- All letters must be typed with double spacing and signed by all authors.
- No letter should be more than 400 words.
- For letters on scientific subjects we normally reserve our correspondence columns for those relating to issues discussed recently (within six weeks) in the *BMJ*.
- We do not routinely acknowledge letters. Please send a stamped addressed envelope if you would like an acknowledgment.
- Because we receive many more letters than we can publish we may shorten those we do print, particularly when we receive several on the same subject.

Airs, waters, places, and doctors

SIR,—Tony Delamothe's editorial highlights the importance of doctors' involvement in environmental issues that relate to health.¹

In January Greenpeace sent a letter to 30 000 general practitioners pointing out the health implications of increasing ultraviolet B radiation reaching the earth as a consequence of ozone depletion. Nearly 4000 responded, indicating the widespread concern among health professionals.

Ozone depletion and the dangers of increased ultraviolet B radiation are no longer issues restricted to Antarctica and the southern hemisphere. Figures released by the National Aeronautics and Space Administration showed that levels of chlorine monoxide in the stratosphere were "approximately 1 part per billion by volume, comparable to levels observed within the Antarctic ozone hole" (NASA press release, 3 Feb 1992). These high chlorine monoxide levels extended over London, Moscow, and Amsterdam. Atmospheric conditions combined with the eruption of Mount Pinatubo and high loads of manmade chlorine chemicals such as chlorofluorocarbons mean that ozone depletion over the northern latitudes may soon be similar to that in Antarctica. Increased ultraviolet B radiation reaching the earth, associated with the Antarctic ozone hole and the break up of the ozone layer, have already been recorded in both Antarctica² and Australia.³

The United Nations environment programme recently published an update on the environmental effects of ozone depletion. It predicted that a sustained 10% decrease in ozone would lead to more than 300 000 cases of non-melanoma skin cancer and 4500 cases of melanoma worldwide each year. This is a conservative estimate: more than twice that increase is possible. Major adverse ocular effects may also occur.⁴ As worrying are the potentially damaging effects of increased levels of ultraviolet B on some plants⁵ and phytoplankton,⁶ which may ultimately lead to a decrease in biomass for human consumption and reduced uptake of carbon dioxide, thereby potentiating the greenhouse effect.

We will be asking general practitioners who responded to the original letter to put forward motions for the BMA's annual representative meeting requesting the BMA to urge the government to ban the production of all chemicals that destroy ozone immediately and to take urgent steps to examine the health risks of ozone depletion over the United Kingdom. The tiny requirement for chlorofluorocarbons used in medical applications, such as asthma inhalers, by patients who are not able or prepared to use powder inhalers should be met by recycling existing chlorofluorocarbons.

We urge all general practitioners and any other health professionals to add their voices to calls

for changes in policy that will help protect the ozone layer, and we are happy to provide more information on this topic.

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Hepatitis C virus and organ donor cards

SIR,—Since 1 September last year all blood donations have been tested for antibodies to hepatitis C virus. In the South Western region an initial screening test with an enzyme linked immunosorbent assay (ELISA) (UB1) is performed and repeatedly reactive samples are subjected to confirmatory testing with recombinant immunoblot assay-2. Counselling at a private interview is offered to donors whose results are indeterminate or confirmed as positive by recombinant immunoblot assay. A confidential questionnaire is completed. This questionnaire includes an inquiry about whether the donor carries an organ donor card or has expressed to close family a desire to donate organs.

In the Avon area, of the first 15 donors positive for antibody to hepatitis C virus or with indeterminate results who were interviewed, 10 carried organ donor cards. Those who carried donor cards (six men) tended to be older (median age 36 (range 29 to 60)) than those who did not (30 (19 to 42)) and to have donated more units of blood (14.5 (1-63) v 4 (2-34)).

This high proportion of people carrying donor cards is not unexpected. Blood donors are atypical of the general population—by donating blood they are behaving altruistically. In addition, literature encouraging organ donation is displayed at all blood donation sessions in the South Western region and elsewhere. This finding, however, has important implications with regard to health policy. Pereira *et al* recommended that organs from

people positive for antibody to hepatitis C virus should not be used for transplantation.^{1,2} Therefore all blood donors found to be positive for these antibodies need to be specifically asked whether they carry organ donor cards, have made arrangements with close family to agree to organ donation, or are registered on a bone marrow donor panel. If so they need to be instructed to cancel these arrangements. Blood donors who have not yet decided to donate organs must be similarly advised.

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Junior doctors on the warpath

SIR,—I read A P J Ross's comments¹ questioning the accuracy of Luisa Dillner's editorial on junior doctors' hours² with considerable concern. Junior doctors' representatives, who are attempting to ensure that the "new deal" is implemented, can confirm that the editorial is a fair reflection of the current, worrying rate of progress. Furthermore, we believe that it is largely because of his great efforts that Ross has been able to report some improvement in his own region. We regret that the same cannot be said for the rest of the United Kingdom.

The new deal clearly recognises that junior doctors, who continue to work dangerously long hours at a higher intensity than ever before, do so in an inefficient manner because of the constraints of a system based on consultant firms and because much of their time is spent performing tasks that should more appropriately be performed by other staff.³ The regional task forces and implementation groups are responsible for fuelling and monitoring progress. The new deal states that every training post must be identified and current working practice ascertained.

It is only by creating such a database that national decisions regarding alterations in working practices, redistribution of junior manpower, and allocation of additional staff can be achieved. It is widely acknowledged that most of the task forces