Doctors on hunger strike in Bombay

Six hospital doctors in Bombay are on an indefinite hunger strike in protest at poor pay and conditions of service. Resident doctors in government hospitals across Maharashtra state (of which Bombay is the capital city) have withdrawn their labour for over a month and announced this week that their strike would continue but that they would consider "written proposals" from the government. The strike by some 4500 resident doctors has crippled services in more than 30 hospitals in the state. With only senior doctors working, hospitals have turned away thousands of patients, postponed operations, and will treat only emergency cases.

The Maharashtra Association of Resident Doctors said this week that it expected the Indian Medical Association in Bombay to organise a closure of outpatient department services as well as private consultations across the city on 11 January in support of the striking doctors.

The striking doctors are asking the state government to implement the central residency scheme, which is already in operation in many other Indian states. Despite a directive from the Indian Supreme Court eight years ago, Maharashtra has not yet put into place this scheme, which provides higher pay, shorter hours, and reduced tuition fees.

Under the central residency scheme, resident doctors get at least 5000 rupees (£100; \$150) monthly and have to work in eight or 12 hour shifts. Resident doctors in Maharashtra get 2500 rupees (£50; \$72) monthly and are expected to be on call 24 hours a day with a six day working week.

The doctors in Maharashtra also pay at least three times the tuition fees charged by the other states for postgraduate education during the three year residency programme.

State health authorities negotiating with the striking doctors last week put forward two options: accept a pay rise of 1300 rupees (£26; \$39) a month while the judiciary and government officials look into their demands or accept slightly higher pay rises graded according to year of residency programme.

"We're ready to seriously evaluate only written proposals from the government," said Prashant Bhatt, a resident at the King Edward Memorial Hospital in Bombay and spokesperson for the Maharashtra Association of Resident Doctors, this week. "Verbal proposals made over the past few days have been conflicting," Bhatt said. The association argues that the central residency scheme will lead to better patient care in tertiary institutions and has asked the government to explain why it has not been implemented.

Indian doctors protest about poor pay and working conditions

Doctors admit that the strike has primarily affected the poor and middle class, who are the main users of government hospitals in India. But, the residents say, their demands will also benefit patients. "The high tuition fees coupled with the low pay makes it difficult for some of us to buy even basic postgraduate textbooks," said a resident at the King Edward Memorial Hospital.—GANAPATI MUDUR, *science writer, New Delhi*

Australia changes confidentiality code

The Australian Medical Association (AMA) is under attack from AIDS groups and civil libertarians for making changes to the general practice code of ethics, which will mean that doctors may breach patient confidentiality (see also p78). The radical new clause, to take effect from February, has formalised the circumstances in which doctors may compromise their relationship with patients when the "health of others is at risk."

The association's new code of ethics says: "Keep in confidence information derived from your patient, or from a colleague regarding your patient, and divulge it only

with the patient's permission. Exceptions may arise where the health of others is at risk or you are required by order of a court to breach patient confidentiality."

The association gives examples including a psychiatric patient who threatened to kill family members, a patient infected with HIV who continued unsafe sexual practices, and an airline pilot with a heart condition who refused to stop flying.

The vice president of the association, Dr Keith Woollard, said that it was not unknown for doctors to breach confidentiality when they considered the community to be at risk. "We all understand and even legal advice is that we do have a responsibility to the community which might, in really quite unusual circumstances, override our commitment to the patient's right to confidentiality," he said.

The progressive Doctors Reform Society has questioned the efficacy of the code, saying that doctors should abide by the law rather than by a code of ethics. State governments already compel doctors to notify health departments of new cases of infectious diseases for recording purposes.

Dr Keith Woollard said that the clause about confidentiality was mainly designed for life threatening circumstances. However, the wording makes no mention of the health risk to others necessarily being fatal. The

Headlines

Heath secretary warns about NHS rationing: In a speech this week the British health secretary, Stephen Dorrell, warned health authorities not to introduce rationing by imposing blanket bans of some treatments. Clinical effectiveness was the principal criterion on which treatment should be provided. The health minister, Gerald Malone, will lead a review of options for developing primary health care, such as small hospitals involving local general practitioners.

