Pennsylvania plans to reward organ donation

Fred Charatan, *Florida*

Pennsylvania is planning to be the first US state to offer a financial reward for organ donation. The state will pay a stipend of about \$300 (£187) towards the funeral expenses of an organ donor under a plan being worked out by an advisory panel.

The panel will issue its recommendations next month, and Republican Governor Tom Ridge is expected to approve the new programme. Payments authorised by Pennsylvania's Act 102 of 1994 will be made directly to funeral homes, rather than to the family of the organ donor. This is being done to avoid violating the federal National Organ Transplant Act of 1984, which classifies human organs as a national resource and bars their sale.

Howard Nathan, who serves on the governor's advisory panel

and is president of Gift of Life Program, one of two regional networks that distributes donated organs in Pennsylvania, said, "This is absolutely not buying or selling organs. This is about [providing] a voluntary death benefit for a family who gave a gift. The intent is to test it and see if it makes a difference to families."

The stipends will be paid from an organ donor trust fund which currently has funds totalling \$800 000. The payment programme will be monitored for three years by a panel of medical ethicists to see whether it increases the number of organs that are donated.

According to the US Department of Health and Human Services, 56 716 people were waiting for hearts, lungs, livers, pancreases, and kidneys at the end

A park in western Pennsylvania has been dedicated to organ donors and their families

of 1997. By the end of 1998 the list had grown to 64 423.

Jerome Groopman, a professor of medicine at Harvard University, wrote in an article in the *New York Times* that "thousands

die waiting ... it is imperative this crisis be addressed ... the only realistic solution is to greatly enlarge the pool of potential organ donors to accommodate the need." □

BMA calls for halt on GM crops

Linda Beecham, *BMJ*

The BMA has called for a moratorium on the commercial planting of genetically modified (GM) crops. This should continue until there is a scientific consensus about the potential long term environmental effects.

The association accepts that there are potential benefits of genetically modified foodstuffs, such as reduced food prices, prolonged storage time, and improved nutritional value. Potential risks, however, include the loss of diversity in the gene pool and the chance that widespread crop failure could follow the emergence of a pest with resistance to the specific pest control methods used.

An interim statement, published last week, *The Impact of Genetic Modification on Agriculture, Food, and Health*, is the result of a request at last year's annual meeting of the BMA, which called for an examination of the scientific evidence on the impact that genetically modified food-

stuffs might have on health in the long term. It is the first report on the subject by a large medical organisation in the United Kingdom.

Because no one knows whether there are any serious risks to the environment or human health from producing crops or eating food that has been genetically modified, the BMA has adopted a precautionary approach and recommends the implementation of a cost benefit and health impact assessment, comparing genetic modification with other agriculture techniques.

The report suggests segregating genetically modified food at source to enable identification and traceability and to facilitate monitoring in the interests of public health. It wants the government to set up a food standards agency soon, give it statutory powers, and charge it with considering the implications of genetically modified food on human health as a priority.

If the industry persists in mixing modified and non-modified products the new agency should consider banning the import of such products or insist that they are labelled to indicate that there is no guarantee that they are not genetically modified. □

Langlands defends NHS information technology strategy

Jane Dudman, *London*

Alan Langlands, chief of the NHS Executive, was due to appear before the House of Commons Public Accounts Committee on Wednesday (as the journal went to press) to defend the NHS strategy on information technology, after criticism had been voiced by the National Audit Office (NAO).

Sir John Bourn, head of the National Audit Office, says in his report (*The 1992 and 1998 Information Management and Technology Strategies of the NHS Executive*) that the Labour government's 1998 strategy has made certain improvements on the Conservatives' strategy of six years earlier.

But he criticises the lack of specific, measurable objectives and targets, which he says are necessary to monitor spending and achievements. The report expresses concern that, as with the 1992 strategy, there is no overall business case for the strategy and recommends that when business cases are produced for individual projects,

they should address interdependencies between them. The office also says it wants to see clearer plans for evaluating the strategy.

The report comes at a time of considerable debate about information technology within the NHS. In April, the government announced the merging of the UK standard on medical terms, the Read codes, with the US standard, the Systematized Nomenclature of Medicine (SNOMED), through a joint Anglo-American enterprise to standardise healthcare terms throughout the English speaking world.

The agreement, endorsed by the Royal Colleges and leading clinicians, is important in getting a step closer to the government's goal that everyone in the country should have an electronic health record by 2005.

The government has allocated £1.8m (\$2.9m) a year for the next three years for NHS work on developing a joint terminology. □