

Public Health, Food and the Consumer

by Ronald Doering



THE REMARKABLE SUCCESS in controlling many food borne diseases must be considered as one of the great achievements of public health in the 20th century. Due in large part to public health laws, food safety regulatory agencies have almost eradicated human disease and deaths from, for example, scarlet fever, bovine tuberculosis and brucellosis. However, several recent factors such as increases in world food trade, new emerging pathogens, and the aging population have combined to create major new challenges and food safety is once again one of the major public health issues in Canada today.

There are more than 250 different types of bacteria, parasites, viruses and toxins that are known to cause food borne illness and it is now the largest class of emerging infectious diseases in Canada. We are now aware of more than five times the number of food borne pathogens than were identified 60 years ago.

Surprisingly, it is not possible to be very precise about the incidence of food borne illness in Canada. The most common symptoms include stomach cramps, nausea, vomiting, diarrhoea and fever—and because these symptoms resemble the stomach flu, most cases of food borne illness go unreported. Health Canada's statistics are very dated but based on recent American data we can probably say that nearly one in three Canadians can expect to experience food borne illness every year. While our food has never been safer, and among the safest in the world, we cannot deny that food borne illness is a significant public health issue for Canada.

At the same time, there is a growing awareness that bad food choices by con-

sumers are contributing to another crisis in public health: the growing epidemic of food-related diseases such as obesity, heart disease and diabetes. Poor nutrition may even be a larger public health problem in Canada than food borne illness.

What both of these public health problems have in common is the urgent need for improved consumer awareness and knowledge for both food handling and food choices. Unfortunately, this is much easier said than done.

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Most Canadians have a low level of scientific literacy. Most of us don't really understand how to read the nutrition labels. Media have no greater understanding and often mislead more than inform. Consumers are confronted with a great deal of conflicting scientific information and much misinformation. Whole government offices are devoted to regulating minute details on food labels; while many imported products, hundreds of American television stations, thousands of American magazines, books and the Internet are essentially unregulated. The strict interpretation of our regulations

and the limited nature of our diet-related health claim regime, combine to deny Canadians all kinds of true information that could help them make better food choices.

It is hardly surprising then, that a recent poll found that consumers have very little understanding of food risk issues and virtually no understanding of basic nutrition facts. There is, then, a real disconnect. Everyone agrees that the consumer has an important public health

role in mitigating food borne illness and in making healthy food choices. We have much less understanding about how to help them do this. ■

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