Imperial Cancer Research Fund has new head: Dr Paul Nurse will succeed Sir Walter Bodmer as director general of the Imperial Cancer Research Fund on 1 September. Dr Nurse was head of a laboratory at the fund from 1984 to 1987, when he became Iveagh professor of microbiology at Oxford University.

US supreme court rules affidavit on smoking habits is lawful: The US Supreme Court has ruled that a city in Florida can ask applicants for jobs to sign affidavits stating they have not smoked for the past year. It ruled that the request was reasonable because of the cost of smoking related diseases.

American adults take little exercise: A survey of nearly 10 000 men and women carried out by the National Center for Health Statistics found that nearly one in four adults in the United States take no exercise during their leisure time. Over two thirds of the sample took less than the amount recommended by the Centers for Disease Control and Prevention—30 minutes of moderate physical exercise most days.

China defends child health care: Human Rights Watch, an organisation based in New York, has issued a report saying that malnutrition is the commonest cause of death in the Shanghai Children's Welfare Institute. It said that thousands of babies have been deliberately starved or abused in China's orphanages. The government in Beijing responded by saying that cases of child malnutrition had fallen by 24% compared with 1990.

Britain's employers must report violence: Injuries to people at work caused by violence must be reported to the Health and Safety Executive by employers, under new government regulations. The executive said that it needed more information about the nature and extent of violence to staff.

president of the Victorian Council for Civil Liberties, Robert Richter QC, described the changes as confusing and said that they gave doctors too much leeway.

Richter believes that the clause should specify that confidentiality be broken only in exceptional cases entailing a risk of "imminent death or serious injury" to others.

The president of the AIDS Council of New South Wales, Bruce Meagher, called for an immediate halt to the code's release, saying that it could undermine Australia's capacity to manage the AIDS epidemic by destroying people's confidence in doctors.

The director of the Centre for Human Bioethics at Monash University, Dr Helga Kuhse, said that doctors were answerable to other members of society as well as to their patients. She said: "The AMA has recognised that the moral life of doctors is more complex than can be captured in absolute moral rules like: 'Thou shalt never break patient confidentiality.' Such a rule is just too simplistic for the complexity of human life."

Lawyers see potential problems with the new clause. The president of the Law Society of New South Wales, Norman Lyall, warned doctors it would still be risky to breach patient confidentiality. "The law now provides for certain diseases and conditions to be notified. If you are going to extend those exceptions you would have to look at them very carefully," Mr Lyall said.—CHRISTOPHER ZINN, *Australian correspondent, Guardian*

Consumer watchdog criticises pharmacy staff

A report by the British consumer watchdog guide *Which?* has found that half of the staff of pharmacies in a survey sold the wrong drugs or did not give the correct advice to customers. The wrong drug was sold 14 out of 30 times—in six of the 14 cases, claims *Which?*, this was despite the pharmacists having the necessary information to know that the drug could harm the customer. In 15 out of 30 cases patients were not advised to see their doctors when they should have been.

Five researchers from *Which?* each visited 10 pharmacies around the country for the survey. Each of the five researchers presented a different scenario, designed to test the quality of advice and the safety of buying over the counter drugs. One of the scenarios involved a researcher asking for the painkiller Nurofen which contains ibuprofen. The researcher was briefed to say she was taking methotrexate. The excretion of methotrexate can be reduced by ibuprofen, increasing the risk of toxicity. They found two pharmacies where no questions at all were asked of the researcher before Nurofen was sold. Nurofen can also make asthma worse in people whose symptoms are increased by aspirin—four out of the 10 pharmacies did not ask the researcher about asthma.

Which? senior editor Charlotte Gann said,

Some pharmacies have more safeguards than others

"Our findings on the sale of Nurofen are particularly worrying. This is such a common drug that we were appalled at how many pharmacies sold it without vital safety checks."

