols explains, "so that regulation and promotion on particular issues are now aligned, and people can see more clearly what each branch does."

The 3 new branches will each be run by an assistant deputy minister. The new **Population and Public Health Branch** combines elements of the old Health Promotion and Programs Branch with the Laboratory Centre for Disease Control. Its responsibilities include epidemiologic studies, healthy family programs and prevention of chronic and communicable diseases.

The new **Health Products and Food Branch** will focus on the health determinants and risks associated with products that enter the body — drugs, food, blood products and natural health products.

The new **Environmental and Product Safety Branch** will promote safe living, working and recreational environments, and will regulate consumer products, including tobacco. It will also assume responsibility for occupational health and safety.

The shakeup is only one aspect of Dodge's promised "transformation" — the second is more cooperation and collaboration with regions. Up to now, Health Canada divided the country into 4 regions when implementing its policies: Atlantic, Quebec, Central and Western. These days, however, every federal department is trying to connect more closely with provincial partners and with organizations in the field. The centralized decision-making of the past has reinforced a perception that the health department is remote and out of touch when it comes to local needs. In the future, the department will push more decision-making down to senior officials in 6 regions: Atlantic, Quebec, Ontario and Nunavut, Manitoba and Saskatchewan, Alberta and NWT, and BC and the Yukon. "You're going to see national programs delivered locally," says Michols.

Will this ambitious transformation actually happen? Turning around a huge government department is a major undertaking, especially when the department in question has been badly managed for years and has experienced disastrous morale problems. Diana Gorman, another "champion for change" who is in charge of the Health Products and Food Branch, admits that the real work of re-engineering the department will only start after July 1, when the cultural integration within the 3 new branches and the horizontal links between them, must begin.

The first fear of many employees is that they will lose their jobs. When the glossy booklet first appeared, middle-ranking bureaucrats were anxiously trying to read between the lines to see which divisions would disappear from the department. Their cynicism was reinforced by the opacity of the jargon-heavy booklet. A typical sentence reads: "We must be aligned to bring a more cohesive, integrative culture and the required skill sets to quickly make effective and coordinated decisions."

Michols insists that the department will be hiring rather than firing. "We have new money with which to hire an additional 600 to 700 people. But we are facing a significant human resources challenge: 25% of departmental employees will reach retirement age over the next few years."

With a renewed workforce and a new framework, senior officials are confident that they will achieve the revitalization of their department. Canadians can only hope that they succeed. — *Charlotte Gray*, Ottawa

Cancer researcher fired after false data uncovered

A researcher from one of South Africa's most prestigious medical schools has been fired after admitting that he falsified cancer research data. Dr. Werner Bezwoda of Witwatersrand University had reported to the American Society of Clinical Oncology last year on the success of the controversial technique of using high-dose chemotherapy followed by a bone-marrow transplant to treat cancer.

He had conducted clinical trials involving 154 South African women with "high-risk" breast cancer and reported an increased survival rate and lower relapse rate among women who received higher doses of chemotherapy. "The drugs Bezwoda gave women in the control group — who were supposed to be on standard dose treatment — were not the same as he cited in his report," the *South African Medical Journal* reports (2000;90[4]:333-4). "He tested the high-dose patients against a group he claimed was on the conventional regimen, but were in fact on an entirely different experimental group of drugs."

The *SAMJ* reports that his presentation at the American conference "literally turned accepted wisdom on its head and contradicted the findings of all other research presenters." This marked the first time the society has had to retract a paper in its 35-year history.

Bezwoda, who was fired from his job as head of the university's departments of hematology and clinical oncology, apologized for his "serious breach of scientific honesty and integrity." He said he was motivated by a "foolish desire to make the presentation more acceptable." Since his dishonesty was discovered, says the *SAMJ*, Aetna/US Healthcare, the largest insurer in the US, has announced that it will no longer pay for combined high-dose chemotherapy and bone-marrow transplant treatments. — *Patrick Sullivan*, CMAJ