bmj.com news roundup

Full versions of these stories are available at: bmj.com/content/vol331/issue7519/#NEWS_ROUNDUP

NICE plans faster guidance on drugs for the NHS

The National Institute for Health and Clinical Excellence (NICE), the body that develops guidance on the use of treatments for the NHS in England and Wales, said last week that it is discussing proposals with the Department of Health to appraise new drugs and health technologies more rapidly.

The process that NICE uses now for technology appraisals of new or existing drugs has been criticised by patients' organisations as being too slow, typically taking 14-16 months (*BMJ* 2005; 331:652, 24 Sep).

The process starts with commissioning an independent academic centre to review and report on published evidence on the technology. Patients' groups, carers, healthcare professionals, and manufacturers of the drugs or devices are then invited to comment on the report.

The assessment report and the comments are combined in an evaluation report, which is used by an independent appraisal committee to develop a consultation document that is circulated for comments to inform the final appraisal.

At a meeting last week NICE's board considered proposals on how to develop advice more rapidly on what it termed "important" new drugs and health technologies. It submitted the proposals to the health department.

Susan Mayor *London*

European Commission aims to reduce deaths from air pollution

The European Commission has proposed a wide ranging, 15 year strategy to reduce the number of people who die prematurely because of air pollution. But it has had to water down its original proposals because of complaints from industry groups, and pressure groups say the present proposals do not go far enough.

Cancer cells on the move

The ability of cancer cells to move about is vividly illustrated in the photograph that won first place in the medicine and life category of the 2005 Visions of Science awards this week.

The photograph shows a skin cancer cell migrating across a matrix, with the cell caught moving through a pore in the material used for its culture. It was taken by Anne Weston, scientific officer in the electron microscopy department at the charity Cancer Research UK. She explained: "This cell was part of a sample in an ongoing project investigating tumour biology. We were fortunate enough to find the cell in the process of passing through a pore and thought that it nicely illustrated a cell in motion."

Susan Mayor *London*

More photographs from the competition can be found at www.visions-of-science.co.uk.

The commission is looking to regulate, for the first time, people's exposure to fine airborne particulates which can penetrate deep into lungs, and ozone pollution at ground level. It aims to achieve this by introducing new standards on car emissions, setting ceilings on allowable concentrations of smog in Europe's cities, and by updating existing environmental legislation to increase its effectiveness.

The commission estimates that air pollution kills 370 000 people in Europe every year, reduces average life expectancy by up to nine months, and costs the EU economy between €427bn (£290bn; \$514bn) and €790 a year.

Reductions for fine dust and ground level ozone pollution had initially been to set at 80% over the next 15 years. But protests from industry led to targets of 75% for fine dust and 60% for ground level ozone.

Rory Watson *Brussels*

UK charity did not break law in giving information about late abortions

A leading British provider of abortions did not break the law when it told women who wanted late terminations about a clinic in Spain that would perform them, a report by Liam Donaldson, the chief medical officer for England, concluded last week.

Professor Donaldson investigated the charity the British Pregnancy Advisory Service (BPAS) after a newspaper reported that it was illegally referring women to Spain for abortions after 24 weeks' gestation, the limit in Britain for abortions for "social" reasons.

Professor Donaldson has decided that BPAS did not break the law by telling women about the Spanish clinic. But he criticised it for giving out the clinic's

telephone number too readily.

A few days after Professor Donaldson's report was published an unnamed GP from the West Midlands was said to be under police investigation for taking her daughter to the same clinic for an abortion at 31 weeks. According to the story in the *Daily Mail* (Sep 24: 11) the mother and daughter were to learn this week whether they would face criminal charges, after being arrested last February on suspicion of conspiracy to commit child destruction.

Clare Dyer *legal correspondent, BMJ*

NHS trusts urge caution over BMA finance survey

The NHS Confederation, which represents NHS trusts and health authorities, has urged caution over the results of a BMA survey on NHS funding, which found that three quarters of trusts were in financial difficulty.

The survey claimed that most trusts faced funding shortfalls—but the confederation's policy director, Nigel Edwards, said the survey covered only a minority of trusts and, although not inaccurate, does not give a complete picture.

The BMA survey was sent to 530 medical directors, of whom only 120 responded. Half of those responding were from acute trusts and a quarter were from primary care trusts.

Of those who responded 73% said their trust was facing a funding shortfall in the current financial year. They predicted shortfalls ranging from £0.2m (\$0.4m; €0.3m) to £25m, and the average predicted shortfall was £6.2m.

A third of respondents reported that their trust was intending to reduce services as a result of a shortfall. This included staff redundancies, bed closures, and a freeze on recruitment.

One in seven respondents said medical staff posts would be included in recruitment freezes. Mr Edwards said the NHS Confederation was confident that any cost cutting measures would be done in a way that safeguarded the quality of frontline care.

Lynn Eaton *London*

New antipsychotics offer few benefits over traditional drugs

The results of a major 18 month study indicate that four new drugs used to treat schizophrenia offer few, if any, benefits over much less expensive older drugs.

