

Tony Clement appointed as Canada's new health minister

Former Ontario health minister Tony Clement, once dubbed “two-tier Tony” for his oft-stated belief there must be “more choice in health care,” was appointed federal Minister of Health in the new Conservative government on Feb. 6.

Clement's duties include responsibility for public health, a junior-minister position that was axed in Prime Minister Stephen Harper's streamlined cabinet.

Clement's appointment is “quite shocking,” said Mike McBane, executive director of the Canadian Health Coalition, an advocacy group for a public health system. “It sends a very clear signal, that the Prime Minister would appoint someone who is ideologically committed to privatizing the delivery of the public health care system, someone who was aggressively involved in dismantling the Ontario health care system, in firing nurses and shutting down hospitals.”

During his tenure as Ontario's health minister from February 2001 to October 2003, Clement supported privatization and deregulation of long-term care facilities and the creation of for-profit hospitals in Brantford and Ottawa.

Clement also oversaw Ontario's handling of the 2003 SARS crisis, during which he was lauded for his able administration and candid admission that the public health system was “close to collapse.”

The new minister's top priority will be to implement the Conservative election promise to develop a Patient Wait Times Guarantee, Clement told reporters.

CMA President Ruth Collins-Nakai says unlike previous federal ministers of health Clement already has an extensive knowledge of Canada's health care issues. “This is a significant plus,” she told *CMAJ*. “We don't have to spend as much time briefing him... we can discuss the issues.” Topping the agenda are wait times and health human resources, she added.

Harper's decision to abolish the Ministry of State (Public Health) position, established in December 2003 to oversee the creation of a Public Health



Canapress

Clement's first priority is to move forward with a Patient Wait Times Guarantee.

Agency of Canada and other public health programming, “goes against what I think a lot of the provinces have learned,” says Dr. Carolyn Bennett, the out-going minister.

Having a separate minister with the time to bring a public profile to health prevention and profile is critical in combating the “other epidemics” of diabetes, cancer and heart disease, and working with the provinces to improve determinants of health, she said.

But Collins-Nakai says “the fact that the Public Health Agency remains in place gives us comfort in Canada's ability to have a strong public health system.” Having the agency reporting directly to the minister of health is also more “workable... at least in raising issues,” she added. — Wayne Kondro, Ottawa; Barbara Sibbald, *CMAJ*

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SSRI ads questioned

Claims in drug monographs and advertising that selective serotonin reuptake inhibitor (SSRI) antidepressants work by normalizing serotonin levels are not based on scientific evidence and should be prohibited, says a leading US psychiatrist.

“Biological psychiatrists have looked very closely for a serotonin imbalance or

dysfunction in patients with depression or obsessive compulsive disorder and, to date, it has been elusive,” says Dr. Wayne Goodman, Chair of the US Food and Drug Administration (FDA) Psychopharmacologic Drugs Advisory Committee. Although an SSRI may work well in an individual, this “doesn't prove that there is an underlying imbalance, defect or dysfunction in the person's serotonin system,” he added.

Goodman was reacting to a recent article (December 2005, *PLoS Medicine*) about the growing body of medical literature that casts doubt on the “serotonin hypothesis.” Co-author Jonathan Leo, associate professor of anatomy at Lake Erie College of Osteopathic Medicine, says the FDA should prohibit SSRI manufacturers from making these claims.

GlaxoSmith-Kline (GSK), for example, claims (www.paxil.com) that paroxetine (Paxil) can “help restore the balance of serotonin — which helps reduce the symptoms of anxiety and depression.” GSK officials refused to comment.

In 2003, Ireland's drug regulator banned GSK from stating on its patient information leaflet that paroxetine “works by bringing serotonin levels back to normal.” Officials stated that “There is no scientific investigation to measure what are normal serotonin levels in the human brain receptors. As such, claiming that a particular medicinal product works by bringing serotonin levels back to normal is not accurate.”

The claims do not appear on Canadian product information, says Health Canada spokesperson Chris Williams. The Paxil monograph states it is “thought to work by increasing levels of serotonin in the brain.”

Goodman would not comment on whether the FDA should ban these claims. While he accepts that claiming SSRIs correct a serotonin imbalance goes “too far,” he says he has no problem if patients are told that SSRIs normalize some kind of chemical imbalance or disturbance. “I think that is reasonable shorthand for expressing that this is a chemically or brain-based problem and that the medications are normalizing function.” — Colin Meek, Wester Ross, Scotland

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