In brief

NHS Direct extended and goes on line: NHS Direct, the telephone helpline run by nurses, is being extended to cover over 65% of England. At the same time patients with access to the internet will be able to get healthcare advice and information from NHS Direct on line (www.nhsdirect.nhs.uk), and the *NHS Direct Healthcare Guide* will be available from pharmacies.

Canada launches website of health information: Canada's health ministry, in cooperation with 400 health organisations, has created a website to help internet users find current, reliable information on health promotion and disease prevention (www.canadian-health-network.ca).

US junior doctors can form unions: Doctors in training in the United States can now legally form unions to negotiate salary and working conditions. Until now they were regarded as students and were denied collective bargaining rights.

Particulate pollution causes premature deaths: Pollution with particulate matter causes thousands of premature deaths a year in Europe, according to a report from the World Health Organisation and the United Nations Economic Commission for Europe. The report, *Health Risk of Particulate Matter from Long Range Transboundary Air Pollution—Preliminary Assessment*, says that if targets for reducing air pollution projected in the new protocol are achieved, the effects on health, including deaths, could be reduced by a half by 2010.

UK surgeon cleared of incompetence: An independent review has found Joseph Rahamin, a consultant thoracic surgeon at Derriford Hospital, Plymouth, professionally competent and fit to practise. His qualifications and physical fitness were questioned by Channel 4 News in 1998 (*BMJ* 1998;317:297).

News extra
More news stories are available on the BMJ's website www.bmj.com

COX 2 inhibitors can affect the stomach lining

Deborah Josefson *San Francisco*

A new class of analgesics designed to be less ulcerogenic than traditional non-steroidal anti-inflammatory drugs may not protect the gastric lining after all, according to a University of California study (*Nature Medicine* 1999;5:1415-23, 1348-9).

Their ulcerogenic effect may stem from their antiangiogenic properties, and as such they may be useful anticancer drugs.

The analgesics, agents known as selective cyclo-oxygenase-2 (COX 2) inhibitors, were specifically designed to be less harmful to the gastric mucosal lining than traditional non-steroidal anti-inflammatory medications such as aspirin, indomethacin, and ibuprofen, which block the activity of both cyclo-oxygenase-

1 (COX 1) and COX 2 to some extent.

The cyclo-oxygenases are enzymes that catalyse various reactions in prostaglandin synthesis. Previously, COX 1 was thought to be solely responsible for catalysing reactions that produced protective prostaglandins—such as those involved in maintaining the integrity of the gastric lining, regulating renal blood flow by keeping the renal blood vessels open, and maintaining platelet function. Inhibition of COX 1 could therefore produce deleterious as well as anti-inflammatory side effects.

COX 2, meanwhile, was thought to catalyse the synthesis of painful prostaglandins such as those mediating inflammation. The theory was that selective inhibition of COX 2 would yield a safer anti-inflammatory agent.

Non-steroidal anti-inflammatory drugs are widely used for headache, menstrual cramps, musculoskeletal pain syndromes, and arthritis. Additionally, they are widely prescribed for both primary and secondary

prevention of both heart attack and stroke. Recently they have received attention as useful agents in decreasing the severity of Alzheimer's disease as well as in possibly preventing the formation of adenomatous polyps and colon cancer.

Up to a quarter of patients taking these drugs, however, experience side effects such as gastroduodenal ulcers, delayed wound healing, bleeding, and perforated ulcers.

Researchers led by Dr Michael Jones of the Veterans Affairs Medical Center in Long Beach, California, compared the antiangiogenic properties of a selective COX 2 inhibitor, NS-398, with those of a non-selective non-steroidal anti-inflammatory drug, indomethacin, in *in vitro* assays of angiogenesis using aortic endothelial cells from rats, human dermal microvascular cells, and endothelial cells from the human umbilical vein.

Both indomethacin and NS-398 substantially inhibited angiogenesis in all cell lines studied. The extent of inhibition was similar for both. □

Government orders inquiry into removal of children's organs

Clare Dyer *legal correspondent, BMJ*

Every NHS trust in Britain is being asked to say whether it took organs from dead children without their parents' consent, in the aftermath of an outcry over disclosures that staff at Alder Hey Hospital in Liverpool removed and stored more than 2000 hearts and 800 other organs.

Health secretary Alan Milburn last week announced an external inquiry into the removal and retention of organs at the hospital, the largest children's hospital in Europe.

Alder Hey is already the subject of an internal inquiry, and Liverpool coroner André Rebelo is investigating at least one case. Some of the organs, removed during necropsies, were discovered in a laboratory store at Liverpool University.

Dick van Velzen, who held the chair of fetal and infant pathology at the university from 1988 until 1995, was named at the coroner's inquest into the death of 4 month old

Kayleigh Valentine, whose brain and other organs were allegedly removed without her parents' permission. Professor van Velzen, now working in the Hague, claims he has been made a scapegoat.

He told the *Sunday Times* that a collection of 2000 or more

organs had been amassed since 1949 and claimed he repeatedly complained about what was happening. The collection was "a ticking time bomb that has now gone off," he told the paper.

Several other hospitals have admitted that parents may not have realised their children's organs were being retained for research after postmortem examinations. In some cases parents say they were asked to consent only to removal of "tissue," whereas in others they deny giving any consent.

Organ retention is covered by the Human Tissue Act 1961, which allows the "person lawfully in possession of the body" to authorise the removal of any part for research if he or she has no reason to believe a relative objects.

When someone dies in hospital, the hospital administrator is probably lawfully in possession of the body, but he or she must make "such reasonable inquiry as may be practicable" to make sure the relatives have no objection. But when an inquest is likely or a necropsy is expected to be ordered by a coroner, the coroner's consent is required for removal of organs. □

Dick van Velzen claims that he has been made a scapegoat

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