The Royal Pharmaceutical Society issued a statement in response to the survey, in which it acknowledged cause for concern where pharmacists seemed to be asking no questions of people seeking to buy non-prescription medicines. The society said, "Some pharmacists seeking to implement the society's guidelines, however, meet with resistance and in some cases even hostility from some customers who do not wish to discuss their symptoms."—CLAUDIA COURT, *BMJ*

German health insurance system faces new deficits

Germany's public health insurance system, which has been the subject of two health reforms since 1989, has amassed a deficit of at least DM3.5bn (£1.5bn; \$2.25bn) for 1995. Similar losses are expected for 1996 if unemployment rates and health costs continue to rise as they have done during 1995.

The financial situation has become "extremely tense," says Eckart Fiedler, director of the Association of Employees' Health Insurances. Fiedler estimates that health insurance contributions need to be increased immediately from the present rate of 13% to 13.7%, with a possible further increase to 14.2% next year, if the government cannot arrange immediate cost savings.

German health minister Horst Seehofer said that most of the deficit accrued in 1995

was due to hospital costs. Seehofer is planning a rigorous hospital reform as part of the overall health reforms. He wants hospitals and insurance companies to work together in future and to plan annual hospitals budgets in advance. He plans to penalise hospitals that exceed their planned budgets by imposing financial cuts for the following year. The idea is to start a selection process that would eventually eliminate economically inefficient hospitals.

Seehofer showed the seriousness with which he views the situation last month when he warned: "The reform is more important to me than my job," implying that he would rather resign than surrender.—
HELMUT KARCHER, *freelance journalist, Germany*

Research finds genetic link to personality trait

The first evidence that a normal personality trait is partially mediated by genes comes from two studies, one from Israel and the other from the United States (*Nature Genetics* 1995;12:78-80, 81-4). Both test the hypothesis that individual variation in the "novelty seeking" trait, a normal personality characteristic that we all possess, is associated with a genetically determined variability in dopamine transmission in the brain.

Both found, in different populations of normal subjects, a significant association between high test scores on validated questionnaires measuring novelty seeking—characterised by excitable, impulsive, exploratory, and extravagant behaviour—and the presence of long alleles of D4 dopamine receptor gene exon III. Those with only short alleles had lower novelty scores, which are associated with more reflective, rigid, and orderly behaviour. The association was independent of ethnic group, age, and sex.

Although it has long been recognised, largely from studies on identical twins, that much of human behaviour is determined by heritable factors, this is the first time that molecular evidence has shown that variations in normal human behaviours are influenced by genes. The finding is strengthened by being shown by two independent groups of scientists using different personality questionnaires in ethnically distinct populations. The 124 Israeli subjects were unrelated volunteers, 69 males and 55 females, recruited from staff at the Ben-Gurion University and Beersheva Mental Health Centre. They completed a Hebrew version of the tridimensional personality questionnaire.

In the US the subjects were participants in two existing National Institutes of Health studies looking at the X chromosome, and so were predominantly male. Of the 315 subjects in the study, 291 were siblings from 131 families.

In this study a personality inventory was used that did not include novelty seeking as a specific factor but did ask questions such as

"Have you ever done things just for kicks or thrills?"

The commentary that accompanies the papers suggests that this is landmark research which should encourage a new research effort to map genes that are related to normal temperament. It will also boost research that is already under way to identify genes that are associated with complex unhealthy risk related behaviours such as aggression, excessive alcohol consumption, and smoking and with mental disorders such as schizophrenia.

"The logic for looking at the D4 dopamine receptor gene," said Dr Dean Hamer, one of the authors of the US study from the National Institutes of Health in Bethesda, Maryland, "stems from two lines of evidence which show that dopamine is an important neurotransmitter involved in pleasure and reward. One comes from experiments in mice and in rats where if you raise their dopamine levels the animals perk up, run around and explore, and if you lower them they just sit around. Indirect evidence in humans comes from the study of patients with Parkinson's disease. There, a reduction in dopamine levels is associated with a rather rigid personality and lack of interest in new things.

"It is important to realise, however, that not just one gene determines novelty seeking behaviour. Novelty seeking is a complex normally distributed trait, and we suspect that about 10 different genes are involved as well as non-genetic factors. It is also worth emphasising that this discovery does not suggest that a predictive genetic personality test is round the corner. Looking at people's lifestyle and assessing their personality by means of questionnaires is infinitely more informative than any genetics test would be."

