Doctors may report violence to police

Roger Dobson, *Abergavenny*

Doctors and nurses in Wales's biggest accident and emergency unit are being given the go-ahead to report cases of violence to the police on behalf of patients.

The move is part of a crack-down on violence launched by the Cardiff Violence Prevention Group chaired by John Shepherd, professor of oral and maxillofacial surgery at the University of Wales College of Medicine.

The innovative Cardiff project, visited by the home secretary, Jack Straw, and the Welsh secretary, Alun Michael, last week, also includes a strategy to name and shame the pubs and clubs that provide the unit with the most patients.

Free phone lines are provided for patients in the unit who want to report their injuries to the police.

Victims of violence also have access to an on-call psychological service.

Professor Shepherd says research shows that only one in nine assaults in licensed premises (and only one in three assaults in the community) that result in accident and emergency treatment for the victim are recorded by the police. He says that this suggests that patients who have been victims of violence need access to the criminal justice system while they are in hospital.

"But patients are passively prevented from reporting offences because when they come they spend some hours here and don't have any ready access to the police. To improve access we have put free phone lines to the police in the waiting rooms."

He and his team have also been in contract with the General Medical Council about the idea of doctors and nurses making complaints directly to the police at the request of patients.

"The GMC has now told us by letter that it cannot see any objections to doctors reporting offences to the police on behalf of patients, so we will be starting that pretty soon," he says. □

GPs criticised by ombudsman

John Warden, *parliamentary correspondent, BMJ*

The first GPs in Britain to experience the rigours of the health service ombudsman's jurisdiction were called to account last week by MPs on the Commons select committee on public administration.

Dr William Cuthbert, a GP in Wolverhampton, was criticised by the ombudsman, Michael Buckley, for failing to respond to an out of hours call to arrange a syringe driver to administer morphine to a terminally ill patient when he was shopping on a Saturday morning.

He advised the relatives to call again on Monday morning, but by then the woman had died. The ombudsman upheld a daughter's complaint and found that Dr Cuthbert's actions fell

well short of the professional service the patient and her family had a right to expect.

Dr Cuthbert told the committee that at the time he felt there was little he could do for the patient except send her to hospital, but the family were against that. With hindsight, he now felt he should have visited and had apologised to the family.

"I feel guilty. I feel I could have done better. There was a lack of communication," Dr Cuthbert said. He was now more cautious and looked for possible pitfalls. Asked what lessons there were for other doctors, Dr Cuthbert replied: "Short of visiting every patient who calls—if in doubt, go and have a look."

Dr Deepak Trevi, a Wigan

GP, was criticised by the ombudsman for acting with undue haste in removing three households—a mother, daughter, and son—from his list when only one removal was justified.

Dr Trevi should have made more effort to preserve the doctor-patient relationship, the ombudsman said.

Dr Trevi admitted to the MPs that at the time he was not aware of General Medical Service Committee's guidance of some six months earlier that as a matter of courtesy GPs should inform patients of a removal and briefly outline the reasons.

Dr Trevi now accepted that he should have explained his reasons to the families. In his experience, however, if there was a disagreement with one unit of a family it was better to remove all of them. Since 1996 the ombudsman has had powers to investigate the actions of GPs. □

Adult stem cells may be redefinable

Deborah Josefson, *San Francisco*

New research indicates that adult neural stem cells—previously thought to be committed to becoming either neurones, astrocytes, or oligodendrocytes—can de-differentiate and reinvent themselves as haemopoietic precursors (*Science* 1999;283:471, 534-7).

This finding raises the possibility that adult human stem cells may some day be coaxed to grow into organs, regenerate damaged tissue, or reconstitute the immune system.

The problem of immune rejection may also be circumvented if an individual's own cells can be used.

It also means that the need for fetal cells as a source of stem cells for medical research may soon be eclipsed by the more readily available and less controversial adult stem cells.

Christopher Bjornson, of the University of Washington in Seattle, and Angelo Vescovi, of the National Neurological Institute in Milan, Italy, showed that both adult and embryonic murine neural stem cells can adopt a haemopoietic identity

Astrocytes: can they reinvent themselves?

when transplanted into mice whose bone marrow has been destroyed by radiation.

The scientists irradiated BALB/c mice to destroy their bone marrow and then injected them with neural stem cells derived from another strain of mice known as ROSA26.

The donor ROSA26 mice were transgenic for the *Escherichia coli* lacZ gene, which encodes the enzyme B-galactosidase. The presence of this gene product served as a marker to identify which cells took up the injected neural precursors.

The scientists injected mice with both adult and embryonic neural stem cells. Five to 12 months later they detected strong lacZ signals in the irradi-

ated BALB/c mice, indicating that the donated cells had taken up residence in the mice.

B-galactosidase was found in the bone marrow of mice that had received adult neural stem cells, indicating that some of the donated cells had redeveloped into haemopoietic cells.

The researchers found that adult stem cells were as effective in reconstituting the immune system as fetal neural stem cells. However, both fetal and adult neural stem cells took longer to repopulate the bone marrow than did a control group with injected foreign hemopoietic cells.

The difference may reflect the time it takes for neural stem cells to redefine themselves. □