In the study 1493 patients at 57 sites in the United States were randomly assigned to one of five antipsychotic drugs, four of which were relatively new—risperidone, quetiapine, ziprasidone, and olanzapine—and one of which, perphenazine, was developed more than 40 years ago. The findings were published last week in the *New England Journal of Medicine* (2005;353:1209-23).

All the drugs helped to control symptoms of schizophrenia, but 74% of participants stopped taking their drug because of discomfort or specific side effects, such as tremors or akathisia.

Patients who were given olanzapine were less likely to be hospitalised for a psychotic relapse and tended to stay longer on the treatment. However, they experienced more weight gain and metabolic changes associated with a higher risk of diabetes than patients taking the other drugs.

In the doses used in the study a month's supply of perphenazine costs about \$60 (£34; €50), while the monthly costs for the newer drugs ranged from \$520 for olanzapine (Zyprexa) to \$250 for risperidone (Risperdal).

Fred Charatan *Florida*

Giving self help books does not cut visits to doctor

Giving patients self care health books does not reduce the number or length of consultations with their GP, a new report says (*Scandinavian Journal of Primary Health Care* 2005;23:142-8).

In the study 1967 adult patients from the south east of England were randomised to receive one of two self help books or to a control group. The

two books were the UK edition of the *Healthwise Handbook* and the *NHS Direct Healthcare Guide*.

It found that although some 60% of patients allocated a book said that it made them more likely to deal with a problem themselves, the mean numbers and duration of consultations over the 12 months, including routine GP consultations and emergency consultations with a GP or nurse practitioner, did not differ between these patients and those who did not have a self help guide.

Roger Dobson *Abergavenny*

Woman takes fight over her frozen embryos to European court

A British woman who wants to use frozen embryos that she and her former partner created before they split up took her battle to the European Court of Human Rights in Strasbourg this week.

Natallie Evans argues that UK law, which requires both partners' consent before an embryo can be implanted, breaches her rights under the European Convention on Human Rights.

Ms Evans and her former fiancé, Howard Johnston, underwent in vitro fertilisation treatment in 2001 to produce six stored embryos after she was given a diagnosis of ovarian cancer. Because her ovaries were removed the embryos represent her last chance to have a child of her own.

Under the Human Fertilisation and Embryology Act 1990 both parties must consent to in vitro fertilisation treatment. Mr Johnston consented initially but changed his mind when the relationship ended.

The European court expedited Ms Evans's hearing because the five year storage period, after which the embryos must be destroyed, expires in October 2006.

The Strasbourg court is her last hope, after she lost in the English High Court and the Court of Appeal. The European Court reserved its judgment.

Clare Dyer *legal correspondent, BMJ*

GP is disciplined for willingness to help friend commit suicide

Clare Dyer *legal correspondent, BMJ*

A retired GP and campaigner for the legalisation of voluntary euthanasia who agreed to help a terminally ill friend commit suicide was unfit to practice, the General Medical Council decided this week.

Michael Irwin, 74, was facing a strong possibility that he would be struck off the medical register as the *BMJ* went to press this week.

A GMC panel decided on Tuesday that his fitness to practise was impaired and told him that he had abused his position as a doctor.

The panel criticised Dr Irwin for stockpiling temazepam tablets and for "an act of deception" and a criminal offence in writing prescriptions for the drug in his own name, intending to use it to help his friend die.

Dr Irwin's case was referred to the GMC after he was given a police caution for possession with intent to supply a class C drug. He said he kept a supply of temazepam for his own use to relieve jet lag, but the panel found the numbers of pills "excessive."

A former chairman of the Voluntary Euthanasia Society, Dr Irwin travelled to the Isle of Man after agreeing to help a fellow euthanasia campaigner, Patrick Kneen, who was dying of prostate cancer.

But by the time Dr Irwin arrived his friend was too ill to take the pills. His own doctor put him on a diamorphine drip, and he died a few days later in a coma.

Dr Irwin, 74, told the panel that he knew of several doctors with "twinning" arrangements with fellow doctors to help each other commit suicide if a painful death threatened. He said he was twinned with a retired doctor in Glasgow, and he accused doctors of "double standards" if they refused to do the same for a friend or long term patient who is terminally ill and suffering.

In a statement to the GMC he said: "I believe passionately that in this apparently enlightened 21st century, terminally ill patients should have the right to obtain medical assistance to die, if this is their wish: to be able to pick a time for their death, preferably in their own familiar home environment.

"Although our British society is in principle just, I strongly believe that the existing law on assisted suicide is unjust and that sometimes a compassionate physician has a greater duty to a patient or a close friend than his or her duty to the state."

Dr Irwin, who was medical director of the United Nations in New York before he retired 15 years ago, represented himself at the two day GMC hearing, which he welcomed as a focus for renewed debate over the issue of doctor assisted suicide.

A poll last month by the UK polling organisation YouGov found huge popular support for the legalisation of doctor assisted suicide, with 86% of respondents agreeing with the statement that people who are terminally ill "should have the right to decide when they want to die and to ask for medical assistance to help them."

Doctor assisted suicide is legal in the US state of Oregon and in the Netherlands and Belgium and has been decriminalised in Switzerland. □

Dr Michael Irwin