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Drug company tries to suppress internal memos

Jeanne Lenzer BOSTON

The drug maker Eli Lilly instigated legal action against a number of doctors, lawyers, journalists, and activists over hundreds of internal corporate documents and emails said to have been obtained by them regarding the antipsychotic drug olanzapine (Zyprexa). Eli Lilly obtained a court injunction on 29 December ordering 16 individuals and organisations to stop publishing the documents and to remove any copies posted on the internet.

RICHARD DREW/AP/EMPICS

Shares soared as Eli Lilly won a patent case over olanzapine in 2005

The documents created a furore after they were leaked to the *New York Times*, which reported that they showed that Eli Lilly "engaged in a decade-long effort to play down the health risks of Zyprexa" (www.nytimes.com/2006/12/17/business/17drug.html). The *New York Times*, which is not named in the injunction, said that Eli Lilly's chief scientist for olanzapine, Alan Breier, told employees in 1999 that "weight gain and possible hyperglycemia is a major threat to the long-term success of this critically important molecule."

One year later an Eli Lilly manager wrote in an email to a colleague that doctors retained by the company warned that "unless we come clean on this, it could get much more serious than we might anticipate."

Eli Lilly maintains that "numerous studies . . . have not found that Zyprexa causes diabetes." A spokesperson told the *BMJ*: "We remain confident in the safety and efficacy of Zyprexa." The product, which came onto the market in 1996, is the company's top selling drug. With $4.2bn (£2.2bn; €3.2bn) in sales worldwide in 2005, it accounted for 29% of Eli Lilly's revenues, says the company's "Answers for Shareholders 2005." The company, which has faced numerous product liability law suits concerning olanzapine, mostly relating to diabetes and diabetic ketoacidosis, has agreed to pay approximately $1.2bn to settle more than 26 000 claims to date. This includes a settlement on 5 January 2007 covering some 18 000 patients. The terms of these settlements have not been made public, although the company said it remained confident that these claims were "without merit." Regarding these settlements Eli Lilly told the *BMJ* that "the decision to enter into these agreements was driven, not by science, but by our desire to avoid the disruption, uncertainties, and costs of further litigation."

Eli Lilly disclosed the internal documents to the attorneys for the plaintiffs in a pending class action suit in the US District Court for the Eastern District of New York, but they remained confidential. However, Jim Gottstein, a lawyer representing a client in a separate court case in Alaska complaining about the coercive use of antipsychotic drugs, subpoenaed the documents from David Egilman, a prominent occupational health expert and an expert witness in the New York class action suit.

Alex Reinert, attorney for Dr Egilman, said that his client did not violate the law in releasing the documents under subpoena to Mr Gottstein. Mr Gottstein, who acknowledges giving the documents to the *New York Times*, said that he didn't violate the law as he was not a party to the confidentiality agreement issued in the New York class action suit.

After the injunction was granted to Eli Lilly the documents rapidly disappeared from the internet. The company was given access to Dr Egilman's computers for three days for "forensic examination"; and Mr Reinert said that Eli Lilly has indicated that it wants to seek "all possible sanctions" against Dr Egilman. The consequences, said Mr Reinert, "could be very severe" and could conceivably extend to compensatory damages and time in jail.

Mr Gottstein said that Eli Lilly has also warned him of possible "disciplinary action at the bar."

Eli Lilly, in email messages to the *BMJ*, states that it is pursuing action because "these individuals have violated a federal court order by leaking the documents" and that it has not released its internal documents publicly because the company "has no intention of violating that order by releasing documents ourselves."

It added, "We intend to try the remaining cases in court—not in the news media."

Eli Lilly also states that "documents that have been illegally leaked to the New York Times are a tiny fraction of the more than 11 million pages of documents provided by Lilly as part of the litigation process. They do not accurately portray Lilly's conduct."

The leaked documents, says the company, were "only a few hundred of the 11 million pages" and had been "carefully selected by the 'leakers' to tell a story that the 'leakers' want them to tell."