—TESSA RICHARDS, *BMJ*

Older women ignorant of breast screening

Women aged over 65 in Britain do not know that they have a right to breast screening, and less than 0.5% of them ask for mammography each year, says a report from the charity Age Concern. The report includes the results of a Gallup survey of 1000 women aged 65 or over, which show that over half believed they were "at no risk at all" from breast cancer—mostly because they thought they were too old. Government figures show that two thirds of deaths from breast cancer occur in women over 65. Whereas the screening programme detects 5.7 cancers per 1000 women aged between 50-64 who are screened, the rate of cancers found in women over 65 who request mammography is 13.3 per 1000.

"Some people argue that older women might be less keen to have screening—but at the moment we have a situation where the women most at risk are not aware of that risk," said Sue Flook, spokeswoman for Age Concern. "Not to be screened simply through ignorance is terrible."

Britain's screening programme invites women aged 50 to 64 for mammography every three years. It was set up under the recommendations of the Forrest report, which argued against inviting older women for screening on the grounds that they would not be willing to come and that breast cancer was a less aggressive disease in this age group.

Age Concern says that both of these arguments are unfounded. In Guernsey, where all women aged over 50 are invited for screen-

Genes may predispose you to doing something for kicks

ing, acceptance rates among women over 65 were better than rates among those aged 50 to 54.

The Swedish two counties study, which had a strong influence on the decision to introduce screening, found that there was a 40% reduction in death from breast cancer among women aged 50-74 who were screened, compared with a control group who were not offered mammography. Over 130 000 women took part in the study.

The report disputes that breast cancer is a milder disease in older women, citing the evidence of Ian Fentiman, a breast cancer surgeon from Guy's Hospital, to the House of Commons Health Select Committee, that "cancers in older women are equally aggressive."

The Health Select Committee's report, published last July, also found that restricting invitations for breast screening to women under 65 was not backed up by evidence. Two pilot projects are currently under way in which women aged 65 and over will be invited for mammography. Age Concern argues that it is unnecessary to wait for the results of these pilot studies—the Swedish study already shows that screening offers an increase in survival rates for older women.—
LUISA DILLNER, *BMJ*

Not at My Age is available from Age Concern 1268 London Road, London SW16 4ER, price £3.

India's consumer groups call for more rational prescribing

Consumer health groups in India have told doctors to prescribe drugs rationally or be prepared to be sued in consumer courts for medical negligence. The warning, issued through a press conference last month by a consortium of non-government consumer interest organisations, follows a survey of medical prescriptions that showed doctors to be writing irrational prescriptions.

The survey, conducted by the Voluntary Consumer Action Network, a consortium of around 20 consumer and health organisations, showed that many doctors prescribe tonics, vitamin formulations, and expensive drugs including third generation antibiotics when they are not indicated. General practitioners as well as consultants tend to prescribe "unnecessary drugs like antibiotics for all diarrhoeas, cough mixtures for the common cold, and anabolic steroids in contraindicated cases," according to the survey report.

The report also showed what consumer groups describe as "alarming, completely irrational prescribing." This includes prescribing three or four drugs without specific indications and overdosage of potentially toxic drugs such as antimalarials in all fevers. Government doctors, according to the survey, tend to be more rational than doctors in private practice.

The findings were based on an analysis of some 2000 prescriptions collected directly

from patients in six Indian states. Krishnagshu Ray, professor of pharmacology at the National Medical College in Calcutta, who helped to analyse the prescriptions, admits that the sample size is too small for the results to be extrapolated for the entire country. "But these preliminary results confirm lingering suspicions of irrational drug use and reveal dangerous trends that need to be checked," said Professor Ray. "The findings also suggest that continuing medical education programmes for medical professionals are not as effective as they should be."

The consumer groups claim that pharmaceutical companies have a key role in influencing the choice of drugs prescribed. Many doctors also believe that India lacks sources of unbiased information on drugs. "There are no mechanisms to make available periodic research based advice leaflets based on local needs to prescribers, nor is there any encouragement to evolve such mechanisms," said Ashok Rattan, associate professor of microbiology at the All India Institute of Medical Sciences in New Delhi.

