Liver cancer toll high in Japan

Adam Easton, *Manila*

Japan has the highest rate of liver cancer in any industrialised country, and the annual death rate of 32 000 is expected to rise over the next 10 years, according to a report by the Japan Society of Hepatology.

Primary cancer of the liver (hepatocellular carcinoma), which is nearly always the result of long term damage through either infection with hepatitis B or C or alcoholism, accounts for 95% of all cases of the disease in Japan, but it is considered a relatively rare malignancy in the West.

The society's report found that 90% of patient with liver cancer in Japan develop the dis-

ease as a result of infection with either the hepatitis B or C virus; western Japan accounts for a greater number of patients and deaths than eastern Japan.

Men tend to get the disease more often than women. In 1993, 23 931 cases were diagnosed in men and 8957 in women. Among men, liver cancer is the second most common cause of deaths from cancer; among women it is the fourth.

Dr Hideaki Tsukuma, of the Osaka Medical Center for Cancer and Cardiovascular Diseases, carried out research in Osaka which found that rates of liver cancer were highest among people, especially men, born during

the years 1931 to 1935.

"Illegal intravenous drug abuse—amphetamine addiction—was endemic in Japan just after the second world war. Since the 1930s generation was around 20 years old at the end of the second world war, I suppose this generation had a big chance of abusing illegal drugs and [becoming infected] with the hepatitis C virus.

"The spread of hepatitis C infection from those drug abusers to the general population was likely to occur through medical practices, commercial blood banks, and so on," he said.

Liver cancer takes 30 years or more to develop after infection. The number of cases of liver cancer began to increase in 1975, and reached a virtual plateau between 1990 and 1993, Dr Tsukuma said. □

Report finds no evidence of ethnic bias in GMC

Linda Beecham, *BMJ*

There is no evidence of overt discrimination against doctors on grounds of their ethnic group, according to a report presented to the United Kingdom's General Medical Council last week.

The findings by Professor Isobel Allen of the Policy Studies Institute did, however, show a noticeable difference in the proportion of doctors qualifying overseas about whom an initial complaint had been made and the proportion referred to the council's preliminary proceedings committee and the professional conduct committee.

Doctors who qualified overseas represent 27% of doctors in the United Kingdom. In 1997, 29% of initial complaints received by the GMC were against such doctors, decreasing to 26% in 1998. In 1997 doctors who qualified overseas accounted for 44% of doctors considered by the preliminary proceedings committee, increasing to 47% in 1998. In 1997 they accounted for 48% of those appearing before the professional conduct committee, increasing to 52% in 1998.

As in an earlier report, *The Handling of Complaints Against Doctors*, which was published in 1996 after allegations of possible racial bias in the working of the council's procedures, Professor Allen says that the reasons for the differences were complex.

The latest report is an interim one, and a full report will be published in 2000. It found that complaints from public bodies were more likely than those from members of the public to be referred to the preliminary proceedings committee and that doctors who qualified overseas accounted for a much higher proportion of complaints from public bodies than from members of the public.

The GMC's president Sir Donald Irvine said, "We are determined to find out why overseas qualified doctors are overrepresented in our conduct procedures." □

GP loses libel action

Clare Dyer, *legal correspondent, BMJ*

A holistic GP who was struck off by the General Medical Council after the death of a patient from a drug overdose lost a libel action against John Marks, the BMA's former chairman, last week.

John Hickey, who practised in Newquay, Cornwall, before he was struck off in 1990, claimed damages over comments made by Dr Marks on a BBC television programme, *Doctors in the Dock*, in 1995. The programme focused on the death in 1987 of Martin Scholes, an amphet-

mine addict, from an overdose of ground up tablets of dipipanone hydrochloride injected intravenously.

Dr Marks, a former member of the GMC who stepped down as BMA chairman in 1990, said in the programme that Mr Scholes was "a disaster waiting to happen." Dr Hickey had "got out of his depth through ignorance" and used potentially lethal drugs with no idea of how to handle them, he said.

Mr Justice Gray, who heard the case without a jury because of the complexity of the subject matter, ruled in his favour after an eight day trial, during which Dr Marks spent most of a day in the witness box.

Dr Marks said after the judg-

ment: "It was an experience I wouldn't wish on my worst enemy. I'd never been sued for anything before." It had never occurred to him when he took part in the programme that he might be sued for libel, he added. "I thought I was commenting responsibly."

He said that he had read the transcripts of the GMC hearing, the misuse of drugs tribunal, and the inquest and had found the evidence "quite overwhelming."

Dr Hickey's QC, Frederic Reynold, had told the judge that Mr Scholes was distressed and agitated a week before his death. The GP prescribed diazepam and dipipanone hydrochloride. Five days later he wrote a second prescription for dipipanone hydrochloride and then another the day before the death after Mr Scholes said that he had lost the tablets.

Mr Reynold said that Dr Hickey was unaware of the risk that addicts might grind up tablets of dipipanone hydrochloride to inject. He was sceptical about Mr Scholes's story, but his action was justifiable and understandable to secure the patient's cooperation with treatment.

Mr Justice Gray said that he accepted that Dr Hickey was acting in good faith. But he was wholly satisfied that the prescriptions of dipipanone hydrochloride, a drug which Mr Scholes was known to have used previously, were "medically indefensible and dangerous." □

Dr John Marks has been cleared of libel