

Health Canada is mostly correct about saturated fat

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Your investigation disputing Health Canada's advice about saturated fat got it mostly wrong and perpetuates a dangerous misconception about diet and health.

The Seattle-based Institute for Health Metrics and Evaluation,^[1] the World Health Organization,^[2] the United Kingdom Scientific Advisory Committee on Nutrition,^[3] and the 2015 US Dietary Guidelines Advisory Committee^[4] agree that saturated fat should be reduced and replaced with polyunsaturated fats found in grapeseed, sunflower, and corn oils. These are all more nutritious substitutes than sugar, carbohydrates, and monounsaturated fats.

All of these conclusions, published in the past three years, are based on systematic reviews of the all of the scientific literature using an approach that meticulously grades the methodologies of the studies considered. Telling *Toronto Star* readers that they can resume or continue eating the likes of cheese, red meat, and coconut and palm oil based on a selective critiques of research conducted in the 1950s and 1970s by a reporter is dangerous. Optimizing polyunsaturated fat intake and reducing saturated fat could prevent more than 4,000 deaths per year in Canada.

Health Canada does fail to stress the benefits of polyunsaturated fat, maybe because Nutrition Facts panels aren't required to disclose the amounts of this type of fat—making such advice less actionable for consumers—and its recently finalized regulatory changes and more proposed ones won't improve the situation on food labels.

It is unclear why Health Canada failed to apprise Canadians of this new scientific consensus, but it may have been reluctant to contradict its 2015 regulatory reforms and more recent proposed label changes. It ignored this criticism of draft regulations. Or, perhaps the federal government does not want to cast shade on canola oil, a Canadian invention with an estimated [\\$15 billion global market](#), 85% of which is exported, mainly to the United States and China. If so, Health Canada's slowness to embrace the best available evidence also favours mono-unsaturated-fat rich olive oil which is, by far, the most expensive type of cooking and salad oil, the prices of which have been buoyed by outdated health evidence that is stubbornly widely believed.

The chief source of expertise for the *Star*'s critique, Canadian Clinicians for Therapeutic Nutrition, has been the main proponent of a series of pro-saturated fat studies conducted by McMaster University's Population Health Research Institute, which reports receiving [undisclosed amounts of funding from 11 of the world's 15 largest pharmaceutical companies, including a \\$100 million grant from global pharmaceutical giant Bayer to study an oral anti-coagulant drug](#). Blood thinners are among the most widely prescribed drugs in Canada to treat high blood cholesterol levels caused by consuming too much refined grains and saturated fat, and too little whole grains, fruits, and vegetables. Pharmaceutical medicine is a trillion-dollar global enterprise whose fortunes rise as nutrition worsens.

The Star might consider investigating the possibility that research funded by the pharmaceutical industry presents a slanted view of nutrition science.

REFERENCES

[1] GBD 2017 Diet Collaborators. [Health effects of dietary risks in 195 countries, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017](#). *The Lancet*. Vol 393 May 11, 2019 at p. 1960.

[2] WHO. Health effects of saturated and trans-fatty acid intake in children and adolescents: systematic review and meta-analysis. 2017 which concluded:

“Dietary saturated fatty acids (SFA) and trans-fatty acids (TFA) are strongly correlated with total and low-density lipoprotein (LDL) cholesterol levels in adults[1–4], both well-established markers of cardiovascular disease (CVD).[5, 6] Reduced intakes of SFA have been shown to be associated with significant reduction in risk of CVD, particularly when replaced by polyunsaturated fatty acids (PUFA) in both randomised trials and cohort studies... Reduced intakes of SFA have been shown to be associated with significant reduction in risk of CVD in meta-analyses of both prospective cohort studies and randomised controlled trials (RCTs), with the strongest associations seen when SFA are replaced by polyunsaturated fatty acids (PUFA)... The effects on cholesterol were greatest among those in which SFA was replaced primarily with PUFA or MUFA, and when the intervention group achieved a reduction in SFA to below 10% of total energy intake.”

This echoed an earlier report: UN FAO. Effects of saturated fatty acids on serum lipids and lipoproteins: a systematic review and regression analysis, 2016; UN Food and Agriculture Organization: Fats and fatty acids in human nutrition – Report of an expert consultation. 2010.

[3] UK SACN, [Saturated Fats and Health](#). 2019. London which recommended:

- *the dietary reference value for saturated fats remains unchanged: the [population] average contribution of saturated fatty acids to [total] dietary energy be reduced to no more than about 10%. This recommendation applies to adults and children aged 5 years and older.*
- *saturated fats are substituted with unsaturated fats. More evidence is available supporting substitution with PUFA than substitution with MUFA.*

[4] [US Dietary Guidelines: 2015-2020](#) state: “Strong and consistent evidence shows that replacing saturated fats with unsaturated fats, especially polyunsaturated fats, is associated with reduced blood levels of total cholesterol and of low-density lipoprotein-cholesterol (LDL-cholesterol). Additionally, strong and consistent evidence shows that replacing saturated fats with polyunsaturated fats is associated with a reduced risk of CVD events (heart attacks) and CVD-related deaths....However, the evidence base for monounsaturated fats is not as strong as the evidence base for replacement with polyunsaturated fats.”

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