to ensure that the money that has been invested in medical research is used to further the public good, not private profit. This is our duty. This is our debt.

The authors would like to acknowledge Cameron Piron for his insightful advice and discussion.

References
1. Health Care in Canada 2003, Canadian Institute for Health Information
3. Personal Communication with Senior Scientist at Sunnybrook Hospital

OPINION
Ontario’s Private For-Profit MRI and CT Scanners: Saviour or Scourge?

Bradley MacIntosh
Department of Medical Biophysics – University of Toronto
correspondence: bmac@sten.sunnybrook.utoronto.ca

The newly expired Progressive Conservative Government had taken steps to ameliorate the disparity in MRI and CT diagnostic services between Northern and Southern Ontario by going private. To follow are some of the details associated with the private sector bidding procedure, its outcome, and scandalous details consistent with political corruption.

According to statistics from a recent report from the Institute for Clinical Evaluative Sciences (ICES), utilization of MRI scanners in Ontario has increased 5-fold over the past decade. Requests for Proposals (RFP) for private for-profit MRI and CT services were issued officially by the Ontario Government in November, 2002 and closed in January, 2003. The accompanying table lists the 4 companies who won the RFP. Private CT services will not be provided in the City of Brantford because the bid price was too high. Instead, Norfolk General Hospital will receive a CT scanner. The other 7 private centres are said to be open by December 7, 2003.

Rules stipulated that no more than 3 regions would be awarded to any one respondent. From more than the 100 bidders (over all the listed regions), DC DiagnosticCare Inc - a company owned by Progressive Conservative (PC) TOP 5 donor Dr. John Mull, was awarded this maximum. In addition, according to a news release by the parent company, Canadian Medical Laboratories Ltd., their imaging business will receive a tax-cut on payment of facility fees, effective August 1, boasting additional revenue of approximately $2.5 million annually.

In the RFP documentation, there is mention of an “independent fairness commissioner” whose job was “to oversee the release and evaluation of the RFPs” and ensure the process was carried out “in a fair and consistent manner”. Attempts by interest groups such as the Medical Reform Group and the Ontario Association of Radiologists to learn the name of this individual and receive a copy of their formal report have failed as of the time of this publication.

Currently, the Ontario Association of Radiology submitted a freedom of information document to the Ministry of Health to ascertain this critical information. It will be used to independently assess whether the RFP process was in fact fair and consistent.

Pre-licensing inspection of all private MRI/CT clinics are being conducted by the College of Physicians and Surgeons of Ontario (CPSO). The CPSO has acknowledged that “queue jumping”, whereby patrons can pay out-of-pocket for medically non-necessary scans, will not be supported. The CPSO also states that all radiological consultations require a requisition from a physician indicating that the procedure is medically necessary. Critics argue that an accommodating physician could authorize a “yuppie scan” for their patient in the interest of decreasing the time between query to treatment, if the patient has the money to pay out-of-pocket. Critics also argue that there is a possibility that a disease will be detected incidentally after an individual pays out-of-pocket for a medically non-necessary “yuppie scan”. Both of these realistic situations would be examples “queue jumping”, and this inequity is a violation of the Canada Health Act. Therefore it’s not surprising that former Health Minister Tony Clement spent his last months at Queen’s Park tip-toeing around this issue.

Now that Ontario has been painted Liberal red, it remains to be seen what will happen to these private MRI and CT centres. Given the magnitude of the Ontario deficit...
the Liberals have just inherited, I wonder whether the Liberals will commit to their promise of shutting down these private MRI clinics.

There is no question that Ontarians should have equal access to state-of-the-art diagnostic services. However, I question the rationale of selling-off such public services to private hands as inevitability, for a crisis that was born out of chronic under-funding.

Special thanks to Cameron Piron and General Leung for coming up with the snappy title.

<table>
<thead>
<tr>
<th>Winners of the Private For-Profit MRI/CT Scanners</th>
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<tr>
<td>Company Name</td>
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<tr>
<td>1. Kingston MRI Inc.</td>
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<tr>
<td>2. KMH Cardiology &amp; Diagnostic Centre</td>
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<tr>
<td>3. DC DiagnosticCare Inc.</td>
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<td>4. Superior Imaging Inc.</td>
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¹ The Toronto Star, Feb. 22, 2003: “Four Firms Gain Licenses to Open Diagnostic Clinics”

**OPINION**

“I’ll see your GCAT and raise you a TGAC”, Commodification in Biological Research.

Shane K. Green
Institute for Ethics, American Medical Association
correspondence: sgreen@sten.sunnybrook.utoronto.ca

The discipline of ‘research bioethics’ exists in large part to recognize and protect the rights of subjects of biomedical research and experimentation. In doing so, it faces a number of challenges presented by competing interests in research, including the unending desire for scientific progress and the urgency inherent in the quest for medical breakthroughs. When one considers the researchers themselves, still other competing interests become apparent, such as the recognition promised to those who are successful in their research endeavors. In recent years, the rewards for success have come less in the form of recognition per se, and more in the form of financial returns. Success in research brings with it the prospect of garnering large sums of money, whether in the form of research grants or actualized profits arising from biomedical enterprises. In light of this increasingly intimate relationship between biomedical science and money, it is not difficult to envision why it is that biological materials (eg. cells, DNA) obtained from research subjects are increasingly becoming commodities to be bought and sold. It is the intention of this brief discussion to shed light on this issue and to demonstrate why it is deserving of increased attention in the biomedical research community.

In biological research, the trend towards commodification of life arguably began to take hold in 1980, following the United States’ Supreme Court decision in Diamond v. Chakrabarty¹, in which they ruled to allow patenting of a living organism for the first time. The organism in question was an engineered strain of bacteria that could (theoretically) be used to help clean oil spills. This would prove to be a landmark decision as, in retrospect, it was the thin end of a proverbial wedge, with tremendous numbers of patents on ‘biologicals’ to follow. Indeed, eight years later, the Harvard Oncomouse, a mouse genetically engineered to have an abnormally high predisposition to cancer, was granted a patent in the USA, making it the first mammal to be patented as an invention. The American patent, together with others subsequently granted in many other countries in the years to follow, furthered the notion that living things could rightfully be treated as commodities.