BMA backs junior doctors' fight against government

Annabel Ferriman, *BMJ*

In a highly charged debate at the annual meeting of the BMA, held in Belfast, doctors from every section of the profession queued up to pledge their support to the junior doctors in their fight with the government.

Dr Andrew Hobart, chairman of the Junior Doctors Committee, won a standing ovation for his speech, defending the committee's decision to ballot its members on industrial action. And the conference overwhelmingly passed a motion backing its decision. "This government wants to modernise the NHS but perpetuates Victorian working conditions for the most vulnerable junior doctors," said Dr Hobart.

Junior doctors suffered "poor accommodation, no hot food on

call, long hours, no rest, relentless intensity—and all for half pay," Dr Hobart argued. "We will not tolerate this any more. We have asked. We have pleaded. We have begged. And we have got nowhere. Junior doctors have finally had enough.

"The Junior Doctors Committee has resolved that if we cannot sort out the issue of out of hours pay by September, we will ballot for industrial action—not a strike, but action short of a strike. This is not about junior doctors. This is about what sort of health service we will have in the 21st century. Will it be one in which a monopoly employer imposes unfair terms of service, or will we change to a better system?

"This is a BMA campaign. If junior doctors are beaten, con-

sultants are next, and GPs after that. And the smaller craft groups won't have a hope. If we lose this one, we might as well pack up and go home now. But we are not going to lose this one. We are going to win," he said, to rapturous applause.

Only one voice was raised against the decision. Dr Nicholas Moony, an anaesthetist and member of the BMA's consultants and specialists committee, said, "It would be wrong and unethical to consider any action that would increase the suffering of patients. Any form of industrial action, no matter how well planned and organised, must affect patient safety."

Dr Fiona Kew, chairwoman of the junior doctors' conference, attacked Dr Moony's claim that doctors should never take industrial action because it harmed patients, by saying that having patients cared for by exhausted doctors was a greater danger. "Tired doctors make bad doctors." (see p128) □

BMA calls for independent commissioner on child health

Katherine Burke, *London*

Independent commissioners should be employed in the United Kingdom to overturn policies that are currently damaging children's health, the BMA has urged.

In a report on children's health published last week, the BMA warned that the widening gap between rich and poor sections of society means that the death rate for children aged under 5 years is higher in the United Kingdom than almost anywhere else in Europe. The report recommended that the chief medical officer should produce an annual report on children's health and that four commissioners for England, Northern Ireland, Scotland, and Wales should evaluate the effect of new policies on children's rights, and health. James Appleyard, chairman of the BMA's report panel and honorary consultant paediatrician at Kent and Canterbury Hospitals NHS Trust, warned of "an incredible complacency about child health services."

The report noted that children in social class V were four times more likely to die in an accident than those in social class I and that they had nearly twice the rate of chronic illness. It recommended that doctors should promote breast feeding and children at nutritional risk should be given free nursery and school milk, fruit, and a balanced main meal.

Dr Appleyard criticised health service managers for putting paediatrics eighth on their priority list; this contrasts with the public, who rated child health as second only to accident and emergency services. The panel called for all accident and emergency departments to set up specially equipped facilities for children. □

Growing up in Britain: Ensuring a Healthy Future for our Children is published by BMJ Books and is available from the BMJ Bookshop (tel: 0171 838 6455), price £19.95.

Newly identified gene linked to dementia

Scott Gottlieb, *New York*

A single alteration in the DNA sequence of a newly discovered gene may be the cause of familial British dementia, a rare form of hereditary dementia that is characterised by amyloid deposition in the brain and is considered to be closely related to Alzheimer's disease.

A team of researchers from New York University School of Medicine, New York, and the National Hospital for Neurology and Neurosurgery and the Insti-

tute of Neurology, both in London, analysed tissue from a post-mortem examination of a British woman in a family affected by familial British dementia who had developed the disease at the age of 56 and died at 65. The team found a mutated copy of a single gene (BRI). The researchers also identified a similarly mutated copy of the same gene in seven family members with the condition. The mutated copy of the gene was not found in unaffected family members, healthy people, or individuals with other neurological disorders (*Nature* 1999;399:776-81).

Familial British dementia is an autosomal dominant disorder characterised by progressive dementia, spasticity, and cerebellar ataxia. First reported in

the 1940s, the condition is associated with cerebral amyloid angiopathy, non-neuritic and perivascular plaques, and neurofibrillary tangles.

Familial British dementia is found exclusively in the descendants of a British woman who died in 1983. The disease has affected 38 of her descendants so far. The family comprises more than 300 members, spanning nine generations.

According to the study, the mutation to the BRI gene is a single base substitution in a stop codon, known as a point mutation. It causes more amino acids to be added on to a protein that is coded for by the gene. This leads to the production of a longer than normal protein, which may be deposited as amyloid. Amyloid deposition in the parts of the brain vital to memory and learning is believed to give rise to the symptoms of Alzheimer's.

"Our hope is that the discovery of this genetic mutation, which causes a disease as devastating as Alzheimer's, will lead to a better understanding of how neurones are actually lost in the brain," concluded Jorge Ghiso, one of the research team and associate professor of pathology at New York University School of Medicine. □

Brain changes in Alzheimer's: new gene may cause amyloid deposition