

## Proposed Canada Food Guide called “obesogenic”

The proposed revised Canada Food Guide is a recipe for dramatic increases in premature death resulting from chronic diet-related disease, some critics say.

Bill Jeffery, the Canadian coordinator for the US-based Centre for Science in the Public Interest, says he can't fathom the rationale behind recommending lower consumption of fruits and vegetables (for most categories, a daily intake of 5–8 servings, as opposed to the 5–10 recommended in the 1992 edition) and more consumption of meat (an intake of 4 servings for men, instead of the 2–3 urged in 1992).

“It will be disastrous for the health of Canadians,” Jeffery says, noting that over 25 000 Canadians die prematurely each year because of diet-related diseases and that the WHO estimates nearly 5 years is shaved off life expectancy because of diet-related risk factors such as low fruit and vegetable intake.

But Health Canada says the revised guide has undergone “comprehensive” scientific review and will promote weight loss while preventing the onset of chronic disease, contends Mary Bush, director-general of the office of nutrition policy and promotion. (The revised guide was taken off the Health Canada Web site during the federal election. “We’re awaiting direction before resuming consultations,” spokesperson Renee Bergeron says.)

The 1992 version of the guide was considered the Canadian “bible” of nutrition, with some 24 million copies distributed nationwide.

Health Canada’s review of the Guide began in 2003 and included stakeholder meetings and surveys of professionals and consumers. In the fall of 2005, Health Canada proposed a fold-out, 8-page guide to replace the current 2-sided single sheet. It retains the concept of 4 core food groups — fruits and vegetables, grain products, milk prod-

ucts, and meats and alternatives — while adding 6 pages of advice on issues ranging from healthy eating and shopping tips to reading labels.

More substantively, the proposed guide tailors nutritional advice to age and gender, while providing more specificity on suitable serving sizes. Instead of advising everyone to, for example, eat 5–10 servings of fruits and vegetables daily, the new guide recommends different daily intakes for 9 demographic categories: preschoolers, and 4 age groups (4–13, 14–18, 19–50 and over 50), divided by gender.

Dr. Yoni Freedhoff, an Ottawa specialist in obesity medicine, identifies a number of deficiencies in the proposed guide: inadequate recognition of the value of consuming more polyunsaturated fatty acids or more whole-grain products; a complicated and confusing array of recommended serving sizes; a total lack of guidance on recommended daily caloric intake; and insufficient warnings about the dire consequences of eating high calorie foods in the so-called “others” category. Canadians now consume about 600–800 calories worth of fried foods and sugary desserts in this category.

“It’s obesogenic,” says Freedhoff. With help from a dietician, he calculated that the fewest calories anyone scrupulously following the new guide would consume daily is 1700 (females aged 19–50), assuming they only drank water, didn’t use salad dressing or have dessert. In other demographic categories, the daily intake topped 3200 calories, again without extras.

“What it means is that should anybody who is of average height and size follow Canada’s Food Guide, there is a very, very good chance it will lead to weight gain.”

Both Freedhoff and Jeffery also chide Health Canada for failing to furnish the scientific rationale for the changes and allowing industry representatives to sit on its external Food Guide Advisory Committee. The 12-member committee includes represen-



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Health Canada’s proposed food guide could prove less than fruitful, say critics.

tatives from Food and Consumer Product Manufacturers of Canada, the Vegetable Oil Industry Council and the BC Dairy Foundation.

“It’s obscene that industry is involved,” Freedhoff says. “I would not have Exxon developing Canada’s energy policy.”

Health Canada’s Bush says such criticism is unfounded. Representatives of industry and other stakeholders were involved because “philosophically, we absolutely believe that if we’re going to improve the nutritional health of Canadians, it takes all sectors to . . . understand their role.”

As for the changes, they’re rooted in “comprehensive” internal reviews of nutrient standards recently developed by the US Institute of Medicine, WHO’s 2003 report on Diet, Nutrition and Prevention of Chronic Disease and a 2005 US Dietary Guidelines Advisory Committee report.

Bush also dismisses concerns the

guide will contribute to obesity or encourage consumption of fewer fruits and vegetables. Rather, it offers a greater degree of specificity and precision by demographic group, she argues.

