

News from the Independent Biotechnology Advisory Council

Professor Donald Evans continues his work as a member of the Council. Notable progress has already been made with respect to each of the roles of the Council.

Its first responsibility is to inform the New Zealand public about developments in Biotechnology and to identify the public's concerns. To this end a wide selection of stakeholders have been interviewed by the Council including representatives of: political parties; the biotechnology industry; agriculture and horticulture; food manufacturers and purveyors; the Ministries of Trade, Environment, Health, Research, Science and Technology; and the Environmental Risk Management Authority.

In addition 20,000 copies of the booklet published by the Council entitled *The Biotechnology Question* have been distributed across the country. It is also available on the internet on the website www.ibac.org.nz. This booklet explains what biotechnology is about in a readily accessible form. It sets out the possible benefits of these technologies and canvasses the major ethical problems presented by them. The booklet contains a questionnaire which members of the public are encouraged to complete and return to indicate to the Council which problems they would like to be examined.

Focus group meetings have also been convened all around New Zealand made up to ascertain the views of the youth, the aged population, rural communities, inner city dwellers, and so on. The closing date for returns of the questionnaire is 1 November. Thereafter the Council will tackle the large task

of collating and analyzing the data collected.

The second responsibility of the Council is to advise the Minister of Research, Science and Technology on specific matters from time to time. The first piece of advice has already been delivered and actioned by the various ministries responsible for the control of genetically modified crops in New Zealand. The Council has advised that a moratorium on the processing of applications for field release of genetically modified crops be imposed until the Council has had time to review the various issues surrounding such a release. At the moment New Zealand is entirely free of such crops, except for those grown in confined research projects. It might turn out that the Council, after reviewing the issues, will be convinced that the field release of such crops is not in the interests of New Zealand and the New Zealand population. If field release has already occurred by then the Council's advice will be offered too late for it to be of much use, as the horse will have bolted already from the stable.

It has become clear from the exploratory work which the Council has completed that it has a much larger task to perform than was apparent at its inauguration. The Council is concerned to demonstrate its independence from political and other vested interests in the Biotechnology debate. This is a difficult task given the ideological character of much of the public debate on these issues.

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LMC system. The problem areas are twelve and eighteen months and well outside maternity.

- Promoting the role of the general practitioner in 'higher risk women', despite identifying adequacy issues around general practitioner education.
- Ensuring one person is accountable for co-ordination of maternity care but removing financial accountability. In other words deconstruct the LMC model which produced the 'excellent women-centred service' reported.
- That financial accountability be held by an 'entity' other than an individual LMC. This is particularly incongruent with the findings of the review which clearly indicated LMC midwives as the most satisfactory service.
- That professionals work in 'teams'. Again incongruent with the report's findings that multidisciplinary teams provide women with the least satisfactory services. The nature of team work is also problematical in a health service where maternity units have closed, there are no general practitioners in some areas, most general practitioners do not hold a diploma in obstetrics, and most of those who do are unwilling to provide maternity services. Furthermore, there is a significant number of women who do not have a regular general practitioner.

Altogether an extraordinary report, flawed, non-factual in parts and opinion based, clearly written to meet another political agenda.

Note

¹ NHC Review.