Eli Lilly's statement to the *BMJ* continued: "These documents do not in any way represent an accurate view of Lilly company strategy or activities. What these individuals are not likely to show you is the millions of other pages of documents demonstrating how Lilly and its employees have worked to improve the lives of people with schizophrenia and bipolar disorder."

Eli Lilly had made every effort to publish and present results of its studies, whether favourable or not, said the spokesperson. Since 2003 all atypical antipsychotics in the United States, including olanzapine, have carried a label change warning that "hyperglycemia . . . has been reported in patients" with this type of drug, while observing that "assessment of the relationship between atypical antipsychotic use and glucose abnormalities is complicated by the possibility of an increased background risk of diabetes mellitus in patients with schizophrenia and the increasing incidence of diabetes mellitus in the general population."

IN BRIEF

WHO backs plans to increase access to antisera for bites and stings
The World Health Organization is creating a five year plan to boost production of antisera in developing countries to treat people bitten by dogs or snakes or stung by scorpions. WHO estimates that eight million people need antirabies serum each year. And nearly five million snake bites and scorpion stings are recorded annually, three quarters of which could result in death, amputation, or neurological damage if left untreated.

Health research gets £20m boost
Up to five centres of excellence are being created in the UK to strengthen public health research. The centres will each receive up to £5m (€7.5m; $10m) over five years to build academic capacity, computer systems, equipment, and research facilities. The funders include the British Heart Foundation, Cancer Research UK, and the Department of Health. Groups wishing to compete for funds can find details at www.esrcsocietytoday.ac.ukpublichealthcentresofexcellence.

Black tea is better than white
Adding milk to a cup of tea can destroy the cardiovascular benefits attributed to tea, says a study published this week in the *European Heart Journal* (doi: 10.1093/eurheartj/ehl442). The German researchers found that catechins in tea helped dilate blood vessels, but caseins in milk reduced the concentration of catechins.

Health forecast to help NHS trusts
Scientists have used five years' data on illness, injury, and death across the North West of England to predict the health issues most likely to affect people at different times of year (www.nwpho.org.uk/healthcalendar). The calendar is being sent to health and other key organisations. Its developers, from the North West Public Health Observatory, hope that it will help trusts and local authorities prepare for greater pressure at certain times of year.

Still time to vote in *BMJ* poll
As the *BMJ* went to press more than 6000 votes had been cast in its medical milestones poll to find the most important medical advance since the *BMJ* was launched in 1840. Voting closes on Sunday 14 January. The winner will be announced on a live webcast on 18 January at 1030 am (UK time). To join in go to bmj.com on 18 January and follow the link.

Andrew Wakefield drops libel case against Channel 4


Andrew Wakefield
REX/JUSTIN SUTCLIFFE

Clare Dyer LEGAL CORRESPONDENT

Andrew Wakefield, the British gastroenterologist whose comments at a press conference in 1998 sparked a scare over the safety of the measles, mumps, and rubella vaccine (MMR vaccine), has dropped his libel action against Channel 4.

The case was due to go to trial shortly after the end of a three month disciplinary hearing, which Dr Wakefield faces at the General Medical Council this July.

RadcliffesLeBrasseur, the solicitors acting for the Medical Protection Society, which was funding the libel case, said in a statement, "Consecutive hearings would have compromised Dr Wakefield's preparation for both hearings and would have placed an intolerable burden on him." They added, "He remains confident that he will be vindicated."

Lawyers say that the society could face a legal bill of more than £500 000 (€740 000; $970 000) for both sides' legal costs of the discontinued libel action.

Dr Wakefield sued Channel 4, 20/20 Productions, and the investigative reporter Brian Deer, who presented the Dispatches programme *MMR: What They Didn't Tell You* in November 2004. The programme criticised Dr Wakefield's methods and accused him of undisclosed conflicts of interest. Dr Wakefield's decision to drop the case comes not long after a high court judge ordered the disclosure to his opponents of confidential documents supplied to the GMC for the disciplinary investigation (bmj.com, 6 Jan 2007, doi: 10.1136/bmj.39084.440509.DB), although there is no suggestion that the two developments are linked.

