

Why is Ottawa so scared of the stem cell?

In March, the Canadian Institutes of Health Research (CIHR) sparked outrage on Parliament Hill when it published guidelines on embryonic stem cell research (see accompanying article, page 1077).

Many MPs, including some government members, accused the federally funded body of staging the scientific equivalent of a *coup d'état* and usurping the role of Parliament. Liberal MP Paul Szabo said scientists had seized the public agenda and were promoting questionable lines of study that are biased toward research that destroys lives. At a press conference, this vociferous supporter of the pro-life movement made the ominous suggestion that “big money” lay behind the new CIHR policy. He insisted that CIHR does not have “the right to make policy” and called for a “national moratorium on embryonic stem cell research that applies to all research in Canada, not just that which is publicly funded.”

The Alliance Party demanded an emergency debate, with Health Critic Rob Merrifield arguing that a decision on whether to permit and fund embryonic stem cell research is too important to be left to an “unelected, unrepresentative, arm’s-length organization funded by the federal government.”

From all the brouhaha, outsiders might be forgiven for assuming that the new CIHR guidelines (www.cihr.ca) are a provocative departure from current practices outside Canada. But they

would be wrong, because the guidelines fall squarely between those issued recently by the British and American governments. The US guidelines are at the cautious end of the spectrum: research that relies on previously isolated stem cell lines is eligible for federal funding, but research that requires the further destruction of embryos is not. The more permissive British guidelines allow the creation of new embryos specifically for research purposes. The Canadian approach is an adroit compromise between these 2 policies.

So why the political firestorm?

“The politics of this issue are the reason it stayed on the backburner so long,” says Dr. Carolyn Bennett, a Toronto FP and a Liberal backbencher. Up to now, she suggests, there has been a huge legislative vacuum because debate involving moral convictions about when life begins gets too emotional too quickly. “But the scientists couldn’t wait for Parliament forever. However, now that it is on the table, it has turned into a parliamentary reform issue.”

Bennett, who thinks the CIHR guidelines are fine, was disconcerted to hear that some MPs on the Commons Standing Committee on Health don’t trust experts. “You *need* experts to establish guidelines and the proper legal framework, not just for research but for other issues under consideration, such as surrogate parenting.”

The health committee, which has had a lengthy debate on stem cell re-



John Hymnik, Canapress

As debate over stem cell research heats up, applications of that research are already entering mainstream medicine. Nine-month-old Jesse Farquharson, who has retinoblastoma, was to undergo a stem cell transplant last year.

search, has already heard from many opponents of permissive regulations and from critics worried that the by-products of human reproduction will be turned into mere commodities. It has also discussed the potential use of adult stem cells as substitutes for embryonic cell stems in research into therapies for patients with spinal injuries or degenerative diseases. The committee has submitted recommendations for tighter regulation of embryonic cell stem research than is permitted by either the CIHR guidelines or the draft legislation the health minister was considering. A new draft bill, which is closer to the committee recommendations, is expected to be introduced this spring.

“I’m not sure that the committee heard from a balanced buffet of witnesses,” says Bennett. Along with many scientists, she is skeptical about the research potential of adult stem cells. She is also worried that some of the committee’s proposals are not evidence-based. “We cannot base legislation on wishing and hoping, rather than real science.”

For physicians, this March furor marks only the beginning of a debate that is going to get more heated when the legislation is finally unveiled. This might be good news for those who enjoy political theatre, but it is bad news for laboratory scientists trying to pursue research goals and grants. — *Charlotte Gray, Ottawa*

CMAJ launches first online course

For the first time, *CMAJ* will be uniting its paper pages with online opportunities by hosting an accredited, online professional development course designed to educate physicians about the health effects of outdoor air pollution. The course is being run in conjunction with *CMAJ*’s series on the health effects of environmental contaminants, which is being launched in this issue (see page 1041). The case-based, moderated CME course, cosponsored by the University of Toronto and Health Canada, is designed for FPs and specialists who want to learn more about the science of air pollution and its impact on health. Registrants will be expected to commit 1.5 hours per week to the course and to check for email messages at least 3 times per week. It will run from May 1 to May 31, and has been accredited for 6 MAINPRO-C credits by the College of Family Physicians of Canada. Credits are also available from the Royal College. Cost of the course is \$50, with enrolment limited to 30 physicians. For information, visit www.cmaj.ca or contact suzanne.charron@cmaj.ca. — *CMAJ*