In brief

US Medicare panel fails to find solution: President Clinton's Medicare commission was disbanded last week without endorsing any recommendations to avert a financial crisis in the programme which provides health insurance for 39 million elderly or disabled Americans. President Clinton said he would put his own proposals to Congress.

Spain compensates cooking oil victims: The Spanish government has approved a compensation package worth up to £1.7bn (\$2.7bn) for 17 500 people affected by contaminated cooking oil. In 1981 rapeseed oil was contaminated by aniline and introduced into the food chain. About 500 people died as a result.

Jack Kevorkian faces trial: Dr Jack Kevorkian, the retired US pathologist who says that he has helped over 130 terminally ill patients to die, has gone on trial in Michigan accused of murdering a man with a paralyzing disease. A film of Kevorkian injecting a lethal chemical into Thomas Youk was seen by millions of Americans on television.

French minister found guilty in blood scandal: Former French health secretary Edmond Hervé has been found guilty of negligence for not following up on blood screening procedures in the case of one patient, and for failing to recall and warn a woman that she had received blood contaminated with HIV; she later had a child who died of AIDS. In the mid-1980s hundreds of people died after receiving transfusions of blood contaminated with HIV.

Case of disgraced UK obstetrician leads to inquiry: The UK health secretary has set up an independent inquiry into why the poor clinical performance of Mr Rodney Ledward, the Kent obstetrician who was struck off by the General Medical Council last year, was not picked up and dealt with earlier. The inquiry, which will be chaired by Jean Ritchie QC, will be in private, although its report will be published.

US women asked to pay for epidurals in advance

James Ciment, *New York*

Responding to reports that certain hospitals are requiring women with Medicaid to pay for epidural analgesia for childbirth in cash and in advance, the director of the Center for Medicaid and State Operations—an agency within the US Department of Health and Human Services—issued a letter to state Medicaid directors across the country reminding them of their responsibilities and demanding that action be taken.

Medicaid—a programme inaugurated in the 1960s—pays for the medical services of impoverished Americans. Last year, more than 1 in 3 childbirths in the country were paid for by Medicaid.

In epidural analgesia local anaesthetics are delivered into the epidural space. In her 27 January letter, director Sally Richardson wrote, "Treatment of a Medicaid patient in this manner is not just a concern, it is alarming.... A hospital which accepts a Medicaid patient for treatment accepts the responsibility for making sure that the

Medicaid patients have been asked to pay in advance for epidurals

patient receives all medically necessary services."

The incidents that sparked the warning letter occurred in New York, although the national Medicaid office acknowledged that they have heard similar stories from California as well. One case cited in the letter concerned a woman in New York city whose obstetrician had ordered the epidural analgesia in advance.

But while in labour the woman was refused the service because she had not prepaid in cash, despite the fact that she

offered a cheque, a Western Union money telegram, and a credit card to pay for the analgesia.

Mary Kahn, a spokeswoman for Medicaid, thinks that these incidents hint at a much larger problem. "It worries us that this is going on all over the place, but that the patients are not reporting it. And if they are not reporting it, we don't know it is happening."

Referring to the Medicaid patients generally, she added: "We hope that these stories will stir up people to let us know." □

"Thrifty gene" identified in Manitoba Indians

David Spurgeon, *Quebec*

A study conducted in a reservation in northern Ontario has identified a genetic mutation that seems to have allowed the Indians there to survive famines in the past but to have triggered diabetes when food became plentiful and their lives became sedentary.

The study appears in the current issue of the *Journal of Clinical Endocrinology and Metabolism* (1999;84:1077-82).

Dr Robert Hegele, coauthor of the study and a geneticist at the University of Ontario's John P Robarts Research Institute, says that the "thrifty gene" exists in 40% of Indians with diabetes at Sandy Lake, an Ojibwa-Cree

reservation near the Manitoba border. That proportion includes those with the most severe cases of diabetes and those whose diabetes appeared at earlier ages of onset, which has been as young as 10 years. Within the past 30 years, the reserve has developed the third highest rate of diabetes in the world; about a quarter of the 2000 residents are affected.

Indians who were homozygous for the mutation developed diabetes by the age of 30; those who were heterozygous became diabetic by age 40. No link has yet been found among those who develop the disease after age 50.

Dr Hegele worked with clinicians Dr Stewart Harris in London, Ontario, and Dr Bernard Zinman at the University of Toronto and Mount Sinai Hospital. He says that although the mutation's action is not yet fully understood, its discovery could lead to new treatments for Sandy Lake residents.

He suspects that the mutation works by enabling the body to conserve energy when the source of food is hunting and food is scarce but results in the storage of too much energy when food becomes plentiful.

Researchers could find no evidence that the mutation exists in other North American aboriginals. But Donna Lillie, national director of research at the Canadian Diabetes Association, which partly funded the project, says that the study is important because of the high incidence of diabetes among aboriginals. □