The documents included papers from his former employer, University College London, and from the Legal Services Commission, which funded Dr Wakefield's research on children whose parents hoped to bring a compensation claim against the manufacturers of the MMR vaccine.

Dr Wakefield failed to disclose the £55 000 legal aid funding when he and his coauthors sent a paper to the *Lancet* on links between the measles virus, autism, and bowel disease, which included some of the children in the legal aid study.

He later denied a conflict of interest and said that the money had gone to his then employer, the Royal Free Hospital in London, and not to him personally. It emerged last month that he had also received hundreds of thousands of pounds in expert witness fees in the compensation case. This was eventually abandoned after legal aid, which amounted to more than £14m, was withdrawn.

Dr Wakefield said that the work had been spread over almost nine years, including during holidays, nights, and weekends, and had been used to fund a treatment centre in the United States for autistic children, where he now works.

Emergencies in conflict areas are often ignored

Sally Hargreaves LONDON

The impact of tuberculosis and the devastation caused by wars in the Central African Republic and Chechnya are among the top 10 most under-reported medical emergencies of 2006, as rated in a list released online this week by the international aid charity Médecins Sans Frontières (MSF).

"The violence and suffering that MSF medical staff witness is too often seen as a norm that does not merit media attention," said Jean-Michel Piedagnel, executive director of MSF UK, London. He added, "Yet the media is crucial in bringing humanitarian issues into the public consciousness and is often a precondition for increased assistance and political attention."

Despite intense efforts to raise the profile of the ongoing conflict in the Central African Republic, the country received almost no media attention in 2006, said MSF's report. Since November 2005 fighting has occurred between government troops and various rebel groups in the north west of the country and as many as 100 000 civilians have been forced to flee their homes.

***The "Top Ten" Most Under-reported Crises of 2006* is available at www.msf.org.**

Leaked report exposes mismatch in NHS staffing

Michael Day LONDON

Huge disparities between projected numbers of NHS staff and the levels of personnel the health service actually needs—or can afford—have been shown in a government report leaked to the *Health Service Journal*.

The draft NHS pay and workforce strategy for 2008-11 predicts a shortfall of 14 000 nurses and 1200 GPs but a surplus of 3200 consultants by 2010.

As a partial solution the report suggests that a lower paid "sub-consultant" grade be created for doctors who have newly acquired their certificate of specialist training, but the suggestion has prompted an angry response from the BMA.

Jonathan Fielden, chairman of the BMA's consultants' committee, said: "It is absurd to suggest that the NHS in England needs fewer hospital consultants. Patients deserve the best possible care, not a dumbed down service based around a sub-consultant grade."

The document says that the NHS must brace itself for many more job losses in the coming year. It estimates that more than 20 000 nurses and other NHS staff will have lost their jobs when the current financial year ends in April, as trusts seek to contain spiralling deficits. And an additional 2.7% of the workforce—or 37 000 posts—may be axed in 2007-8, the report says.

This statistic, combined with the document's predictions of dangerous staff shortages within just four years, has led to accusations by opposition parties of "chaos" and "panic" in the Department of Health.

The Tories' shadow health secretary, Andrew Lansley, said: "This latest fiasco is the bleakest possible start to 2007 for the NHS." He said that ministers' fears of damaging headlines over NHS debt meant that trusts were under pressure to cut costs at any price. "The financial crisis in the NHS is now driving government policy," he added.

The Liberal Democrats' health spokesman, Norman Lamb, said: "Shortages are coming even as hospitals continue to axe nursing jobs. Clearly there's chaos at the heart of the system. And it could spell disaster for patients when there's not enough staff to care for them properly."

The report cites cuts in nurse training posts because of financial pressures and an imminent wave of retirement in an ageing workforce as reasons for the predicted crisis.

