Controversy rekindled over pill and risk of breast cancer

Richard Woodman, *London*

Controversy about the contraceptive pill and its effect on the risk of breast cancer was rekindled this week in an editorial by a professor of epidemiology, who said that recent reassurances may be "seriously misplaced" (*Journal of Epidemiology and Community Health* 1999;53:258-60).

Large studies have shown that the slight increase in the risk of breast cancer among women who currently use the contraceptive pill gradually decreases when they stop taking it until, after 10 years, there seems to be no excess risk.

However, Klim McPherson,

professor of public health epidemiology at the Cancer and Public Health Unit of the London School of Hygiene and Tropical Medicine, said that these comforting findings are based on studies done when patterns of contraceptive pill use were quite different. At the time the studies were done, the pill was used largely by married women to help space the birth of their children. Today, long term use by younger, unmarried women is the norm.

"This rather obvious observation could be crucial in the interpretation of the epidemiology

because we know that breast cancer risk is increased among women for whom the time between menarche and first full term pregnancy is longest.

"Thus, exposure to endogenous female hormones in this period does seem to increase risk, and of course this naturally begs the question of whether exposure to exogenous female hormones might additionally increase the risk."

Professor McPherson added that synthetic hormones are unlikely to be carcinogenic but may be coiniciators—that is, they may induce epithelial changes that increase the chance of initiating cancer. Although the risk of developing breast cancer before the age of 50 is about 1 in 50, he said that it is impossible to exclude the possibility of a risk as high as 1 in 18 on the basis of

a 15 year latency period and four years of pill use before a first pregnancy.

Professor McPherson's editorial has provoked an immediate reaction. Dr John Guillebaud, medical director of the Margaret Pyke family planning centre in London said: "Sex hormones are known to be potential promoters, not initiators, of cancer. It is biologically implausible that the latency problem would only involve those women exposed before their first full term pregnancy, yet completely fail to show in long term studies of thousands of ex-users who took the pill at different times in their lives."

Gillian Reeves, of the Imperial Cancer Research Fund's Cancer and Epidemiology Unit, said: "This is not something that can be answered by debating, only by data." □

GP on trial for murder

Clare Dyer, *legal correspondent, BMJ*

A general practitioner in England who admitted in media interviews that he had helped terminally ill patients to die was in the dock at Newcastle Crown Court this week on trial for murder.

Dr David Moor's foray into the euthanasia debate nearly two years ago has brought him face to face with the possibility of an automatic life sentence if found guilty of the murder of 85 year old retired ambulanceman George Liddell in July 1997 with a large dose of diamorphine.

Dr Moor, aged 52, has retired early from his practice under the pressure of a lengthy police investigation.

The court heard that Dr Moor entered the debate when a reporter contacted him for comment after a *Sunday Times* article in which Dr Michael Irwin, chairman of the Voluntary Euthanasia Society and a retired GP, confessed to helping patients to die.

An NHS public relations executive gave evidence that Dr Moor had also told her that he had eased the deaths of around 300 patients, including two in the previous week.

The court was shown a video of a BBC television interview in which the GP admitted helping

Dr David Moor is accused of murder

patients to die. He told the interviewer he believed he was morally correct and "would be very surprised if I had to defend myself in court."

Opening the case last week, prosecutor James Goss QC warned the jury: "This is not a trial about the merits or demerits of euthanasia. Dr Moor deliberately ended the life of George Liddell by administering a fatal overdose of diamorphine. His primary intention was to end life."

Defending, Anthony Arlidge QC told the court: "He was at all times trying to do his best for the patient. Dr Moor did not

deliberately set out to kill Mr Liddell.

"A doctor treating someone who appears to be terminally ill may find himself on a tightrope. If he gives a high dose of morphine, then there is the possibility that the patient's death may be hastened, if only to a short degree."

He added: "He felt he had treated his patients properly and was entitled to speak out. But he brought a hornet's nest around his ears which led to him standing in the dock."

On Monday, Mr Liddell's son in law, Anthony Ryan, 66, sobbed in the witness box as he described Dr Moor, of Stamfordham, Northumberland, as "a remarkably good doctor." Speaking about the day before the death of Mr Liddell, who had had bowel cancer, he said: "When I eased him forward he started to cry. It was a long and protracted cry. This was more than I could stand. I have never heard anything like it before."

The case echoes that of Nigel Cox, a rheumatologist found guilty in 1992 of attempted murder for giving a lethal injection of potassium chloride to an elderly patient with arthritis who had been in agonising pain.

When Dr Cox was convicted the judge passed a 12 month suspended sentence which allowed him to walk free. But a murder conviction leaves the judge no alternative to a life sentence. The trial continues. □

Patients say the NHS is ageist

Linda Beecham, *BMJ*

A survey by the UK charity Age Concern has found that 1 in 20 people over the age of 65 have been refused treatment by the NHS.

The survey was conducted by Gallup among 1600 people over age 50; it also found that almost two million people noticed different treatment from the service after their 50th birthday. Many people cited GPs as the main cause of their problems.

Respondents said that their doctors had told them that money would be better spent on treating younger patients. A study of eight GP practices in north London found that GPs seemed less likely to investigate angina among patients over 75 than among the "younger old."

The director of Age Concern, Sally Greengross, said that the "don't care, won't care" attitude must end.

Commenting on the survey, the chairman of the BMA council, Dr Ian Bogle, said, "Age is not an acceptable basis for rationing decisions." He said that the perception in some patients' minds that they might be denied treatment because of their age did not reflect his experience. □