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October 23, 2024

The Honourable Sylvia Jones Ontario  
Minister of Health 777 Bay Street,  
5th Floor Toronto, Ontario\  
M7A 2J3

Dear Minister Jones:

**RE: CareNow Ontario Request for Action Regarding the Centre for Effective Practice tool on Multiple Chemical Sensitivity (MCS)**

It is with urgency that CareNow Ontario (formerly the Myalgic Encephalomyelitis Association of Ontario (MEAO)), a registered Ontario charity that supports and represents the medical conditions of Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS), Fibromyalgia (FM) and Environmental Sensitivities/Multiple Chemical Sensitivity (ES/MCS), is sending this letter requesting the Ministry of Health fund the development of a Multiple Chemical Sensitivity (MCS) practice tool for primary care providers similar to the one developed for FM, POTS and ME/CFS.

Before we get to our specific request, we would like to take this opportunity to thank you, the Ministry of Health and the Centre for Effective Practice, for responding positively to our letter of May, 2024 by removing the paragraph re Multiple Chemical Sensitivity (MCS) that was previously loaded on the CEP website.

However, while the MCS paragraph has been removed there is now a startling and gaping hole in information available for the primary care providers in Ontario who are caring for over 400,000+ Ontarians (CCHS 2021) living with MCS.

While there is some degree of difference of opinion about the nature of MCS as psychological vs bio-physical/toxicological, we firmly attest that the most recent research fully supports that MCS is grounded in a bio physical/toxicological approach. There are many diagnostic and health tools that primary care providers could be using now to help their patients with MCS. So while more research is required, there is ample evidence, diagnostic tools that could be included in a robust MCS tool that would assist primary care providers in supporting their patients with MCS.

Note that the contested nature of MCS was well-known when the MCS tool project began over a year ago. That is why CareNow Ontario and other topic experts wanted assurances that the work of the CEP tool would be proceeding on the understanding that MCS is characterized as medical and physical. In addition, the Ministry of Health has funded the Environmental Health Clinic since the 1990's with the explicit understanding that their MCS practice is grounded in the biological/medical approach to MCS. They have much expertise that could guide the development of the MCS tool.

The topic experts who were identified and working on the CEP tool brought forward weighty scientific and clinical evidence that supports the biophysical and toxicological approach to the development of

the MCS tool. Some key examples of scientific and clinical evidence that were referenced include the following:

- Published in 2023, a review of the literature found a multitude of studies published in the peer-reviewed medical literature that demonstrated the evidence in MCS for sensitization of receptors that sense chemicals. This has been found by specifically challenging these receptors using standardized protocols and in functional brain imaging studies. What is most significant is the complete absence of any mention or discussion of these studies in papers purporting to support a psychological causation for MCS. These studies can be found in the aptly titled paper, called “Multiple Chemical Sensitivity: it’s time to catch up to the science,” published in August 2023. (Molot J, Sears M, Anisman H. Multiple chemical sensitivity: It's time to catch up to the science. *Neurosci Biobehav Rev.* 2023 Aug;151:105227.)
- In 2021, Alberta Health published *MCS: Literature review and State of the Science*, affirming the biophysical rather than the opposing psychiatric, view and providing analysis of research, bibliographies and a critique of evidence for the “psychological” school.
- EHAQ, EHAC and ARCH Disability Law Centre are currently being funded by the Government of Canada’s Social Development Partnerships Program – Disability Component to develop resources and education on MCS to develop educational tools and resources. (See resources listed in Appendix A)
- The 2018 resource book by physician expert Neil Nathan: [Toxic: Heal Your Body for Mold Toxicity, Lyme Disease, Multiple Chemical Sensitivities and Chronic Environmental Illness](#) contains clear descriptions of the above conditions with symptom lists and high-quality explanations (suitable for physicians), and a compendium of diagnostic tests and treatment approaches patients can suggest to their physicians. This book is enormously helpful and desperately needed by patients and physicians alike.
- The Canadian Human Rights Commission recognizes MCS as a disability and that people with environmental sensitivities require innovative strategies to minimize or eliminate exposure to triggers in the environment and are lawfully entitled to accommodation for their disability.
- The Ontario Human Rights Commission has jurisdiction over accommodation in this province, and provides physicians with guidance on how to support applications for disability entitlements.
- There is a large body of clinical practice for MCS including diagnostic tools such as [BREESI](#) and [QUEESI](#) that are in widespread use in many jurisdictions and in much research. In addition, there are many tools that physicians can use to direct patients with MCS to avoid triggering chemicals and that can provide assistance in helping their patients to identify their symptoms and their correlations, using (tried and true) approaches to help them reduce their exposures at home, at work, in social and family life and in health care settings.