The document says that the BMA is in part to blame for the "surplus" of consultants, because it failed to work with the government last year to address the issue. It goes on to say, however, that in the longer term more specialist doctors will be needed, hence the requirement for a more "affordable approach." A recent reduction in the recruitment of GP registrars is blamed for the projected shortfall in family doctors.

A health department spokesman said that the report was only a draft version. He noted that it was "prudent to identify potential risks and contingencies."

New WHO chief urges member states to step up efforts for flu pandemic

John Zarocostas GENEVA

The new head of the World Health Organization, Margaret Chan, has called for continued vigilance against the threat of a human influenza pandemic and has urged all 193 member states to step up their preparedness efforts.

Shortly after taking over as director general on 4 January, Dr Chan told reporters that in the past 15 months the number of countries with a pandemic preparedness plan in place had risen from about 50 to 170 and was still increasing. But she warned, "The risk is there. We should not let our guard down."

The plans, which are drawn up by countries according to WHO criteria, may include guidelines on situation monitoring and assessment, changes to public health approaches, formulation of social distancing policies, and how to build antiviral stockpiles and acquire vaccines.

Dr Chan believes the new and revised international health regulations, which will come into force in June, should help countries to develop early warning systems and respond more rapidly.

But she said the global health community had focused its concerns on H5N1 avian influenza as the cause of the next pandemic. "But I have to emphasise it does not have to be H5N1, it can be another one … that notion has to be very clear," she warned.

Since 2003, bird flu has killed 157 people out of a total of 261 reported and confirmed cases in 10 countries, says WHO.

Albert Osterhaus, who leads the department of virology at the Erasmus Medical Center, University of Rotterdam, told the *BMJ* that the world would not be prepared for a pandemic occurring within the next six to 12 months: "We're not there yet," he said.

WHO/CHRIS BLACK

Staff at WHO headquarters watch Dr Chan's address

More is needed to be done to boost the stockpile of antiviral drugs and to develop an effective vaccine, he said. But even if the mutated human strain were identified, it would take at least six months to produce a vaccine, he warned.

Dr Chan fears that any future pandemic "will be very devastating." Countries with weak health systems and African countries with widespread HIV and AIDS and other health problems would be particularly badly affected, she said.

The WHO chief has pledged to make the health needs of the world's weak and vulnerable a cornerstone of her term in office, which will run until 30 June 2012. "I want my leadership to be judged by the impact of our work on the health of two populations: women and the people of Africa," she said.

Most cancers in Europe are avoidable

Roger Dobson ABERGAVENNY

Almost 700 000 cases of cancer a year in Europe could be avoidable, new research has shown (*International Journal of Cancer* 2006 Dec 27, doi: 10.1002/ijc.22459).

The study, which looked at 11 cancers that can be prevented by changes to lifestyle, estimates that of 1.4 million cases, more than half—363 000 (59%) in men and 326 000 (45%) in women—could be avoidable.

In men, the proportion was largest in Hungary (77%); in women, the proportion was largest in Belgium (54%).

"Interventions directed at reducing smoking, obesity and alcohol use, as well as increasing physical activity and fruit and vegetable intake, are necessary to attain lower incidence rates," say the authors from a number of centres, including the Finnish Cancer Registry and the Comprehensive Cancer Centre in Eindhoven.

In the study, funded by the European Commission, the authors looked at the incidence of 11 cancers in 28 European countries. These included cancers of the oral cavity, oesophagus, stomach, colon and rectum, pancreas, larynx, lung, female breast, endometrium, kidney, and bladder.

"Assuming that the incidence in all countries would be the same as that in the country with the lowest rate in Europe, 689 581 out of the total of 1 371 199 observed cases (50%) cases could have been avoided in 2002," says the paper.

About two thirds of cancers in men in Spain, Portugal, Poland, Slovakia, Macedonia, and France were potentially avoidable. Lung, colorectal, and oral cancers contributed most in these countries, with high rates of stomach cancer in Portugal and Macedonia and high rates of bladder cancer in Spain and Macedonia.

