Clinicians will benefit from new research initiative, CIHR promises

Ottawa's bold new approach to health research, which was on the drawing-board for almost 5 years, is reality after Allan Rock, the federal minister of health, launched the Canadian Institutes of Health Research in June. He also announced that the CIHR's inaugural president is Dr. Alan Bernstein, an internationally recognized cancer researcher. Exactly 22 days after the early-June launch, Bernstein cut the ribbon at the CIHR's new home at a downtown Ottawa office tower.

Among the 250 guests was Dr. Henry Friesen, former president of the now-defunct Medical Research Council of Canada, who is largely responsible for the conception, gestation and birth of the CIHR. "Twenty-two days is an appropriate time frame for this process," he says, "because that is the gestational period for a mouse or a rat!"

The traditionally structured MRC, which responded to applications for funds from researchers, has been replaced by an organization that intends to drive the research agenda itself. This became clear July 19 when CIHR announced the creation of 13 "virtual institutes" — networks of researchers across Canada —

Drs. Alan Bernstein (left) and Henry Friesen: a new start for medical research?

that will receive a share of the greatly increased research funding now available. The institutes cover areas ranging from aboriginal people's health to cancer research and genetics (**www/cihr.ca**).

The CIHR budget of $530 million is more than twice the size of the MRC's $260 million annual budget.

Four key themes will underpin CIHR-funded research. All institutes are expected to incorporate biomedical and clinical research, research respecting health systems and services, and research on societal, cultural and environmental influences on health. Bernstein says the emphasis on the last 2 priorities means that family doctors may play a more important role in Canadian research. "They can be a key part of the teams focused on the impact of the health care system."

Adds Karen Mosher, the CIHR executive director: "A crucial aspect of our work is the translation and dissemination of research findings to practitioners. We want to increase research uptake, so clinicians are kept up to date."

Denis Morrice, president and CEO of The Arthritis Society, says the CIHR "is going to help ordinary citizens understand what is happening in science. People with arthritis will sit on the relevant advisory board. I've never been so excited about research as I am today." — *Charlotte Gray*, Ottawa

FDA considering restricted access to "abortion pill"

Mifepristone, the controversial "abortion pill," may soon be available in the US, but the distribution rules may be so strict that they "hurt access."

"The whole point of this is to increase access for women and open [distribution] to different providers," says Sandra Waldman of the Population Council, the international nonprofit research institution that holds the drug's US patent.

Under the US Food and Drug Administration (FDA) proposal, only doctors trained to provide surgical abortions would be allowed to prescribe the drug and these doctors must have privileges at a hospital within 1 hour of their offices in case a blood transfusion is necessary (a rare occurence with mifepristone, according to the Population Council). Eligible doctors would be certified, and a confidential registry would be held by the drug's US distributor. The government agency rarely imposes such tight restrictions on a drug.

The FDA found mifepristone (RU-486) to be safe and effective in 1996, is discussing the distribution restrictions with the drug's distributor and the New York-based Population Council. Results from those discussions are expected at the end of September, when the application could be refused or extended for another 2 to 6 months.

But mifepristone has become a federal election issue, leading to fears that it may be delayed indefinitely. "If they don't get this approved before the [November] election and if the Republicans win, it will probably have a very difficult time getting approval," says Anne Burnett of the Planned Parenthood Federation of Canada.

"They are terrible restrictions," Burnett adds, "but I would like to see it get into the US under any circumstances." With US approval, she hopes the efficacy of the drug will be demonstrated and Canada won't impose the same restrictions. (The testing process here would likely take 2 to 3 years.)

Mifepristone has been available to women in many European countries for more than a decade. More than 500 000 women worldwide have used it, with few complications reported.

When taken with misoprostol, which has already been approved in Canada, mifepristone causes abortion – in essence a miscarriage – in 95% of women who are no more than 49 days pregnant.

Burnett says 50 million abortions take place worldwide each year, and many women die because they are done unsafely. "Getting this drug out there is so important," she says. — *Barbara Sibbald*, CMAJ