In the early 1990s Indian microbiologists had attributed outbreaks of *Salmonella typhi*, resistant to many drugs, to the widespread abuse of antibiotics. "The abuse of antibiotics is still rampant," says Rattan.

The Voluntary Consumer Action Network said that it will watch doctors found to be misprescribing and, if required, file cases against them in special consumer courts where patients can claim damages from doctors who charge for their services (see 25 November, p 1385). The group plans to use the results of the survey to campaign for a prescription audit system in all states.

Another non-government organisation, the Foundation for Health Action, is relying on informal channels to compile a national database on adverse drug reactions resulting from inadequate prescriptions.—GANAPATI MUDUR, *science writer, New Delhi*

Dutch may relent over euthanasia prosecutions

Dutch government ministers are considering moves to stop doctors facing criminal charges if they perform euthanasia. Euthanasia is currently illegal with a maximum jail sentence of 12 years. At the moment, doctors who carry out euthanasia must report their actions, and only escape prosecution if legal officials accept that guidelines have been met. Now justice minister Winnie Sorgdrager has said that changing the law to include a medical exception is an "attractive idea." This would require setting up a committee of doctors, lawyers, and ethicists to judge if doctors had acted professionally. Serious cases could still go to court.

The Royal Dutch Medical Association supports the idea in an article planned for publication this week in its magazine. The association has argued for many years that doctors should not automatically face criminal prosecution in euthanasia cases. It plans to draw up "advanced proposals" for a change in the law.

The association's secretary of medical affairs, Dr Robert Dillmann, said that the issue had been debated for 25 years but never before had the views of ministers been consistent with those of the professional organisations. "We believe a physician who acts in accordance with the current guidelines should not be subject to criminal law. We would like to see a system of review which is primarily not of a criminal nature. The committee idea fits that."

Pressure has been growing for a change in the law after two recent test cases in which doctors, after consulting widely and at the request of parents, actively ended the lives of

Consumers are demanding more rational prescribing

severely handicapped newborn babies.

In the first case, the appeal court dismissed charges against Dr Henk Prins, but the public prosecutor has now referred the case to the supreme court for a legal ruling. In the second case, that of Dr Gerhard Kadijk, the local prosecutor was reprimanded after dismissing the case and saying that a criminal court was not a suitable place to pass a verdict on decisions to end the life of a terminally ill newborn baby.

Last month a symposium of paediatricians at the Wilhelmina Children's Hospital in Utrecht declared that physicians themselves should judge such decisions, not the criminal law. Their ideas were taken up in parliament by MP Roger van Boxtel. Health secretary Professor Els Borst-Eilers welcomed the debate and said that she was already discussing the idea of a committee with the justice minister.—TONY SHELDON, freelance journalist, Utrecht

British charities warn of harm to asylum children

Welfare charities in Britain have warned that children will suffer if the government's proposed amendments to the Asylum and Immigration Bill go ahead. The amendments, which would reduce social security benefits, including the loss of child benefit for some people from abroad, are due to be debated this week. The families of asylum seekers and sponsored immigrants will be particularly affected.

"Families will be left with no means to pay for rent, clothes, food, or heating. Third World deprivation will be brought to the streets of Britain," said Beth Lakhani, welfare rights adviser for the Child Poverty Action Group. A detailed submission by the group was sent to the Social Security Advisory Committee last month.

The amendments were planned to be passed through parliament before Christmas but were stalled after an outcry by church leaders, charities, civil rights organisations, and members of parliament. Now, both houses will debate them before they can become law.

The charity Save the Children and the Refugee Council have issued a joint report on the impact on children of the amendments, claiming that any rise in homelessness and poverty, precipitated by the loss of housing benefit and income support, would increase health problems.

Although asylum seekers are entitled to NHS care, the report warns that registration with a general practitioner can be difficult without an address. The need to send in a complicated form to qualify for free prescriptions, dental work, and spectacles is problematic for those with poor language skills, but so is the lack of a permanent address. Children whose carers were no longer entitled to income support would no longer be eligible for free milk

Seeking refuge in Britain - will it be harmful to the children's health?

and vitamins or for free school meals.

