In brief

UK task force to oversee NHS use at millennium: A task force has been set up by the Doctor Patient Partnership to promote the responsible use of health services during the 10 days of millennium celebrations. The Health Alert 2000 task force, which includes representatives from the British Medical Association, NHS Direct, and the London Ambulance Service, will provide material about who to call for advice.

NHS is the last failed nationalised industry: In the Institute of Economic Affairs' latest publication, John Spiers argues that the structure of the NHS embodies the collectivist assumptions of the 1940s, which have become increasingly irrelevant. He says that the problems of delays in treatment and decisions not to treat are endemic and would not be solved even if budgets were increased. *The Realities of Rationing* is available from IEA, 2 Lord North Street, London SW1P 3LB.

People with autism receive inadequate treatment: Support from health professionals for people in the United Kingdom who have autism or Asperger's syndrome is "frighteningly inadequate," according to a survey by the National Autistic Society. Forty per cent of parents waited more than three years for a diagnosis for their child.

MPs to examine procedures on clinical incidents: The health committee of the UK House of Commons is to inquire into procedures and investigations that follow adverse clinical incidents. It will examine the accessibility of information, support, and advice given to patients and their relatives.

Government proposes longer hours for junior doctors: The UK government has proposed that the European Union working time limit of 48 hours a week should not apply to junior doctors for another 15 years. In the interim, junior doctors should be allowed to work 65 hours per week, nine hours more than allowed by the current agreement.

GMC advises trusts on governance

John Warden, *parliamentary correspondent, BMJ*

A committee of MPs heard last week how the new duty of clinical governance to be placed on NHS trusts in England is being underpinned by advice from the General Medical Council (GMC).

Sir Donald Irvine, the president of the GMC, explained that although the council has no jurisdiction over health authorities and trusts, in a new departure it was having a dialogue with them about their arrangements for governance over the doctors they employ. Under the health bill now before the Commons, trusts will have a statutory duty to improve the quality of care they provide.

He said that in recent months about 300 trust chairmen have discussed their

responsibilities for governance over individual practitioners. The GMC had made clear the principles of good medical practice which it would expect management to apply.

The same theme is being followed in meetings with providers and insurers of private health care. Sir Donald said: "We have no jurisdiction, but we can say what are the standards expected against which doctors will be judged if anything goes wrong. If I were an insurer or provider I would want to satisfy myself that doctors were complying with the GMC requirements and in future revalidating themselves."

Sir Donald was addressing the health select committee,

which is inquiring into the regulation of private health care. The MPs are concerned that the GMC specialist register does not give patients detailed information about specialities.

Sir Donald conceded that the register does not convey what the public expects and something had to be done to close the gap. This would be the purpose of the GMC's revalidation proposals, to show on a continuous basis that the doctor was knowledgeable in the areas in which he was working.

Another concern of the MPs is that doctors suspended from working in the NHS can continue to practise in the private sector. Sir Donald believed that the GMC should be notified of suspensions because "the best safeguard is a decision by the GMC whether the doctor should be suspended from practising anywhere until the matter is resolved." □

Cloning may cause health defects

Judy Jones, *Malmesbury, Wiltshire*

Cloning may cause long term health defects, a study by French scientists has suggested. A two month old calf, cloned from genes taken from the ear of an adult cow, died after developing blood and heart problems.

The cloning process seemed to have interfered with the normal genetic functioning of the developing calf, according to the researchers whose findings are reported in the *Lancet* (1999;353:1489-91).

Cloned sheep, cows, and mice have been known to die before or shortly after birth. But the latest case highlights for the first time the long term damage that the cloning process may cause.

It is likely to cast fresh doubts over the safety and efficacy of cloning, which has so far been controversial largely for its ethical dimension. The study could lend weight to warnings that any attempt to clone humans might carry considerable health risks.

"Our observation should be taken into account in debates on reproductive cloning in human

Will these cloned calves have long term health damage?

beings," warns Dr Jean-Paul Renard, of the national institute for agricultural research near Paris, who led the study.

The calf that died had been cloned from a skin cell extracted from the ear of a 15 day old calf, itself cloned from a cow embryo. The "offspring" seemed to develop normally for the first month, after being treated with diuretics for an enlarged heart.

But rapid depletion of its red and white blood cells caused its condition to deteriorate. The calf was treated with iron sup-

plements but it died from severe anaemia at the age of 7 weeks. At necropsy researchers found that the calf's lymphoid tissues—the thymus, spleen, and lymph nodes—had failed to develop normally.

Cloning has regularly hit the headlines since February 1997, when researchers in Scotland successfully cloned a sheep, known as Dolly, using DNA from the mammary cell of an adult ewe. Until then, mammals had been cloned only from genetic material from embryos. □