

FOR THE RECORD

Contingency planning critical to ensuring medical isotope supply

Timely disclosure to the medical community about potential disruptions in isotope supply and a valid plan for alternative sources of supply are among a host of recommendations urged by an Ad Hoc Health Experts Working Group on Medical Isotopes in a report to the federal Ministry of Health entitled “Lessons learned from the shutdown of the Chalk River reactor.”

The medical consequences of inadequate disclosure and contingency planning became painfully apparent during the extended outage of Atomic Energy of Canada Ltd.’s National Research Universal reactor in late 2007. Canada’s nuclear medicine community was essentially left scrambling, (*CMAJ* 2008;178[5]:536-8 and *CMAJ* 2008;178[6]:668).



Reuters / Chris Wattie

Federal Health Minister Tony Clement speaks to reporters at the nuclear facility in Chalk River, Ontario.

Continuity of long-term isotope supply later became entirely problematic when plans were scrapped to replace the 51-year-old National Research Universal reactor with a pair of Multipurpose Applied Physics Lattice Experiment reactors which had insurmountable design flaws (*CMAJ* 2008;178[13]:1648).

The ad hoc panel urged development

of a replacement for the aging reactor and immediate development of domestic and international contingency plans to ensure medical isotope supply in the event of future outages or shortages.

“Canada should work with its international partners to review global capacity to produce medical isotopes, encourage the development of international protocols, remove current barriers or obstacles to international movement of radioisotopes during periods of shortages,” they stated in the report (www.hc-sc.gc.ca).

The ad hoc task force also urged the development of a “fair and just” national isotope distribution plan in the event of shortages, and counselled users to hedge their bets by exploring other options including such alterna-

tives as positron emitting radiopharmaceuticals that might be developed by Canadian cyclotron facilities.

In a separate, but related report (www.aec.ca), consultants Talisman International concluded that the shutdown was entirely avoidable had clear licence conditions, good communications and a “shared understanding of issues” been common between the Atomic Energy of Canada Ltd and the Canadian Nuclear Safety Commission.

Among the report’s recommendations are protocols for operating the aging reactor in “off-normal” conditions; protocols for communications between the agencies; and a measure of coherent management. — Wayne Kondro, *CMAJ*

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Preparedness remains a distant dream

Obfuscation, rhetoric and jurisdictional wrangling continue to plague Canada’s capacity to respond to natural disasters, disease outbreaks and terrorist acts, says the Senate Committee on National Security and Defence in a report, “Emergency Preparedness in Canada: How the fine arts of baffleleg and procrastination hobble the people who will be trying to save you when things get really bad ...”

Canada’s emergency-response capacity is “thin and fragmented,” the committee states in a follow-up to its 2004 study of front-line emergency preparedness departments and agencies. Although 7 years have elapsed since the Sept. 11, 2001, attack on the World Trade Center, Canada’s preparedness is nothing short of “discouraging. ... Despite all the bureaucratic promises from 3 successive governments, progress is still ‘just around the corner.’”

The report is often harshly worded and mocking of departmental responses to committee inquiries.

For example, the committee asked Department of National Defence officials whether reservists might be involved in cleaning up chemical, biological or nuclear disasters.

The department’s response?

“This capability is being developed within the Army’s capability development process and being studied in conjunction with the overall requirement to provide such a capability.”

The committee’s verdict?

Utter baffleleg.

Among new recommendations (www.parl.gc.ca/common/Committee_SenRep.asp?Language=E&Parl=39&Ses=2&comm_id=76) from the committee are ones urging the completion and release of a National Health Incident Management System and a National Emergency Response System by March 2009, as well as significant increases to the Royal Canadian Mounted Police budget to permit the addition of at least 700 personnel in each of the next 10 years.

Public Safety Minister Stockwell Day reacted with fury to the report, stating in a written response that it “from the title on down, is irresponsible and does not reflect the true picture of how much progress has been made in protecting Canadians since the last election.”