Given a chance, the Topic Expert Group (TEG) would have challenged CEP to produce credible and robust clinical evidence for the view of MCS as a psychological/psychiatric disorder. Such evidence would have to demonstrate not only a psychological etiology but also that a psychiatric approach (psychotherapy and psychopharmaceuticals) alleviates MCS as such. However, peer reviewed published evidence of this sort is clearly absent, which is even apparent to those who erroneously continue to ignore the weight of evidence that MCS is due to neurological receptor sensitization and instead recommend a psychiatric approach. (see: Binkley KE. Multiple Chemical Sensitivity/Idiopathic Environmental Intolerance: A Practical Approach to Diagnosis and Management. *J Allergy Clin Immunol Pract.* 2023 Dec;11(12):3645-3649.).

We submit to you that there is no such credible and robust evidence.

To sum up, primary care providers need an equivalent tool to the one developed and posted for FM, ME/CFS and POTS. This tool needs to clearly be based on the following principles:

- MCS is a real condition and involves chemicals.
- There is a body of scientific research to support MCS, its assessment, diagnosis or treatment
- There is a body of clinical practice from which to draw information for a practice tool.
- While the research still needs to continue there are many tools available to primary care providers to help those with MCS assess their current environments to minimize impact.

## **NEXT STEPS**

For all these reasons, CareNow Ontario is calling on the Ministry of Health to immediately fund and direct the Centre for Effective Practice (CEP) to take the necessary and urgent steps toward creating a comparable tool to those provided for FM, ME/CFS and POTS including re-commissioning the same subject experts who were drafted in 2024 for the CEP project, reflecting the evidence and protocols related to the understanding that MCS is a multi-system, biophysical, toxicological condition with common co-morbidities and basic principles of diagnosis and treatment.

Finally, the absence of accepted clinical guidelines for MCS in Ontario must be rectified. This is the root of the problem, even though recommendations to the Ministry to develop such guidelines go back 40 years, having been made again in major reports three times since 2013.

Therefore, in addition to developing a comparable clinical tool for family physicians, the Ministry of Health must immediately fund a process to develop clinical guidelines for MCS. The leadership for this process must go to a trusted provider partner so that a repeat of the current problem does not take place, at an even larger level.

In conclusion, the collaborative process with CEP produced three positive results for ME/CFS, FM and POTS. Everyone sees this collaboration as a success. Now we need to work toward an appropriate process to develop MCS guidelines and tools in a timely manner.

We look forward to working with the Ministry of Health and CEP in the development of a MCS clinical tool for immediate use by primary care providers and a more in-depth process to develop clinical guidelines for MCS.

Sincerely,

***Denise Magi***  
***President and Chair***  
***CareNow Ontario***

CC: CareNow Ontario Board of Directors  
Environmental Health Clinic, Toronto  
France Gelinias, NDP Health Critic  
Michael Schreiner, Leader Green Party  
John Fraser, Liberal Party of Ontario  
Chris Dacunha, Minister's Office Executive Director, Policy  
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Bahram Rahman, Program Manager (Acting), Policy and Implementation Unit, Interprofessional Programs and Policy Unit, Primary Health Care Branch

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Darlene Wong, Manager, Interprofessional Programs and Policy Unit, Primary Health Care Branch

Dr. John Molot, Environmental Health Clinic, expert in MCS

Dr. Farah Tabassum, Environmental Health Clinic, Physician lead on CEP process for MCS tool

## APPENDIX A Resources:

**Multiple Chemical Sensitivity, Literature Review and State of the Science, 2021, Conducted by Alberta Health.**

[Multiple Chemical Sensitivity: Literature Review and State of the Science - Report Summary \(alberta.ca\)](#)

### Current Resources:

- The QEESI assessment tool – for physicians and patients: <https://tiltresearch.org/self-assessment/>
- What is MCS? - newly released 21 min education video <https://youtu.be/ZZ4D0sgHJdQ>
- [Toxic: Heal Your Body for Mold Toxicity, Lyme Disease, Multiple Chemical Sensitivities and Chronic Environmental Illness](#). Neil Nathan, MD. 2018. Victory Belt Publishing. Las Vegas.\
- Resources developed by EHAQ, EHAC and ARCH Disability Law Centre:
  - Biological Toolkit: several resources on MCS related tips and activity and symptom tracking <https://aseq-ehaq.ca/en/biological-toolbox/>
  - “What is MCS” <https://youtu.be/ZZ4D0sgHJdQ> - 21 minute video developed by EHAQ, EHAC and ARCH
- Multiple resources on product choices to reduce chemical exposures and to assist in accommodation for MCS, which is also recommended by the Canadian Human Rights Commission(<https://www.chrc-ccdp.gc.ca/en/resources/publications/policy-environmental-sensitivities>) , the Canadian Centre for Occupational Health and Safety ([https://www.ccohs.ca/oshanswers/chemicals/iaq/iaq\\_intro.html](https://www.ccohs.ca/oshanswers/chemicals/iaq/iaq_intro.html)) and the Canadian Committee for Indoor Air Quality(<https://iaqresource.ca/iaq-guides/>).