Study questions ethics of covert medication

Jenny Blythe *BMJ*

Carers of patients with dementia believe that it is sometimes justified to give medication secretly, a new study says. Nearly three quarters of care units surveyed admitted giving drugs, hidden in food or drink, without consent from patients. Moreover, 96% of carers in the community believed that the practice was sometimes justifiable, although most believed that there should be consultation with doctors beforehand.

Some 34 residential, nursing, and NHS units caring for patients with dementia in south east England were surveyed and reported in the *Journal of the Royal Society of Medicine* (2000: 93:408-11). In some cases, the dementia is so severe that patients do not realise they need medication in the first place. Dr Adrian Tireloar, author of the study, said, "The alternative to not administering medication

A man with dementia with his wife, who cares for him at home. Covert medication is a cause for concern, says a new report

within food or drink may be that individual patients suffer badly, when the problem can effectively be treated."

Owing to the fear of disciplinary action, however, many carers do not properly record any covert treatment given, and few of the care units had a formal policy on the matter. That, said the study, is "a cause for concern."

"The climate of secrecy and

the fear of litigation is driving this problem underground," said Dr Tireloar. "The key issue in deciding what treatment is right is the purpose of that treatment."

The report suggests that covert treatment should be considered only after discussion with the nursing and medical care team and with the family: "The practice should be recorded and regularly monitored." □

Canadian prisoners strike over smoking ban

David Spurgeon *Quebec*

Sixty inmates at a detention centre near Toronto, Canada, have gone on hunger strike in protest at the Ontario provincial government's plans to ban smoking in all of its prisons by the end of this year.

The protest, at the Metro West Detention Centre in Mississauga, coincides with a boom in black market sales of cigarettes and spiralling prices. The black market price for a packet has already soared to \$C30. Barbara Hill, director of policy development at the John Howard Society of Ontario, a social services group for inmates, has criticised the high prices: "It is one of the things that creates a hostile, tense environment in prisons... and that could be dangerous." The higher the price for black market cigarettes, the more prisoners will get into debt." □

Indian agency admits publishing "wrong" HIV figures

Ganapati Mudur *New Delhi*

India's top government agency responsible for tracking HIV infection has admitted it has published inaccurate figures of new HIV cases detected in the country over the past three years. The disclosure follows allegations by a non-governmental association that the agency, the National AIDS Control Organisation, has played down numbers in several states and that its reports "do not reflect reality."

Surveillance centres across the country have detected just over 98 000 HIV cases on the basis of tests, but India is believed to have the largest number of HIV infected people worldwide. The National AIDS Control Organisation has estimated that 3.5 million people are infected, based on a sentinel screening programme aimed at determining the HIV prevalence

rates among high risk communities and the general population. The organisation's surveillance figures suggest, however, that three Indian states—Kerala, Punjab, and West Bengal—have detected no new cases of HIV over the past two to four years.

In Kerala, for example, the number of HIV infected people has been reported as static at 215 since 1996, and in Punjab the number has remained unchanged at 65 for more than two years. The National AIDS Control Organisation has been "consistently churning out unreliable figures, while claiming that it reflects the HIV scenario in India," said Purshottaman Muloli, an official of the Joint Action Council, the non-governmental association that has been monitoring the government's HIV programme. Doctors familiar with HIV infection in these

states have called the figures "ludicrous."

Senior officials at the National AIDS Control Organisation are blaming the surveillance centres in the states for inaccurate reporting. "We've decided to stop publishing figures that we get from surveillance centres," said J V Prasada Rao, the organisation's director. "Beginning this year, [our organisation] will publish only prevalence figures from the sentinel screening programme," he said.

The Joint Action Council has also questioned the widely varying estimates of people infected with HIV in India suggested by UN agencies. The estimates range from 4 million to 8 million. The differing estimates also prompted the Indian government last week to ask United Nations agencies to accept its own estimate of 3.5 million as authentic and to stop issuing their own figures.

"Conflicting information can affect the credibility of the national effort towards preven-

tion and control of HIV," Dr Chandreshwar Prasad Thakur, the Indian health minister, said. "[The National AIDS Control Organisation] is the only organisation collecting field data through sentinel surveys, and it would be advisable for UN agencies to adopt epidemiological data generated from these sentinel surveys," Dr Thakur said.

The National AIDS Control Organisation has objected to a suggestion by UNAIDS (the joint UN programme on HIV/AIDS) at the recent Durban AIDS conference that up to 300 000 people may have died as a result of AIDS in India. The recorded figure in India is less than 12 000. "There is no evidence yet for a spurt in tuberculosis or any other opportunistic infection from anywhere in India," said Mr Prasada Rao. Epidemiologists have long suspected that thousands of infected people may be dying of HIV related illnesses but are being missed by India's poor death recording system." □