The report claims that the children of asylum seekers are at increased risk of accidents and injury due to homelessness and of serious nutritional deficiencies from an inadequate diet; they are also more vulnerable to disease, including tuberculosis, rickets, anaemia, and vitamin deficiencies. Cold and damp living conditions may exacerbate chronic medical conditions such as asthma.

The Social Security Advisory Committee will by now have read the charities' evidence. Whether any concessions have been made will become clear this week.—ALISON BOLTON, freelance journalist, London

Finances of French cancer charity under investigation

The president of France's leading cancer charity, l'Association pour la Recherche sur le Cancer, threatened to shut down the agency this week in response to accusations that funds have been misused. Jacques Crozemarie's warning follows a devastating report by the French government's financial watchdog, the Cour des Comptes. The report states that the charity turns over to research less than one third of the funds it collects, that it is overcharged by printers, advertisers, and other contractors, and that it has paid unjustified kickbacks.

The report was revealed last week by the daily newspaper *Libération*. It had been prepared for the government, parliament, and the senate, but in view of its findings the Cour des Comptes also decided to turn it over to the public prosecutor.

The charity collects Fr500m-600m (£66m-79m; \$99m-119m) a year through donations and membership fees. The report states that only a quarter of the amount spent by the charity in 1993 was allocated to research, notably to the Institut Gustave Roussy, Europe's largest cancer centre in Villejuif, near Paris and where the charity has its headquarters.

According to Professor Robert Flamant, who was director of the Institut Gustave Roussy from 1986 to 1994, a major clash occurred in 1990 when he proposed setting up a prevention and screening centre with the charity's support. Professor Flamant claims that the charity imposed such impossible conditions on its promise of financial backing that he pulled out of the deal.

In 1991 the inspector general for health wrote to Claude Evin, then minister of health, stating that at least two thirds of the funds collected by the charity went into operating expenditures. The inspector general questioned the destination of a substantial proportion of funds that were "left to the discretion of the president [of the charity], Jacques Crozemarie, without the control of the board of directors." The Cour des Comptes initiated its own investigation in 1994.

Crozemarie protested that the accounting of the Cour des Comptes was inaccurate, and an "extraordinary meeting" of the board of directors was held last week. The board decided that the charity should make its records available for inspection, which Mr Crozemarie had previously refused to do. The board also appointed an interim committee to try to solve the problems. Crozemarie is expected to be replaced. Meanwhile, the Paris judiciary police is investigating allegations that could lead to criminal charges.—ALEXANDER DOROZYNSKI, medical journalist, Paris

German heart valve scandal escalates

About 450 German hospitals and over 2700 doctors are now being investigated for accepting bribes from manufacturers of heart valves, life support equipment, cardiac pacemakers, and hip joints. These latest figures were released by Horst Rosenbaum, state attorney in the region of Wuppertal and North Rhine-Westphalia, in the continuing saga of the so called heart valve scandal.

The first accusations of scandal against hospital doctors appeared in the German news magazine *Der Spiegel* in May 1994. Doctors from all but one of Germany's 51 cardiology centres stood accused of accepting cheques for at least DM100 000 (£45 000; \$67 500), the cheques often having been declared as refunds or listed under research budgets.

The doctors were also reputed to have accepted lavish gifts for buying particular manufacturers' products. Three leading manufacturers of artificial heart valves were said to have been involved in the affair. By April 1995 the number of hospitals under investigation had risen to 250 and the number of doctors and administrative directors to

1500. And by December 1995 the numbers had almost doubled again, although only two thirds of the confiscated documents have so far been evaluated. The estimated financial loss for public health insurance companies after taking price increases into account may now run to DM210m (£94m; \$141m).

In a new statement the Federal Chamber of Physicians said there was a difference between earmarked donations from the industry that were used for research purposes and unspecified payments that had been used for personal enrichment. The latter would constitute not only a criminal offence but also a violation of professional standards.

