On the other hand, the government and drug regulatory agencies, notably the Medicines Control Agency, remain unconvinced about the need for freedom of drug information. They claim that data relating to clinical trials are commercially valuable and are exempt from disclosure unless there is an overriding risk to public health or safety. Their stance is surprising considering that the agency is responsible for "safeguarding public health by ensuring that all medicines for human use on the UK market meet appropriate standards of safety, quality and efficacy." Secrecy has no place in this, and recent events have shown clearly that drug safety cannot be assured by regulatory agencies alone.⁷

Prospective registration of clinical trials promises to make publication bias a thing of the past. But in the meantime we must make the best use of the information at hand. Finding out about unpublished

studies is a critically important aspect of this. The amnesty remains open.

Ian Roberts *Director*

Child Health Monitoring Unit, Department of Epidemiology and Public Health, Institute of Child Health, London WC1N 1EH
(Ian.Roberts@ich.ucl.ac.uk)

- 1 Smith R, Roberts I. An amnesty for unpublished trials. *BMJ* 1997;315:622.
- 2 Medical Editors' Trial Amnesty. In: Cochrane Controlled Trials Register. In: *Cochrane Library*. Oxford: Update Software. 1998; issue3.
- 3 Cochrane Injuries Group Albumin Reviewers. Human albumin administration in critically ill patients: a systematic review of randomised controlled trials. *BMJ* 1998;317:235-40.
- 4 Taubes G. A plan to register unpublished studies. *Science* 1997;277:1754.
- 5 Chalmers I. Underreporting research is scientific misconduct. *JAMA* 1990;263:1405-8.
- 6 Tiner R. Medical editors' trial amnesty. *Lancet* 1997;350:1329.
- 7 Roberts I, Li Wan Po A, Chalmers I. Intellectual property, drug licensing, freedom of information, and the public's health. *Lancet* 1998;352:726-9.

Action on antimicrobial resistance

Not easy, but Europe can do it

"We screwed up, and we ought to say so and apologise. Doctors were handed the wonderful gift of antibiotics but are destroying them through indiscriminate use. We don't need another committee. We know what to do: we should just use them less." So spoke Norman Simmons, emeritus consultant microbiologist from Guy's Hospital, London, to a tremendous round of applause at last week's pan-European meeting in Copenhagen on antimicrobial resistance.

Increasing resistance to antimicrobial agents is health care's version of global warming. The serious problems are global and lie in the future. Evidence is uncertain. There is no technical fix. An adequate response depends on ordinary doctors and patients changing their everyday practices. We may have to give up our antibiotics for minor infections just as we may have to give up our cars for unimportant journeys. Multiple parties, including many vested interests, are involved, and there is a tendency to fall back to blaming each other. There are few votes in tackling antimicrobial resistance seriously, yet the problem can never be ameliorated without a political lead. And, crucially, no country can solve the problem alone. A multinational, preferably global, response is essential. Micro-organisms know no national boundaries.

Microbiologists have been discussing antimicrobial resistance for over 20 years, but the subject is now beginning to be taken seriously by many broader organisations. Last week's "Copenhagen recommendations" (available in full at www.microbial.threat.dk) join proposals from the World Health Organisation, the European Union, and, in Britain, the House of Lords Select Committee on Science and Technology and the Standing Medical Advisory Committee. The beauty of the Copenhagen meeting was that it brought all parties together: politicians from health and agriculture, academics, doctors, other clinicians, vets, farmers, representatives of the pharmaceutical industry, and

bureaucrats. "We are all sinners here," said Einar Krag, Denmark's chief medical officer and the guiding force behind the meeting. The universal admission of sin meant that we could all hope for redemption. The result was a remarkable degree of consensus.

The only issue that deeply divided the conference was banning antimicrobial agents as growth promoters in animals. Most of those at the meeting favoured a ban, but others wanted a full risk assessment before any decision was made. Others pointed out that the European Union already has the laws it needs to solve the problem: it simply needs to enforce them.

The Copenhagen recommendations have four main parts. Firstly, the European Union and the member states must recognise the seriousness of the problem of antimicrobial resistance. At present some countries do but others don't. Secondly, high quality data must be collected across Europe on the extent and effects of resistant micro-organisms and on the supply and consumption of antimicrobial agents. Thirdly, and this is perhaps the hardest part, Europe needs a wide range of measures to encourage the prudent use of antimicrobial agents: these include education of professionals and the public; widespread introduction of guidelines in human and animal medicine; the introduction of antimicrobial teams to cover hospitals and communities; and wider availability of diagnostic tests for infected patients. Fourthly, Europe needs a coordinated research programme with an emphasis on evaluating interventions to reduce the harm caused by antimicrobial resistance.

All of this is a challenge to Europe. It will be easy to keep talking while the problem worsens. Effective action will not only ameliorate a major problem but will also demonstrate that different groups within Europe can work together on difficult issues. Unusually, I'm optimistic.

Richard Smith *Editor, BMJ*

RS acted as rapporteur for the conference and had his expenses paid by the Danish Government.

BMJ 1998;317:764