

grams,” Michols explains, “so that regulation and promotion on particular issues are now aligned, and people can see more clearly what each branch does.”

The 3 new branches will each be run by an assistant deputy minister. The new **Population and Public Health Branch** combines elements of the old Health Promotion and Programs Branch with the Laboratory Centre for Disease Control. Its responsibilities include epidemiologic studies, healthy family programs and prevention of chronic and communicable diseases.

The new **Health Products and Food Branch** will focus on the health determinants and risks associated with products that enter the body — drugs, food, blood products and natural health products.

The new **Environmental and Product Safety Branch** will promote safe living, working and recreational environments, and will regulate consumer products, including tobacco. It will also assume responsibility for occupational health and safety.

The shakeup is only one aspect of Dodge’s promised “transformation” — the second is more cooperation and collaboration with regions. Up to now, Health Canada divided the country into 4 regions when implementing its policies: Atlantic, Quebec, Central and Western. These days, however, every federal department is trying to connect more closely with provincial partners and with organizations in the field. The centralized decision-making of the past has reinforced a perception that the health department is remote and out of touch when it comes to local needs. In the future, the department will push more decision-making down to senior officials in 6 regions: Atlantic, Quebec, Ontario and

Nunavut, Manitoba and Saskatchewan, Alberta and NWT, and BC and the Yukon. “You’re going to see national programs delivered locally,” says Michols.

Will this ambitious transformation actually happen? Turning around a huge government department is a major undertaking, especially when the department in question has been badly managed for years and has experienced disastrous morale problems. Diana Gorman, another “champion for change” who is in charge of the Health Products and Food Branch, admits that the real work of re-engineering the department will only start after July 1, when the cultural integration within the 3 new branches and the horizontal links between them, must begin.

The first fear of many employees is that they will lose their jobs. When the glossy booklet first appeared, middle-ranking bureaucrats were anxiously trying to read between the lines to see which divisions would disappear from the department. Their cynicism was reinforced by the opacity of the jargon-heavy booklet. A typical sentence reads: “We must be aligned to bring a more cohesive, integrative culture and the required skill sets to quickly make effective and coordinated decisions.”

Michols insists that the department will be hiring rather than firing. “We have new money with which to hire an additional 600 to 700 people. But we are facing a significant human resources challenge: 25% of departmental employees will reach retirement age over the next few years.”

With a renewed workforce and a new framework, senior officials are confident that they will achieve the revitalization of their department. Canadians can only hope that they succeed. — *Charlotte Gray, Ottawa*

Cancer researcher fired after false data uncovered

A researcher from one of South Africa’s most prestigious medical schools has been fired after admitting that he falsified cancer research data. Dr. Werner Bezwoda of Witwatersrand University had reported to the American Society of Clinical Oncology last year on the success of the controversial technique of using high-dose chemotherapy followed by a bone-marrow transplant to treat cancer.

He had conducted clinical trials involving 154 South African women with “high-risk” breast cancer and reported an increased survival rate and lower relapse rate among women who received higher doses of chemother-

apy. “The drugs Bezwoda gave women in the control group — who were supposed to be on standard dose treatment — were not the same as he cited in his report,” the *South African Medical Journal* reports (2000;90[4]:333-4). “He tested the high-dose patients against a group he claimed was on the conventional regimen, but were in fact on an entirely different experimental group of drugs.”

The *SAMJ* reports that his presentation at the American conference “literally turned accepted wisdom on its head and contradicted the findings of all other research presenters.” This marked the first time the society has

had to retract a paper in its 35-year history.

Bezwoda, who was fired from his job as head of the university’s departments of hematology and clinical oncology, apologized for his “serious breach of scientific honesty and integrity.” He said he was motivated by a “foolish desire to make the presentation more acceptable.” Since his dishonesty was discovered, says the *SAMJ*, Aetna/US Healthcare, the largest insurer in the US, has announced that it will no longer pay for combined high-dose chemotherapy and bone-marrow transplant treatments. — *Patrick Sullivan, CMAJ*