In brief

Japanese company compensates worker for secret HIV test:

A Japanese company has been ordered to pay 6.6 million yen (£40 000; \$60 000) to a worker on whom it had secretly carried out a test for HIV. The court said that the Takigawa Chemical Industry had illegally dismissed the Japanese-Brazilian man, and it ruled that the Ichikawa Higashi Municipal Hospital had violated the man's privacy by carrying out the test.

UK babies will be screened for deafness:

The UK government has announced a new programme to screen for deafness in newborn babies. The programme will start at 20 sites in England in September during the first year before being rolled out nationally. The test will be carried out within 48 hours of birth.

Sykes to become rector of Imperial College:

Sir Richard Sykes, chairman of GlaxoWellcome, is to become rector of Imperial College of Science, Technology and Medicine, London, from next January. GlaxoWellcome and SmithKline Beecham are due to merge in the summer, when Sir Richard will become non-executive chairman of the new company, to be called Glaxo SmithKline plc.

Demand for private health insurance in UK remains flat:

The proportion of people with private health insurance fell by 4.5% in 1999 to 3 666 000, according to Laing and Buisson's Private Medical Insurance UK Market Sector Report 2000. At the end of 1999, 11.9% of the population (7 million people) were covered by private insurance.

UK campaign to attract ethnic minority blood donors:

The National Blood Service and the Thalassemia Association have launched a campaign to attract more blood donors from the African and Afro-Caribbean community. There is a need for donors of Afro-Caribbean origin for people with sickle cell disease.

Whistleblower inquiry clears British hospital

Clare Dyer *legal correspondent, BMJ*

A former professor at Imperial College School of Medicine and consultant radiologist at the Hammersmith Hospital in London who was suspended from his job after raising concerns about patient safety was not victimised, according to the conclusions of an independent inquiry released last week.

Peter Dawson, who resigned with a £120 000 (\$180 000) settlement and now works for University College London Hospitals, branded the public presentation of the report by Ian Cameron, vice chancellor of the University of Wales College of Medicine, as "a cover-up and a whitewash." But he said his previous briefings with Professor Cameron had led him to believe that the report itself was not a cover-up.

Professor Dawson and a colleague had raised concerns about on-call arrangements for interventional radiology, which they felt were being provided by consultants who were rusty or

insufficiently trained in the field.

They were also concerned about the numbers of radiographs which were not reported on or not reported within a reasonable time. Professor Dawson also complained about an unrelated matter—that money from three accounts in his name had been used for medical school purposes without his being informed.

The report is not being published, but Health Minister John Denham released a letter from Professor Cameron with a summary of his findings "in a form which can be made public." This says that Professor Dawson, another professor, a consultant who was also suspended but has returned to work, and a department secretary were not victimised. But it finds that they "acted appropriately" in voicing their concerns.

Mr Denham said he accepted Professor Cameron's recommendations in full and would instruct

the NHS Executive to implement them. Professor Cameron recommends that consideration should be given to financial compensation for the secretary, Christine England, who resigned and took a less well paid job.

He says Professor Dawson, who has been on a temporary contract as a consultant radiologist with UCL Hospitals, with his salary paid by the NHS Executive, "should be given further help to rehabilitate his career and for him to find a permanent job which utilises his talents."

The summary says: "The four individuals concerned were not victimised for voicing concerns about patient safety and other matters." But their concerns "drew attention to areas which had the potential to affect patient safety," particularly unreported images and delays in reporting.

The summary criticises management weaknesses, saying: "There were a worrying number of persons who described a situation where, for a variety of reasons, they felt unwilling to speak out about matters."

Mr Denham said: "It will be in the best interest of the NHS and its patients to draw a line under these events." (See p 72.) □

Surgeon vows to fight injunction

Clare Dyer *legal correspondent, BMJ*

An orthopaedic surgeon who settled a libel action against BUPA, Britain's biggest private health insurer, in May is to fight BUPA's application for a permanent injunction banning him from commenting publicly on the issues surrounding the case.

David Johnson, a Bristol surgeon with a private practice specialising in knee problems, sued BUPA for libel, alleging that in letters to patients and GPs the insurer accused him of overcharging. But the case was settled out of court just hours before the hearing was due to start.

BUPA obtained an interim injunction against Mr Johnson after early editions of the London *Evening Standard* reported what the paper believed to be details of the confidential settlement. The story was removed after the second edi-

David Johnson: pledged to fight injunction

tion. The insurer also obtained an injunction against the publishers of *Hospital Doctor*, which had put the story on its front page. Some 6000-7000 copies had already gone out, and the publication had to pulp most copies and reprint with a new front page.

The injunction also prevents the *BMJ* from disclosing details

of the settlement. But since hundreds of thousands of Londoners have seen the story, an application to lift the injunction might be successful on the basis that the details are already in the public domain.

Mr Johnson claimed in his libel action that the letters from BUPA to local GPs and patients were defamatory and caused him to lose income. He argued that the letters suggested he charged above BUPA's benefit maximums, which were "fair, reasonable and customary," and that he failed to warn patients of this in advance.

The surgeon was set to argue in the High Court case that BUPA allowed higher rates for some surgeons and that higher payments were possible under some corporate schemes, so the rates could not be described as "customary." BUPA itself guaranteed a 10% "bonus" to those who signed up to their consultant partnership scheme and charged within the maximums. Mr Johnson said BUPA's rates had not risen since 1992. (See p 120.) □