—HELMUT L KARCHER, *medical writer, Munich*

Report proposes more NHS reforms

Successive reorganisations of the NHS since 1979 have led to increasing fragmentation of the service, says a discussion paper published this week. The paper, from the left of centre Institute for Public Policy Research, says that patients have become "merely a sort of currency" and that the effectiveness

of the service is under threat. The report ironically proposes yet more reforms as a solution.

The authors say that endless reorganisation of the health service has resulted in relationships "in which everything must be defined, costed and documented and in which patients are merely a sort of currency for organisational transactions. The results are secrecy and non-cooperation amongst staff."

The authors want to see included an end to the expansion of general practitioner fund-holding in its current form. Other proposals include reconstituting regional health authorities and funding them from the bottom upwards; and restoring national pay agreements (but with trusts having greater flexibility in pay than was the case before 1991).

The report says, "The single most fallacious assumption which underpins the purchaser/provider split is a picture of medical practice in which the patient has a discrete encounter with the health system, from which he or she emerges either cured or dead."—CLAUDIA COURT, *BMJ*

Towards A High-Trust NHS: Proposals for Minimally-invasive Reform is available from the Institute for Public Policy Research, 30-32 Southampton Street, London WC2E 7RA, price £4.95.

Focus: Sydney

Doctors as Delilahs: new ethics code causes row

While much of Australia lounges on the beach or watches cricket during the January holiday season, the Australian Medical Association has been furiously

faxing press releases on a variety of public health issues from ocean sewage outfalls to hospital cuts and hydatid control. Last week it released its revised code of ethics, which includes for the first time an exception to the usual injunction to keep patients' confidences; apart from statutory exemptions this is now allowable "where the health of others is at risk" (see p 00).

AMA vice president Keith Woollard has handled most of the intense media interest. He has instanced cases such as pilots and crane operators with heart disease or drink problems who refuse to tell their employers, and people infected with HIV who are attempting to "spread" HIV.

It has been curious to observe the rush of condemnation from civil libertarians, AIDS organisations, health consumer groups, and, surprisingly, the Doctors' Reform Society. Within the Australian medical profession the society has traditionally upheld the public interest, reliably countering with communi-

tarian policies the Australian Medical Association's preoccupation with doctors' financial interests. But this time it has joined the chorus of concern about the perceived erosion of patient-doctor trust and the threat to the role of doctor as secular confessional.

Australian doctors and optometrists have long been indemnified from prosecution if they notify traffic authorities about untreated epileptic or visually impaired patients who continue to drive. The New South Wales Motor Traffic Authority says that it "very commonly" receives such reports from doctors. All states except Western Australia also require doctors to report suspected child abuse to child protection authorities.

These provisions have escaped both the interest and wrath of the critics of the new code, which may say plenty about what Ronald Bayer described in the *New England Journal of Medicine* in 1991 as "AIDS exceptionalism." AIDS and civil liberties organisations appear to regard a betrayal of the doctor-patient relationship in child abuse or epilepsy as acceptable but argue that such a possibility will drive some patients with HIV away from medical care.

Both Woollard and Costa have publicly agreed that cases where a doctor will decide to breach confidentiality will be rare. Both have emphasised the importance of the doc-

tor continuing to counsel antisocial patients and sometimes mediate in family matters. Yet the code's critics have little to say about the ethics of non-intervention in those rare cases where all else fails and a patient appears likely to harm others.

The critics have fallen back on the old faithful of "more consultation" being needed with "community groups." Yet none have attempted to explain how community consultation could help a doctor decide what to do about a psychiatrically disturbed patient who confessed to burning down his neighbour's house or a school bus driver who drank and resented all advice offered by the most persistent and empathic of doctors. Such people tend not to have community advocacy groups representing their interests.

Costa argues that "patients should be consulted about these proposed changes and asked if they want doctors to be policemen." Woollard laments that when doctors fail to intervene where they could have prevented a tragedy they are condemned as sanctimonious and out of touch. If they allow provision—as in the new code—for last resort intervention by others they face condemnation from civil libertarians. Can doctors ever win?—SIMON CHAPMAN, *associate professor of public health and community medicine, Sydney*