None of the changes are written in stone, Bush adds, as Health Canada will complete consultations and conduct focus group testing before releasing the finished product — probably later this year. Both exercises were suspended until after the federal election, which may give influential groups such as the Dietitians of Canada time to weigh in — provided its members can reach a consensus, says director of policy Lynda Corby.

Others are convinced Health Canada is on the right track. “Overall, the direction seems appropriate,” says Elinor Wilson, CEO of the Canadian Public Health Association.

“Given the obesity epidemic, pro-

moting healthy eating is an important part of public policy,” says Dr. Arya Sharma, chair of the Canadian Obesity Network. The guide is not a treatment for obesity, or diabetes or any other medical condition, he adds. “This is for someone who is healthy and wants a healthy diet.”

Sharma believes the proposed guide is based on the best available science, but acknowledges that contradictory evidence is common in the nutrition sciences.

But Jeffery is so persuaded the revisions aren't evidence-based that he recommends Canadians look to the “Healthy Eating Pyramid” developed by Dr. Walter Willett at the Harvard School of Public Health as a superior, independent alternative for nutrition advice. — Wayne Kondro, Ottawa

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## New Brunswick to get medical school

A new medical school in New Brunswick is raising hopes that the Maritime province will be able to more effectively recruit and retain physicians from within its own population.

The New Brunswick Medical Training Centre — the first of its kind in the province — will open its doors in Moncton in September.

Students and 18 new faculty members for the 4-year, French-language program are being recruited in a unique partnership between the University of Moncton and the University of Sherbrooke in Quebec. The University of Sherbrooke will provide the medical curriculum and grant the degree, but the teaching will be done at facilities in Moncton, allowing potential New Brunswick doctors to train in their home province.

Plans are also in the works for a satellite English program in Saint John, possibly by next year. Discussions are under way with the University of New Brunswick, and Memorial and Dalhousie universities.

“It's a very positive thing for New Brunswick,” says Dr. Rose Anne Goodine, president of the New Brunswick Medical Society. “It's a lot harder for a young person to imagine being a doctor if there isn't a local program. I think that having a local program opens that door to more students.”

According to the Canadian Institute for Health Information, New Brunswick and Prince Edward Island — the only provinces without medical schools — had the lowest number of physicians per capita in Canada in 2004.

Goodine says New Brunswick's existing physician shortage will complicate faculty recruitment for the new programs. She hopes physicians continue to see patients but also “participate in more teaching.”

The Moncton program will hire the new faculty over the next 3 years to handle clinical training, and hopes to graduate an average of 22 students a year, beginning in 2010. The Georges Dumont Hospital in Moncton will be the affiliated teaching hospital.

## Australian diet plan slammed

Australia's most popular diet plan — and the government science institute that backs it — is under fire for recommending excessive meat consumption and for its links with the meat and livestock industry.

The Commonwealth Scientific and Industrial Research Organisation (CSIRO), Australia's largest independent, scientific, industrial research body, touts the diet, published in book form as *The CSIRO Total Wellbeing Diet*, as beneficial for all. But according to an editorial in *Nature* (2005;438:1052) “the published research indicates that it is superior to a high carbohydrate diet only for a sub-population of overweight women with symptoms of metabolic dysfunction.” It states that marketing of the book as “scientifically proven” was “decidedly unsavoury” and criticized Australia's national research agency for attaching its name to the book.

Leading Australian nutritionists Rosemary Stanton and Dr. John Tickell recently wrote an open letter to Prime Minister John Howard, expressing concern that the diet contains too much meat and asking him to review the book.

The CSIRO diet recommends 800 grams of red meat a week and up to 300 grams of meat daily; the Australian Government's Guide to Healthy Eating recommends 65 to 100 grams of lean red meat 3 to 4 times a week.

The Meat and Livestock Industry Australia partly funded the research that supports the dietary recommendations.

Responding to the debate the Australian Health Minister Tony Abbott backed his government's guidelines on the National Health and Medical Research Council Web site.

*The CSIRO Total Wellbeing Diet* has sold more than 550 000 copies in Australia (outselling Harry Potter and *The Da Vinci Code*), and 100 000 copies in the UK and New Zealand. It will soon be released in the US, Canada, India and South Africa. — Sally Murray, CMAJ

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