Lung cancer accounted for 50% of all avoidable cancers in Greece, Serbia, and Montenegro and more than 35% in Belgium, Hungary, Romania, Bulgaria, and Poland.

In countries with low incidences of lung cancer in men, including Sweden, Finland, Ireland, and the United Kingdom, there were large proportions of avoidable colorectal cancer.

A large proportion of potentially avoidable oral, oesophageal, laryngeal, lung, and bladder cancers was found for Greek, Belgian, Hungarian, Serbian, and Spanish men. That, say the authors, is likely to be linked to cigarette consumption up to the early 1990s.

ISOPIX/REX

Industry funded research into nutrition, including soft drinks, tends to favour the products

Influential nutritional research is often funded by industry, study finds

Janice Hopkins Tanne NEW YORK

Influential articles about nutritional research are often funded by industry and are four to eight times more likely to reach conclusions that find in favour of its products, says a study in *PLoS Medicine* (2007;4:e5).

Daniel Ludwig, an author and director of the Optimal Weight for Life programme at Children's Hospital, a Harvard medical institution in Boston, told the *BMJ*, "It's widely recognised that when a drug company pays for research, the results are likely to be favourable to the company. The question hasn't been widely examined in funding for nutritional research. We don't all take drugs, but we all eat."

Industry support for nutritional studies is high, which could lead to bias in published research, he said.

The study says that nutritional research influences governmental and professional dietary recommendations, public health interventions, and regulation by the Food and Drug Administration of health claims by the manufacturers of food products in the United States. The findings on nutritional research are also widely publicised and may affect consumers' choices.

Dr Ludwig's group looked at 206 interventional and observational studies and at scientific reviews relating to milk, soft drinks, and juices, all of which were published between 1999 and 2003.

These drinks were chosen because they are widely consumed by children and adolescents, with possible long term health implications. "The health risks and benefits of these three beverages have been the subject of much recent controversy, and the beverage industry is large and highly profitable, arguably creating an environment in which scientific bias might occur," say the authors.

Only 111 of the studies included the source of financial sponsorship. Of these, about one in five (22%) had industry funding, almost half (47%) did not, and a third had mixed funding.

None of the interventional studies supported by industry reached a conclusion unfavourable to the industry. "When the food company pays [for the research], the results are four to eight times more likely to be favourable to the company's product than studies with independent financing", said Dr Ludwig, quoting findings in the paper.

Dr Ludwig said that his group had not looked at whether any of these studies had influenced public policy, but he said, "There is the potential to cause public health harm."

During the study period the proportion of researchers who declared sources of funding or conflicts of interest increased from about half to almost 80%, which Dr Ludwig attributed to increasing awareness of the matter and more stringent journal policies.

Increased government funding of nutritional research through a peer review process such as that at the National Institutes for Health was needed, he said.

German doctors threaten to boycott proposed project on electronic patient records

Annette Tuffs HEIDELBERG

The introduction of electronic health record cards in Germany has finally started, but doctors are threatening to boycott Germany's largest information technology project unless the financial terms are renegotiated.

A new expert report on the costs of the project has led to fears among doctors that they will have to contribute far more than the estimated €1500 (£1010; $1950) for each practice for new computer software and hardware.

The health ministry says that it will cost about €1.6bn overall. But expert advice by the technology consulting firm Booz Allen Hamilton, made publicly available by German hackers Chaos Computer Club, calculated costs of at least several billion euros.

The new system has been tested in two regions in north and east Germany since December 2006. The project aims to improve communication throughout all sectors of German health care, which comprises 82 million patients, 123 000 GPs, 2200 hospitals, 65 000 dentists, 21 000 pharmacies, and 270 health insurance companies (*BMJ* 2006;332:72).

The electronic health insurance card is to be released for general use in 2008. The card should eventually contain a patient's complete health history in digital format. It provides space for a patient's complete health history and will replace the health insurance card, which just gives the name and date of birth of the holder and the name of their health insurance company.

