FDA shuts down human tissue company

A company in New Jersey that supplied human tissue for surgical procedures and transplants has been accused of conspiring to steal tissue from the corpses of people who never gave permission to be donors.

After an investigation by the US Food and Drug Administration and the Brooklyn District Attorney's Office, which lasted more than 18 months, a 122 count indictment was served on Michael Mastromarino, owner and executive director of Biomedical Tissue Services of Fort Lee, New Jersey, and funeral home directors Joseph Micelli, Lee Crucetta, and Christopher Aldorasi.

The four defendants allegedly forged death certificates and consent forms for organ donation. They have also been charged with enterprise corruption, body stealing and opening graves, unlawful dissection, and other counts.

Last month, the FDA issued a cease and desist order against Biomedical Tissue Services and Mr Mastromarino. All tissue products initially recovered from human donors by the company were recalled.

Fred Charatan *Florida*

Quebec introduces more private care into its health system

The Canadian province of Quebec plans to reshape its public healthcare system to include more private medical care, in a move that has provoked strong support and virulent criticism across Canada. Quebec's premier, Jean Charest, has promised that hip and knee replacements and cataract surgery will be done within six months of diagnosis, even if it means that the provincial government has to pay for them to be done at private clinics. And if government funded hospitals extend waiting times to nine months, Quebec will pay to

send patients outside the province, including to the United States.

Quebec's initiative is likely to be followed elsewhere. Already the provinces of Alberta and British Columbia are planning to increase private intervention in the public healthcare system.

Mr Charest explained his plans by saying, "We chose to maintain the principles of the public healthcare system within which the private sector can play a role." He added that Quebec could serve as a model for the rest of the country.

David Spurgeon *Quebec*

NICE advocates community services for skin cancer patients

Multidisciplinary teams, including community services, should be set up to increase the provision of care for patients with skin cancer, new guidance for the NHS in England and Wales recommends.

The National Institute for Health and Clinical Excellence (NICE) and the National Collaborating Centre for Cancer recommended that, for the first time, community services should join skin cancer care networks to help cope with the rapid increase in skin cancers that has been overwhelming specialist services.

Cancer networks should establish two levels of multidisciplinary teams. Lower level teams would operate in cancer units at district general hospitals, and more specialist teams would be based in larger hospitals, usually cancer centres, or other specialist tertiary services for skin cancer. The latter would generally provide care to patients with more complex skin cancers. All health professionals who treat any type of skin cancer should be members of one of these teams. The aim is that all patients with skin cancer should be treated by specialist teams—irrespective of severity.

Susan Mayor *London*

The guideline, *Improving Outcomes for People with Skin Tumours Including Melanoma*, is available at www.nice.org.uk/csgstim.

Promoter of vitamins for AIDS calls off lawsuits

Pat Sidley *Johannesburg*

The controversial vitamin manufacturer Mathias Rath has dropped legal action against respected scientist Hoosen Coovadia; several journalists in South Africa; and Eric Goemaere, the local head of humanitarian non-governmental organisation Médecins Sans Frontières. Mr Rath has been accused of trying to persuade people with HIV/AIDS to use his vitamins rather than antiretroviral treatment.

But Mr Rath has not dropped his legal action against former cabinet minister Kadar Asmal, a respected academic in exile in Ireland and a leading light in South Africa's ruling party, the African National Congress. Dr Rath's legal action was based on his view that the accusations made against him and written about in the South African media were defamatory.

Although Dr Rath has withdrawn the action that he started, he is still the subject of two court cases in the Western Cape province, brought against him by AIDS activists. Both are expected in court soon.

In the first case, the activist group Treatment Action Campaign had asked the Cape High Court to stop Dr Rath describing them as agents of the pharmaceutical industry. Mark Heywood, speaking for the AIDS Law Project, which is acting for the campaign, said that this application had been made urgently some nine months ago, and further action was being taken to compel the court to deliver its long overdue judgment.

In the second case, Treatment Action Campaign has asked Cape High Court to compel the health minister, Manto Tshabalala-Msimang, and the Medicines Control Council (which regulates medicines) to act against Dr Rath and force him to stop what the campaign believes are illegal activities.

Treatment Action Campaign maintains that Dr Rath's vitamins have not been properly tested and that he has inappropriately suggested to patients who are HIV positive that they replace their antiretroviral treatment with vitamins. Dr Rath's foundation has denied this. Mr

Heywood said that the papers that should have been filed in court by the respondents in this case were also overdue.

Treatment Action Campaign's lawsuits have been widely supported by doctors and other healthcare professionals, who have been concerned that people will get inadequate treatment if they are confused about the value of vitamins in the treatment of AIDS.

Meanwhile, South Africa's president, Thabo Mbeki, who created confusion on the causes of HIV/AIDS, has again alarmed the country's AIDS community by questioning widely available and reliable statistics on the scale of the epidemic. In a series of interviews in advance of local elections this week, Mr Mbeki told *City Press*, a Sunday newspaper, that he did not have the appropriate data from which to draw conclusions on the effects of the epidemic. Some of the statistics, he is reported as saying, were speculative.

Mr Mbeki also questioned research done by the state owned Human Sciences Research Council. And he appeared to question statistics on causes of deaths, which, according to several research institutions, point to HIV/AIDS as a leading cause of death in South Africa. □

President Thabo Mbeki has alarmed AIDS experts by questioning the country's AIDS statistics