Saw palmetto extract is not effective for BPH

Saw palmetto, a herbal extract taken by more than two million US men for relief from the symptoms of benign prostatic hyperplasia (BPH), showed no benefit over placebo, a study has found. The year long, double blind, randomised trial was reported this week in the *New England Journal of Medicine* (2006;354:557-66). The herbal extract, taken from the berries of a small, palm-like north American plant, is commonly recommended as an alternative to prescription drugs.

An accompanying editorial says additional rigorous, placebo controlled studies are needed before conclusions can be made about the long term effectiveness and safety of other saw palmetto preparations and that herbal remedies should be subjected to clinical trials of the same quality needed for approval of standard drugs.

Until this is done, it says, doctors are responsible for protecting patients from the risks of unproved therapies.

David Spurgeon *Quebec*

Watchdog rules that Merck violated the UK industry code of practice

The UK pharmaceutical industry's regulatory watchdog has ruled that Merck violated the industry's code of practice by altering guidelines on hypertension treatment to give greater prominence to one of the company's own drugs.

The "ABCD" algorithm is intended to inform decisions on prescribing for high blood pressure in the guidelines of the British Hypertension Society, which were published in the *BMJ* in March 2004 (*BMJ* 2004; 328:634-40).

The letter A refers to angiotensin converting enzyme inhibitors and angiotensin recep-

tor blockers, and the two types of drug are listed in the guidelines in that order. But in a wall chart published by the British Hypertension Society with support from Merck and distributed to GPs, the order was reversed, with the angiotensin receptor blockers in first place. The poster also displayed an advertisement for Merck's angiotensin receptor blocker losartan (Cozaar).

The Prescriptions Medicines Code of Practice Authority, the regulatory arm of the Association of the British Pharmaceutical Industry, confirmed that it had ruled against Merck last week.

A spokeswoman for Merck Sharp & Dohme (MSD), Merck's UK subsidiary, said: "When the materials in question were produced, MSD believed it had the approval of the BHS [British Hypertension Society] to alter the position of all the 'A's on the chart, as the BHS information service considered the two classes of drug to be equal partners in the absence of compelling indications. However, MSD now understands that this course of action has resulted in the production of misleading materials." It has withdrawn the material.

Owen Dyer *London*

New coroners' system is to be set up in England and Wales

Plans for the most far reaching reforms to the system of coroners' courts in England and Wales for more than 80 years were unveiled by the government this week.

A new national service of full time, legally qualified coroners will be set up under a chief coroner, replacing the current archaic and fragmented system, which dates back to the 12th century. Doctors will no longer be able to serve as coroners, unless they have also qualified as solicitors or barristers.

A national training system for coroners and an inspectorate to audit their work will be created. The new style coroners will receive medical training.

Clare Dyer *legal correspondent, BMJ*

UK trainee doctors spurn obstetrics and gynaecology

Madeleine Brettingham *London*

The specialty of obstetrics and gynaecology is facing a recruitment crisis, the Royal College of Obstetricians and Gynaecologists said last week. It said that the number of medical students opting for a career in the specialty has fallen dramatically over the past 10 years.

A thousand new consultants were needed to plug the gap, which has resulted from poor workforce planning and a lack of enthusiasm for the specialty among medical students, said a panel headed by the college's president, Allan Templeton.

Only about two in every 100 medical graduates were now opting for the specialty, a figure that needed to be trebled if hospitals were to keep pace with increasing expectations from patients and an expanding NHS, the panel said.

Obstetrics and gynaecology suffered a dramatic cut in training posts in the late 1990s, and this—coupled with poor experiences of the specialty among undergraduates—meant that many medical students saw it as a difficult career path, the panel's research indicated.

"People want a work-life balance these days, and on the maternity suite there's no escaping night work," said Professor Templeton. "Also, because of cuts in the past, there is a perception that there won't be a job for you when you graduate. This hasn't been true for some time."

Difficulties with undergraduate attachments, including students (particularly men) being excluded from the delivery room, were also to blame, the authors said.

"There is more of a 'I have my rights' culture among patients," said Richard Warren, honorary secretary of the college. "They are more likely to say, 'I don't want a student here.'" The percentage of male graduates opting for obstetrics and gynaecology fell to 0.8% in 2002.

The result was that students were being deprived of vital experience, the panel said. "It's difficult to get enthusiastic about a career if you're kept on the other side of a closed door," said Jenny Higham, a senior lecturer at Imperial College.

The full implementation of the European Working Time Directive in 2009 and the college's plans to increase the presence of senior consultants on maternity wards mean that the need for new consultants was urgent, the panel argued.

"In the meantime we'll have to be reliant on overseas doctors," said Mr Warren. "But there are ethical questions about taking people who are often the best and brightest from countries that are desperately in need of them."

A Career in Obstetrics and Gynaecology: Recruitment and Retention in the Specialty can be found at www.rcog.org.uk.