Patients dialysed at for-profit centres do worse

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Patients with end stage renal disease who receive dialysis at for-profit centres have higher rates of death and complication than those receiving such care at non-profit facilities, according to a study led by researchers from Harvard Medical School and Johns Hopkins University Medical School (*New England Journal of Medicine* 1999;341:1653-60, 1691-3).

The study also found that patients who had dialysis at commercially driven clinics were less likely to be placed on waiting lists to have a kidney transplant than their counterparts treated at non-profit centres.

Dr Pushkal Garg, Dr Kevin Frick, and their colleagues at Harvard and Johns Hopkins University Medical Schools analysed information on 3681

patients with new onset end stage renal disease gathered from the US Renal Data System.

The patients were selected to be nationally representative and were followed for a minimum of three years, up to six years. End points for follow up included placement on a list to receive a renal transplant, death, loss to follow up, and termination of the study, which concluded in May 1996.

Statistical adjustments for confounding demographic and socioeconomic factors as well as quality of the dialysis centres were made by a proportional hazards method. Of those eligible for inclusion in the study, 3569 were included in the analysis of mortality and 3441 in the analysis of the transplant waiting list.

Patients treated at for-profit

centres were 20% more likely to die than those treated at non-profit centres. The crude death rate, measured per 100 person years, was 21.2 for patients in for-profit facilities versus 17.1 at non-profit centres (adjusted hazard ratio 1.2 with a 95% confidence interval).

Moreover, the likelihood of such patients being placed on waiting lists for renal transplants was 26% lower for patients having dialysis at commercially driven centres.

Although conclusive evidence is lacking, the authors say that for-profit centres may respond to financial pressures differently from non-profit facilities and that these measures may place patients receiving their care at such places at higher risk.

Specifically, the authors sug-

gest that for-profit clinics engage more aggressively in cost cutting measures, such as replacing highly trained nurses with less trained staff and decreasing the time periods of individual dialysis sessions. They may also give patients a lower dose of erythropoietin, an expensive hormone that boosts the blood count, which is deficient in patients with chronic renal failure, and is administered in concert with dialysis.

Because haemodialysis is a reliable source of revenue for such clinics, for-profit facilities may be reluctant to lose patients by referral to transplant lists.

About 200 000 patients in the US have dialysis annually, and about 67% of them receive their care at freestanding, commercially driven clinics, so the study has widespread implications. □

United States issues guidelines on embryo cell research

Fred Charatan *Florida*

The US National Institutes of Health is proposing, for the first time, to allow funding of research into human pluripotent stem cells. It has just issued draft guidelines for such research and has proposed establishing a research group to ensure that its final guidelines are strictly followed.

The guidelines apply to research applications or proposals for National Institutes of Health funding that entail the use of human pluripotent stem cells derived from early human embryos or from human foetal tissue.

The cells will be obtained

from embryos through the work of privately financed researchers.

Since 1995, Congress has inserted language into each appropriations bill to ensure that no federal funds are used for the creation of a human embryo, or to support research that would entail the destruction of one.

The republican representative for Arkansas, Jay Dickey, who supports the ban on federal funds for stem cell research, commenting on the guidelines, said: "It makes the government an accomplice in something Congress has stated specifically it doesn't want to have anything to do with—the termination of an embryo."

The heart of the current debate centres on whether a human pluripotent (as opposed to totipotent) stem cell is an "organism" and thus falls within the Congressional ban. In US Senate hearings earlier this year, Dr Lawrence Goldstein, of the San Diego School of Medicine,

said that pluripotent stem cells obtained from embryos at an early stage of their development have only limited potential and cannot form a whole organism.

Before issuing the draft guidelines, the National Institutes obtained a legal ruling from the Department of Health and Human Services, which concluded that the Congressional prohibition did not apply to

stem cells, because such cells are not embryos and are incapable of becoming one.

Many scientists, patient advocacy groups such as the Patients' Coalition for Urgent Research, and the National Bioethics Advisory Commission, support stem cell research. The National Conference of Catholic Bishops and the Southern Baptists are opposed. □

Embryonic stem cells may be used for federally funded research under new guidelines next year

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