Opening Statement

House of Commons
Standing Committee on Justice and Human Rights

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and

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Thank you Mr. Chair,

Thank you. I’m Cindy Forbes. I’m a family physician from Nova Scotia and Past-President of the Canadian Medical Association.

I’m joined today by Cécile Bensimon, the CMA’s Director of Ethics.

The CMA welcomes this opportunity to appear before the Justice Committee as part of your study on Bill S-201, the Genetic Anti-Discrimination Act.

As part of my opening statement, I will focus on the national importance of federal legislation preventing genetic discrimination.

At the outset, however, let me state that the CMA strongly supports the enactment of Bill S-201 in its entirety – that is, maintaining the three core elements of this bill.

At the core of the CMA’s support for Bill S-201 is the fact that this legislation addresses discriminatory barriers related to genetic testing – an emerging issue that is about patient care.

Genetic discrimination, and the fear of this discrimination, may potentially negatively impact the patient-physician relationship – this is a concern I encourage members to consider carefully, and I welcome your questions on.

Genomic medicine holds great promise in the diagnosis and therapeutic treatment of many known and new diseases, and ultimately, in enhancing the quality of life of many patients.

We are witnessing the transformative development of genomic medicine and the rapid expansion of genetic tests.

This transformation and the availability of new genetic tests is allowing for the discovery of new genetic conditions as well as early diagnoses that benefit patient care.

Before us is the prospect of transforming clinical medicine and patient care at a pace that will only accelerate for the foreseeable future.

Today, genetic testing is aiding in the early diagnosis of numerous conditions, including many forms of cancer, heart disease, and cystic fibrosis. And our ability to genetically test for new conditions is continually increasing.

Of great concern to Canada’s doctors and their patients is the fact that public policies and legislation have not kept pace with this transformation.

As you have heard from other witnesses, Canada stands alone amongst the G8 as the only country that has not established legislative protections in the face of this major transformation.
While genomic medicine will continue to have broader clinical applications, the fear of genetic discrimination is both widespread and real.

As Canada’s doctors, it is the CMA’s position that Canadians deserve to have access to the best possible health care without fear of genetic discrimination.

Genetic discrimination presents several negative consequences.

The most concerning consequence may be patients who feel they must hide their family history from their health care providers, who may never be referred for a genetic assessment, or who may avoid care or treatment for fear of discrimination.

These consequences are simply unacceptable in Canada’s universal, public health care system.

Six out of every 10 Canadians will be affected during their lifetime by a health problem that is "genetic" in whole or in part.

It is important to recognize that genetic testing will no longer be limited to rare esoteric genetic diseases occurring in patients seen by a handful of specialty genetic clinics across the country.

Rather, it is becoming an integral part of broad medical care and as such is expected to become mainstream medicine.

While genomic medicine is still in its infancy, it is already changing the face of modern healthcare.

Every year, every month, every week, new genetic conditions are discovered using new tools.

Patients who were undiagnosed for years are now finally receiving diagnoses thanks to these genomic advances. Early diagnoses are actively influencing medical management.

The way we deliver genetic care to our patients has radically changed over the last decade and there is no reason to believe that this growth will plateau anytime soon.

There are obvious economic and productivity impacts if patients are not able to be diagnosed and we are not able to provide appropriate care.

Ironically, at a time when genomic technologies have broader clinical applications than ever before, the fear of genetic discrimination is preventing some Canadians from benefitting from these advances.

For these reasons, the CMA strongly supports the enactment of Bill S-201 without amendment.

My colleague and I would be pleased to address any questions you may have.

Thank you.