Editor of *New England Journal of Medicine* departs

Scott Gottlieb *New York*

The editor in chief of the *New England Journal of Medicine* has left his job in a dispute over plans by the journal's publisher to use the journal's name and logo to launch a range of other medical publications that would be only nominally controlled by the journal's top editor.

Dr Jerome Kassirer, the journal's editor in chief of eight years, agreed to step down because of his opposition to plans by the Massachusetts Medical Society, which publishes the medical journal, to launch a family of consumer oriented and specialty specific medical journals.

Dr Kassirer had already stoked the medical society's ire by resisting earlier attempts to use the journal's name to sell its newer publications, including two consumer newsletters, as well as several publications written for doctors.

His tenure will not officially end for eight months, but Dr Kassirer will take a seven month sab-

batical beginning 1 September, and the journal said that it is already searching for a replacement.

The medical society's president, Dr Jack Evjy, said in a statement jointly issued with Dr Kassirer that their differences of opinion focused on "administrative and publishing issues." In published reports Dr Evjy declined to elaborate on Dr Kassirer's departure. Dr Kassirer also refused to go beyond the written statement, which thanked the society for its past editorial and financial support.

The controversy partly surrounded the Massachusetts Medical Society's efforts to advertise its other publications for doctors and the public by saying they are produced by the "publishers of the *New England Journal of Medicine*."

Although that is technically accurate, journal editors say that they resent that their hard won trust is being used to sell publi-

cations that they do not control and whose quality and accuracy they cannot verify.

The issue has heated up over the past year as the society sought to upgrade its online services and promote its recently purchased journal *Hippocrates*.

The announcement evoked memories of the American Medical Association's abrupt firing six months ago of Dr George Lundberg, the long-standing editor of *JAMA*, for publishing an article on perceptions about sex that was deemed to be inappropriate by the association's executive director.

Dr Lundberg, who is now editor in chief of Medscape, a world wide web based medical information site for consumers and doctors, said that the recent departures of two successful medical editors may indicate "the pressure brought on to editors because of the speed at which things are

Dr Jerome Kassirer, former editor of the *New England Journal of Medicine*

changing in the publishing environment."

"Most people believe there's going to be a shakeout," he added, "and it's forcing people to move quickly on decisions that used to be more deliberative and take more time." □

Fears that a rise in genetic testing will rule out insurance are "paranoia"

Geoff Watts *London*

Calming public fears and encouraging a more realistic perception of the impact of genetic testing were the themes of the first seminar organised by the newly formed UK Forum for Genetics and Insurance. The meeting, held this week at the Royal Society, also heard about new prospects for the insurability of people with the gene for Huntington's disease.

Sir Leslie Turnberg, chairman of the forum, pointed out that much of the research going on in genetics is still at a very early stage. "We'll soon have the human genome," he said. "But we'll still be a long way off know-

ing how that information can be used in predicting dysfunction."

Professor Andrew Read, a geneticist at Manchester University, added: "The thing that people worry about is the idea of a genetic readout that tells you what you're going to die of. That's very largely paranoia and science fiction."

"You have to ask what genetic tests might be performed on somebody with no family history of disease and who is asymptomatic. What test can you do which would severely reduce the chances of their being insured? As a geneticist, I would say you have to look pretty hard

to find many tests like that."

Giving the opening address to the meeting, the government's chief scientist, Sir Robert May, said that it was important to get decisions on genetics and insurance in line with the scientific evidence. Some insurance companies had made what he described as "silly decisions" in the early days of HIV.

At present, individuals who do have a major disorder may find themselves uninsurable. Mr Chris Smith, an actuary with the insurer Swiss Re, explained that conventional underwriting practice had been to accept people with a family history of Hunting-

ton's who had not been tested but charge them higher premiums. People known to carry the gene for Huntington's disease were normally refused cover.

Mr Smith has developed a new mathematical model for working out the extra mortality associated with Huntington's disease. His calculations suggest that life assurance, at an additional premium, could be also made available to at least some individuals known to have the gene for Huntington's disease.

The UK Forum was set up in 1998 to analyse the insurance implications of advances in genetic knowledge. □