In brief

UK royal warrant withdrawn from tobacco company: The royal warrant has been withdrawn from Gallaher, the manufacturer of Benson and Hedges and Silk Cut cigarettes. Warrants are granted for 10 years and then reviewed annually; to be eligible a company must show that it has supplied a substantial amount of goods and services to the royal household.

HIV infection increases among black Americans: Over half of HIV infections in the United States are among black people. A study that was reported at the recent conference on retroviruses and opportunistic infections in Chicago showed that AIDS was evolving from an illness of white homosexuals to one of poor black people through drug misuse and heterosexual encounters.

New world population strategy planned: A United Nations conference will this week consider a report on the progress made at the 1994 Cairo conference to control the world's population, nearly six billion. The report will focus on progress in family planning, women's rights, reproductive health care, and prevention of AIDS.

£140m to go to UK carers: The British government has announced a grant of £140m (\$224m) to help the estimated six million carers to have a break. The BMA welcomed the grant but has called for practical support for carers to enable them to carry on their supporting role and a carer's allowance to act as an adequate benefit to replace earnings.

New meningitis outbreak hits south Wales: A public health emergency has been declared in south Wales after three people died and six schoolchildren were being treated for an aggressive substrain of group C meningitis in Pontypridd.

News extra
More news stories are available on the BMJ's website www.bmj.com

US medical association reaches agreement with sacked editor

Janice Hopkins Tanne, *New York*

The American Medical Association (AMA) has reached a settlement with Dr George Lundberg, avoiding a possible lawsuit by him.

Dr Lundberg was fired last month as editor of *JAMA* (the journal of the American Medical Association) because he "fast tracked" the publication of a paper—which indicated that university students in the United States did not think that oral sex was "real sex"—in the midst of the impeachment trial of President Clinton.

In a bland and uninformative statement both parties said that they had resolved "substantive differences" and "wish to underscore their absolute commitment to *JAMA*'s editorial integrity, independence, and excellence." Terms of the agreement and whether there was a monetary settlement were "private and confidential," said an AMA spokesperson. Dr Lundberg's lawyer did not return telephone calls.

The joint statement indicated that Dr Lundberg would continue "contributing to scientific medical research and medical journalism, including *JAMA*, subject to editorial discretion."

The AMA spokesperson said, "Dr Lundberg will not be hired again. He can submit papers and will be treated as other contributors. It's up to the *JAMA* editors."

Dismissal of Dr Lundberg after 17 years as editor, brought a flood of protest. An editorial supporting Dr Lundberg was signed by 26 *JAMA* editors (including the two interim editors of the journal), 10 editors of affiliated AMA journals, and 16 members of the editorial board (*JAMA* 1999: 281;460). Dr Donald Lindberg, director of the National Library of

Medicine, part of the National Institutes of Health, resigned from *JAMA*'s editorial board.

Meanwhile, the AMA appointed a committee to be headed by one of the protesters, Dr Roger Rosenberg, professor of neurology at the University of Texas Southwestern Medical Center in Dallas, to conduct an international search for a new editor.

The AMA officer who fired Dr Lundberg, executive vice president Dr E Ratcliffe Anderson, said, "The AMA will go to whatever lengths are necessary to demonstrate its absolute commitment to editorial independence... The committee also will be charged with determining how the editor's performance can best be measured." □

Left: Dr George Lundberg, sacked editor of *JAMA*. Right: Dr E Ratcliffe Anderson of the American Medical Association (AMA)

NICE to sort clinical "wheat from chaff"

John Warden,
parliamentary correspondent, BMJ

Six weeks before the National Institute of Clinical Excellence (NICE) goes live as the arbiter of NHS treatment in England and Wales, the chairman, Professor Sir Michael Rawlins, said the most important thing on his agenda is to gain the early confidence of the health professions, as well as the public and parliament.

Sir Michael appeared before the Commons health committee as the government issued a discussion paper on how NICE intends to proceed. In a foreword, the health secretary, Frank

Dobson, states that NICE will sort out the "wheat from the chaff" and protect patients from outdated and inefficient treatment.

Sir Michael was asked about doctors' fears that he would be looking over their shoulders and interfering in their discretion. As a practising doctor, he said, he had some sympathy with that. But clinical guidelines would never encompass 100% of patients. People vary, and some would not fit into guidelines. There would still have to be a lot of professional judgment.

He described the functions of NICE as follows: firstly, to appraise all new technologies for their clinical and cost effectiveness and advise whether they should be in routine use in the NHS or not; secondly, to disseminate clinical guidelines based on clear scrutiny of the scientific literature in a form

that is practical and useful to health professionals; and thirdly, to develop and promote clinical audit.

Sir Michael said that the global explosion of medical knowledge and literature was now so great that no doctor could begin to assimilate more than a fraction. Confronted with the 167 guidelines for treating asthma, the average clinician found it difficult to know where to begin.

The discussion document gives details of how the NICE appraisal process will work. Initially it will select about 20-30 new interventions each year for appraisal and recommend which are suitable for routine clinical use in the NHS.

The document, *Faster Access to Modern Treatment*, is being sent to wide range of professional groups for comment by 19 March. □