The new version would contain information such as drug prescriptions, a record of drugs prescribed, data for emergencies (for example, blood group and any chronic diseases), history of surgery, radiography findings, and doctors' letters, if the patient agrees. Patients can also include their own health documentation—for instance, a disease diary.

Launching the first electronic health card in Flensburg, north Germany, in December 2006, Marion Caspers-Merk, state secretary of the German ministry of health, said, "From today, 10 000 insurance holders will be receiving the new electronic card, whose functions will be gradually tested in doctors' offices, pharmacies, and hospitals over the next few months."

However, other regions, including Hesse, have decided that they would not spend any money on a project that does not seem to be of any advantage to doctors and patients.

"If politics and health insurance companies want the transparent patient, they should pay for it," said Frank Dastych, head of the Associations of Statutory Health Insurance Physicians in Hesse. Doctors also fear that patient and treatment data could be abused despite the fact that access to treatment data is only possible if both patient and doctor give their electronic security numbers.

The president of the German Medical Council, Jörg-Dietrich Hoppe, is less critical and welcomes the project in principle. However, he demands more information on the real costs before further introduction.

German health reforms hang in the balance

Annette Tuffs HEIDELBERG

The German coalition government is still struggling to push through its ambitious but highly criticised health reform plans (bmj.com, 15 Jul 2006, News Extra).

At the beginning of January Volker Kauder, the parliamentary leader of Chancellor Angela Merkel's conservative party, the Christian Democrats, announced that the final decision on the reforms would be delayed and be brought to the vote in parliament on 29 January at the earliest.

Karl Lauterbach, an expert on health care for the party's coalition partners, the Social Democrats, said that it was possible to put off the reform beyond its already delayed 1 April 2007 target date for enforcement.

Ms Merkel still remains optimistic and insists that the new schedule will be kept to. However, it is not clear whether the bill will receive the required majorities in the parliament and in the Federal Council of the 16 German states.

The delay should allow "sufficient time for debate" among the Christian Democrats and the Christian Democrat states of Bavaria, Baden-Württemberg, and Hesse, which are in revolt. The states are opposed to the reforms mainly because an expert study said that they will have to pay €2.3bn (£1.5bn; $3bn) into the national health fund to subsidise poorer regions in the north and east of Germany. Bavaria is also trying to defend the interests of the 8.4 million privately insured people who under the reforms will have to make contributions to the health fund.

FOCUS/REX

Chancellor Angela Merkel is optimistic about her health reforms

However, the gloomy financial forecast was questioned by a new expert report commissioned by the Social Democrat health minister, Ulla Schmidt, presented in the New Year. The states that are in revolt responded by ordering a new expert report on the question of money transfer.

The reforms aim to reorganise a health system that costs around €145bn a year and which is currently funded equally by insured people and their employers.

Under the latest proposals, healthcare insurance fees paid by employees and their employers will rise and, for the first time in the national health system's 150 year history, tax revenues will be used to help finance it.

Growing deficits in the health budget have been blamed on higher spending on drugs and hospital treatments, as well as a drop in the number of people paying insurance because of a rise in unemployment.

However, most experts—including doctors' and hospitals' groups as well as the drug industry and the employers—are critical of the law, which was drafted as a compromise between the coalition partners.

A wind of change blowing from the west

Students looking for a new way of learning medicine are heading west—to Peninsula Medical School in southwest England. **Geoff Watts** spoke to its founder, **John Tooke**, who was knighted in the New Year's Day honours

Geoff Watts LONDON

Why would anyone agree to undertake something as arduous as setting up a new medical school? One person who can answer that is John Tooke, professor of vascular medicine at the University of Exeter. He admits that bidding to create a new institution while staying active in research and clinical practice has proved a major challenge. The reward, of course, has been success—for Tooke and for the universities of Exeter and Plymouth. The Peninsula Medical School, with Tooke as dean, opened in 2002 and will hatch its first graduates this summer.

"By the time we'd won the bid I was hooked," he says. "I could see this was a fantastic privilege." He mourns the loss of time spent practising medicine but otherwise has no regrets. His original motive for becoming a doctor was to generate what he calls "health gain"; he's still doing so, but institutionally rather than individually.

