In brief

Egyptian twins are separated:

Egyptian conjoined twins Mohammed and Ahmed Ibrahim, aged 2 years, were in a critical condition after an operation at the Children's Medical Center in Dallas, Texas, to separate them was successful. They had been joined at the top of their heads.

Vatican claims condoms don't stop HIV:

A BBC1 *Panorama* programme broadcast on 12 October reported how the Catholic Church was telling people in countries where AIDS was epidemic not to use condoms. The Vatican claims that condoms do not stop the transfer of HIV. The World Health Organization said: "These incorrect statements about condoms and HIV are dangerous when we are facing a global pandemic."

Patients to have a voice in BMA:

The BMA is setting up a patient liaison group to make sure that patients are involved in all policy development of the association. The group's chairperson will have an observer seat on the BMA's council.

Shops will offer NHS hearing aids:

Deaf and hard of hearing people will be able to have NHS hearing tests and get NHS digital hearing aids fitted at selected high street stores, under a deal worked out by the government with the Royal National Institute for Deaf People.

Care home residents get £1m for abuse:

Buckinghamshire County Council this week agreed a settlement worth at least £1m (\$1.7m; €1.4m) with the families of more than 50 adults with severe learning disabilities for the long term "abuse, deprivation, humiliation, and torment" that they were subjected to in two homes in the borough.

Health minister dismissed:

Romania's health minister, Dr Mircea Beuran, has been dismissed from the teaching staff at Carol Davila University of Medicine and Pharmaceutics in Bucharest after the university's senate ruled that he had plagiarised US and French medical treatises. He continues as health minister.

Second vCJD patient to receive experimental treatment

Clare Dyer *legal correspondent, BMJ*

Doctors treating an 18 year old girl in the north of England with variant Creutzfeldt-Jakob disease (vCJD) were given the go-ahead last week to inject her brain with pentosan polysulphate, an experimental treatment tried earlier this year on a Belfast teenager with the disease.

Dame Elizabeth Butler-Sloss, president of the High Court's family division, who gave the green light last December for 19 year old Jonathan Simms to have the treatment (*BMJ* 2003;326:8), last week authorised doctors to use it on the girl, named only as M. The judge granted an

injunction banning the media from revealing the identity of the girl or the hospital treating her.

In Jonathan Simms' case, experts have noted some improvement in neurological functions. M's deterioration is not so far advanced—she can still walk short distances and enjoys swimming, though she needs help dressing, washing, and eating.

Nikolai Rainov of the Walton Centre for Neurology and Neurosurgery is one of the neurologists reviewing Jonathan Simms' eight months of treatment. He told the *BMJ* earlier this month: "I believe that instigating treatment at an early stage could achieve significant extension of the life span of these patients" (4 October, p 765).

M's case has come to court because she lacks the capacity to decide for herself whether to have the treatment. The judge said her current understanding was "childlike."

MEPs lead demand to get sudden unexplained deaths recognised as a syndrome

Rory Watson *Brussels*

The World Health Organization and national statistical offices are coming under pressure to officially recognise sudden death syndrome in a bid to reduce the number of unexplained deaths among healthy children and young adults.

The campaign is being led by two British Labour MEPs, Linda McAvan and Catherine Stihler. They point out that since cot deaths were officially recognised as sudden infant death syndrome (SIDS) over 10 years ago, deaths had fallen by 70%.

In a letter to Britain's national statistical office, they note: "Although the actual cause(s) of SIDS remain unknown, giving these cases a recognised name has enabled researchers to better study the problem and propose measures which have clearly helped to reduce deaths. Experience with SIDS also highlights how the use of a clinically recognised term can provide some comfort and solidarity to bereaved families who are

often left deeply shocked and isolated."

At the moment, deaths that remain unexplained after a post-mortem examination are registered and coded as due to causes that may be vague or incorrect, they add, making it difficult to construct an accurate picture of the real scale of the problem.

A recent study by the British Heart Foundation concluded that up to three previously fit and healthy people in England suddenly collapse and die every week with no explanation. However, according to Alison Cox, who founded the charity CRY (Cardiac Risk in the Young) eight years ago to raise awareness and provide a focus for bereaved families, the figure could be as high as eight a week.

The two MEPs have already contacted Dr Jong-Wook Lee, the head of WHO, asking the organisation to recognise sudden unexplained death in young people aged over 1 year by a specific name and with a proper

Dame Elizabeth added: "M is a much loved member of a strong and devoted family. Her parents have thought carefully about the risks. They believe that M would choose to have the treatment if she were able."

"I find that the family's wishes carry considerable weight. Were the treatment not to be approved it would be a great blow to them, which would be contrary to M's interests."

She said that M had a definite quality of life, which could be compromised or even destroyed if the treatment did not go well. There was a risk of brain haemorrhage, neurological damage, and death.

But Jonathan Simms had shown encouraging signs since treatment, and experts said he would no longer be alive without it.

Dame Elizabeth said M should be given the chance of extending the length of her life or of improving or maintaining its quality. □

Marc-Vivien Foe of the Cameroon, who collapsed and died during a football match in June

reference in the 10th version of its international disease code (ICD-10). Systematic and exclusive use of the specific code would, say the MEPs, make it possible to collect and collate the information needed to study the problem, determine its true scale, and eventually propose measures that could save lives.

Silvia Priori, professor of cardiology at the University of Pavia in Italy and a leading expert in this field, welcomed the initiative to help raise awareness of juvenile sudden death. □