

Ontario hosts roundtable on genetics and gene patenting

Ontario took a step toward establishing a framework for genetics and gene patenting during a recent meeting on the role of genetics in the diagnosis, prevention and treatment of disease.

"We need to ensure that the transformations in genetics ... are guided by a national framework rooted in our social and ethical values that can benefit all Canadians [in order] to ensure the sustainability of a publicly funded health care system," said Tony Clement, Ontario's minister of health and long-term care.

The meeting of scientists, clinicians, consumers and others was chaired by Dr. David Naylor, dean of medicine at the University of Toronto. It touched upon a wide range of issues, including discrimination and access to information, gene patenting and financial implications for the publicly funded health system.

Particularly contentious was the issue of gene patents. Richard Gold of McGill University's Faculty of Law asserted that the role of patents in promoting innovation is overstated and that governments should be prepared to exercise their rights to grant compulsory licences to protect public health and, in particular, to promote access to medicines for all. These views were hotly contested by business and industry representatives, who argued that the protection of intellectual property rights is central to the promotion of innovation.

In April 2000, Ontario established an advisory committee to recommend a framework for the introduction of new predictive genetic technologies into the health care system. Its report was submitted last November – 5 months ahead of schedule – and is currently on the minister's desk.

Concern over new genetic technologies grew last May when the Ontario government was warned by Myriad Genetic Laboratories that any predictive testing for the *BRCA1* and *BRCA2* genes outside its laboratories violated the company's patents on the 2 genes (see *CMAJ* 2002;166[4]:494). — *Dr. Don Willison, Centre for Evaluation of Medicines, McMaster University*

DISPATCHES

In Iran, gender segregation becoming a fact of medical life

The gradual segregation of the sexes in Iran means there are more opportunities for women to pursue medical careers, but that appears to be one of the few advantages.

A prime objective of Iran's Islamic revolution in 1979, which ended the trend toward secularization introduced by Reza Shah Pahlavi, was to separate men and women in almost every aspect of their lives and to minimize their physical contact. In the early 1980s, Ayatollah Khomeini, the supreme leader (Imam) of Iran, said the physical examination of female patients by male gynecologists violated religious rules. Although it was not possible to suspend the licences of all male gynecologists, no new male residents were accepted into the specialty from that time, and the number of male gynecologists is dwindling. The country has also begun introducing female-only hospitals that men are not permitted to enter.

This gender revolution has had a major effect on medical education. To ensure that there are enough female physicians to treat the country's 35 million women and girls, Iran will be training thousands of new female doctors over the next 2 decades. Ten years ago only 12.5% of Iranian medical students were women, and the government responded by setting a goal that half of new students would be female. Today, one-third of the 22 326 students in Iran's 38 medical schools are women.

To ensure that there are enough female specialists, another filter was added at the residency-selection stage. All the residency positions in obstetrics/gynecology are reserved for women, as are half of the positions in internal medicine, general surgery and cardiology. In many other specialties, including orthopedic surgery, urology, neurosurgery, ophthalmology and psychiatry, women must fill at least 25% of the residency positions.

These trends will guarantee the training of an adequate number of fe-



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Women's Day in Iran: one-third of medical students are now women, but training is segregated

male physicians, but they are raising many questions about the impact on medical education. Today, male medical students in Iran are not receiving sufficient training in obstetrics. This means that male physicians in rural areas, where female physicians may be unavailable, may have trouble handling difficult deliveries. Likewise, female medical students are being deprived of education and training in male hospital wards. Last year, students at the Fatimieh Female Medical School in Qom, one of Iran's most religious cities, held a sit-in protest in Tehran.

The changes in medical education in Iran raise several issues. There are concerns that they may rob Iranian women of their right to choose a male or female physician. For now, female patients have this right, but there are fears that eventually they will be obliged to seek physicians of the same sex. Whether or not this happens will depend on the existence of extremist governors and the response from physicians and their patients. (Additional information about the segregation of medical education in Iran is available at www.zan.org/news25.html.) — *Dr. Pejman Azarmina, Tehran; Dr. Azarmina is executive editor of the Archives of Iranian Medicine.*