Evidence base

As one of four completely new medical schools created in recent years, Peninsula is not alone in trying to innovate. The model that Tooke and his colleagues have adopted is the response to a question: "Are we addressing the needs of doctors working in the environment of the future? The NHS is going through turbulence, and change in the health systems of developed countries is essential if we're going to deal with the triple impact of technological advance, rising expectations, and increased longevity."

Tooke insists that Peninsula's batch of innovations is neither quirky nor seeking difference for its own sake. "Most of what we've done already has an evidence base. What's new is the way we've tried to bring it together to respond to that question, 'What is the role of a doctor?'

"Our students are exposed to clinical experience from the first week or two. Their learning about science is integrated into the clinical teaching and so is more relevant." Clinical skills training, from hand washing upwards and initially under laboratory conditions, is continuous throughout the five year course. Tooke contrasts this with his own experience as a student of "being shown once how to do a blood test then launched on the ward to do the rest."

In their first two years, students follow the cycle of human life from conception onwards. Along with an emphasis on the underpinning science are opportunities for early contact with patients. "In the preconception block, students may well go to an antenatal clinic; I didn't until doing obstetrics in my fourth year."

Controversially, Peninsula students don't learn anatomy from cadavers: "One criticism is that if students don't cut up dead bodies they won't understand death." Tooke thinks this is nonsense; he wants students to understand bereavement from their experience in the clinic not the dissecting room. Dealing

Drug makers end free lunches

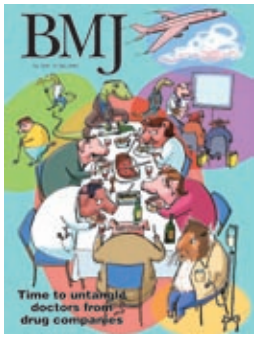
Fred Charatan FLORIDA

The International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) has revised its code of ethics for the first time in a decade. The new code bars gifts or money from the pharmaceutical and medical device industries that could influence doctors' choice of drugs or devices they prescribe for their patients. The 26 companies that belong to the federation, along with hundreds of other drug makers, will be bound by the revised 21 page code.

Big pharmaceutical companies sponsor continuing medical education, free meals, honorariums for lectures, and expenses for travel, and they give away free samples of drugs through their sales representatives.

The IFPMA's director general, Harvey Bale, said that the resulting entanglement between the companies and doctors has become widespread and has "not helped" the industry's reputation.

Studies have shown that the relationships influence doctors' prescribing behaviour (*BMJ* 2006;332:255).



The BMJ called for doctors to untangle themselves from drug companies in a theme issue in May 2003

Dr Bale said, "We need to make sure the product is the best product for the patient, and it's not influenced by gifts, and it's not influenced by hospitality or vacations."

The federation has assembled a network


John Tooke at Peninsula Medical School

PENINSULA MEDICAL SCHOOL

with pickled corpses that bear only a limited resemblance to living bodies may be a rite of passage, but as a way of learning anatomy it compares poorly with sophisticated models, imaging, computer graphics, and the like.

"As a doctor I have to interpret the anatomy of the patient in front of me from x ray, computed tomography, and magnetic resonance imaging." Not from distant memories of dissection.

He also points to limitations in the traditional assumption that most skills can be acquired osmotically while observing experienced clinicians. It's not enough, he claims. "What we've done is look at the nature of the clinical reasoning process and deconstructed it." The emerging insights inform the school's teaching, and so do feedback sessions, in which just two or three students have regular and close discussion with a single doctor.

All students, at whatever stage, take the same quarterly multiple choice test of applied medical knowledge. Based on an idea devised in the Netherlands, it's intended to assess progress: it allows tutors to spot individuals' weaknesses and shows deficiencies in the teaching programme. For new students, accustomed perhaps to being top of the class, a score of 15% in an early test can be sobering. But they get used to it, says Tooke cheerfully.

Tooke trained at Oxford and King's College, London, before establishing an academic career in diabetes and vascular medicine. Research has always occupied a central role in his plans for Peninsula. "There were postgraduate medical schools in Plymouth and Exeter, so we had strengths on which to build. We've pursued a policy of building on those strengths in a limited number of areas."

Integrated arts

A commitment to science has not prevented the school from integrating arts and humanities into the curriculum. The intention is to help students develop new powers of perception about the impact of illness on people's lives. But not through a "one size fits all" course. Instead there's a range of study units and the opportunity to do projects involving drama, music, or whatever other medium the student wishes to explore.

Right now Tooke and his school are on a roll. In the face of stiff competition they were awarded the first new dental school in more than 40 years. They won it, he thinks, partly because they're located in an area of clinical need, but also because of the success of the medical school and the thinking that's inspired it.

Although Peninsula has yet to produce its first graduates, the number of students has already increased twice: as good an endorsement as you could ask for. And its dean is aiming high: educationally Tooke would like to see his school in the top five of the *Guardian*'s league table by 2015 and in the upper half of the league table for research. Watch this space.

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of industry sources to monitor its members and a panel of compliance experts to hear complaints and appeals, he said. Practices that violate the code will be publicised.

The code of ethics limits pharmaceutical companies to gifts that are related to work and of modest value, such as stethoscopes or medical dictionaries. Arthur Caplan, professor of bioethics and director of the Center for Bioethics at the University of Pennsylvania, strongly objected to even this, saying these items should be banned too.

"There's no reason to be giving away anything," he said. "If they want to have marketing and education separate, then leave aside the stethoscope, key ring, or pen because that is pure marketing."

The revised code also deals with the locations of medical and scientific meetings. The code says these events should not be held in "renowned or extravagant venues" and the hospitality should not exceed what doctors would normally be willing to pay for themselves.

Professor Caplan said, "They used to have a fair number of what could be described as junkets, so what they're saying is, 'Knock it off.'"

The new code does not regulate direct to consumer advertising or drug trials, unless a violation of other principles is involved, Dr Bale said.

See www.ifpma.org/pdf/IFPMA-TheCode-FinalVersion-30May2006-EN.pdf.

IN BRIEF

Heart disease mortality in England is lowest for 10 years

The number of premature deaths from coronary heart disease has fallen by 36% since 1996, says *Shaping the Future*, a report on the progress of England's cardiac services (www.dh.gov.uk). Patricia Hewitt, the health secretary, said that the country was on track to meet the target of at least a 40% drop in cardiac mortality by 2010.

Gaddafi barters over lives of doctor and nurses


EC 1995-2005

Libya's leader, Muammar al-Gaddafi, is demanding the release of a convicted terrorist before he considers freeing five Bulgarian nurses and a Palestinian doctor sentenced to death for infecting Libyan children with HIV. He said they would have a chance of release only if Scotland sets free Ali al Megrahi, a Libyan sentenced to life in prison by a Scottish court in 2001 for the bombing of a Pan Am airliner in 1988.

Autopsies could include test for vCJD

The UK government is proposing that routine autopsies look for signs of variant Creutzfeldt-Jakob disease to establish how many people are incubating the disease. If coroners back the scheme the new test could be introduced as early as next summer.

Fighting in Somalia threatens aid relief efforts

Aid agencies have called for combatants to respect international humanitarian law after a raid on a Médecins Sans Frontières facility in recent fighting. The agency has warned that 1.8 million Somalis have been cut off from relief urgently needed in the wake of flooding, drought, and chronic insecurity.

Gonorrhoea in men increases risk of bladder cancer

Men with a history of gonorrhoea have twice the risk of bladder cancer as other men, says a study published in the *British Journal of Cancer* this week (www.nature.com/bjc, doi: 10.1038/sj.bjc.6603510). Inflammation caused by gonorrhoea and other symptoms, such as incomplete emptying of the bladder, may contribute to the risk, say the authors, from the Harvard School of Public Health.