Renal services in UK are underfunded, says report

Pressure is building for the British government to publish a report on renal services that recommends offering dialysis or transplantation as a matter of course to all suitable patients up to the age of 80. Publication of the report, which was completed 18 months ago, is thought to have been blocked by the Treasury because implementing its recommendations could cost the NHS an extra £250m (\$375) a year.

The review of renal services, commissioned by the Department of Health and carried out by departmental officials together with renal nursing and medical representatives, says that all patients up to the age of 80 should automatically be offered treatment and that patients over the age of 80 should be carefully considered for treatment. Professor Stewart Cameron, a former president of the Renal Association and a member of the group that produced the report, said that no standard policy exists in Britain about who should be offered treatment.

About 80 new patients for every million of the population need treatment for kidney failure each year. Yet the average treated in health districts in Britain is 65 for every million, and in some districts the figure is as low as 20. Some of the variation is due to differences in ethnic composition, because some ethnic groups, such as Asians and Afro-Caribbeans, are up to four times more likely to suffer kidney failure than white people.

Professor Cameron said that there was "no question" that there is a shortfall in facilities for renal dialysis in Britain. "It is almost entirely among people over the age of 65, and the major reason for it is lack of referral to specialist units. No one knows exactly how many people die as a result, but it could be at least 1000 a year," he said.

David Poulter, cochairman of the National Kidney Federation, which represents kidney patient associations, said it was a "disgrace and a scandal" that the review remained unpublished. He said: "It was finished in autumn 1994, and advice for purchasers was produced in January 1995. But it has been held up at the Treasury ever since." Mr Poulter said that the UK is 21st in the European league table of numbers of new patients receiving dialysis each year, according to figures for 1993 produced by the European Dialysis and Transplant Association. In European Countries only Bulgaria dialyses fewer patients per head of population per year.—SHARON KINGMAN, *freelance journalist, London*

Renal dialysis: Britain has a shortfall of facilities

Tobacco executive goes public over company lies

After months of being stifled by threats, a former executive of a US tobacco company testified last week about how he and fellow executives knew explicitly that nicotine is addictive. His testimony was taken as part of a lawsuit by the state of Mississippi, which is seeking payments from the tobacco company for state money spent treating people with diseases related to smoking. At least seven other states in the US have similar suits pending.

Jeffrey Wigand, who led the research department at Brown and Williamson Tobacco Company from 1989 to 1993, described how his fellow executives were guilty of perjury, destroying evidence, halting researching into safer cigarettes, and reckless use of tobacco additives.

Mr Wigand's testimony will reach a wider audience through the CBS news show *60 Minutes*, which had planned to broadcast an interview with him last October but was deterred by threats from Brown and

Williamson's lawyers. The interview is due to be broadcast on Sunday (4 February).

Mr Wigand said that Thomas Sandefur Jr, who recently retired as chief executive of Brown and Williamson, said in meetings that the company was in the "nicotine delivery business" and that nicotine was addictive. But Mr Sandefur explicitly told Congress in 1994 that he did not believe nicotine was addictive, so if this story is supported Mr Sandefur could face criminal charges of lying to Congress. Lawyers from Brown and Williamson discounted Mr Wigand's testimony.

Brown and Williamson has for more than a year tried to discredit Mr Wigand, who now is 53 years old and teaches in a high school. The company said he lied about his education, job history, and scientific achievements. They have also accused him of spouse abuse. But Mr Wigand's lawyers say that none of these accusations has been borne out.

Since the 1994 tobacco hearings the Republicans have taken control of the government majority, and the committee that investigated the tobacco companies is now headed by Thomas Bliley, a Republican from Virginia and one of the industry's strongest supporters.—JOHN ROBERTS, *North American editor, BMJ*

Headlines

Recipient of cancerous kidney wins battle but loses damages: Peter Sumners, who developed cancer after he was given a cancerous kidney, was awarded £21 286 damages by the High Court last week, but he left court without a penny. He was ordered to pay costs from March 1993, when he had turned down a £25 000 settlement offer paid into the court by the health authorities.

WHO executive recommends destruction of smallpox virus: The last remaining stocks of smallpox (variola) virus will be destroyed on 30 June if the World Health Organisation approves a recommendation to that effect in May. The executive board of the WHO has also recommended that 500 000 doses of smallpox vaccine should be kept by the organisation.

Number of smokers continues to fall: The number of cigarette smokers continues to decline in Britain; 28% of men smoking in 1995 compared with 52% in 1972, according to the latest book of official statistics, *Social Trends*.

Ethiopian Israelis' blood donations destroyed: The Israel blood bank has destroyed donations from Ethiopian Israelis because it says that they have a higher risk of AIDS infection than other residents. The decision led to protests outside the prime minister's office, and a government committee will be set up to look at the complaints.

Britain will have another look at Gulf syndrome: The British government is expected to announce a further attempt to investigate the medical causes of the Gulf war syndrome this week after a meeting of specialists and the Royal College of Physicians. The outcome is likely to be a wider statistical, epidemiological study to establish whether the incidence of particular illnesses among veterans is disproportionate.

French riot police break up abortion protests: Riot police intervened to stop fighting between supporters and opponents of abortion in Versailles last weekend. Supporters of abortion claim that the opposition movement has become the focus of extreme right wing activity led by the National Front.

Australia targets men's health

Australia's aggressively "macho" men have been targeted by what is being billed as the world's first blueprint to tackle male health problems. The draft policy, unveiled by the federal health minister, Carmen Lawrence, is aimed at critically examining men's health in the same way that women's health was examined in the 1980s.

Dr Lawrence said that the federal government would spend up to A\$4m (£2m) on the first stage of the strategy. "The conventional approach to men's health is to deal with injuries, disease, and conditions in isolation from other factors," said Dr Lawrence. "This draft policy establishes a more holistic approach to men's health and recommends broad responses to specific problems."

The first phase will see education, community information, and research as the key initiatives of a three point action plan. A national conference held in Australia last year highlighted the impact of masculinity and male socialisation and of work, unemployment, and socioeconomic status on men's health outcomes.

Dr Lawrence said: "Unless the nature of men's work, their socioeconomic status, and pressures such as unemployment are taken into account, the health system will struggle to come to terms with targeting men."

Research by the Australian Institute of Health and Welfare shows that men of working age are disproportionately affected by several major killers—deaths from heart disease and suicide are 3.5 times higher, deaths from lung cancer three times higher, and deaths in car accidents 2.5 times higher. The same research shows that men of working age have significantly higher levels of risk taking behaviour, such as smoking and drink driving, but are less likely to visit doctors, hospitals, and dentists.

Under the draft plan, education campaigns and community based programmes would target boys at school and men in the workplace, service clubs, and health centres. A major media campaign is planned.

Dr Lawrence said that the campaign would encompass "everything from trying to convince young men not to take up smoking through to trying to ensure that older men take that visit to the doctor sooner rather than later."

Dr Lawrence said that the health of Aboriginal and Torres Strait Islander men was one of the greatest areas of concern. "The rate of death for 40 year old Aboriginal and Torres Strait Islander men is more than 11 times that of 40 year old non-indigenous Australian men."

The opposition health spokesman Michael Wooldridge said that the policy could be viewed as insulting and patronising. "If Labor is truly serious about improving the health of men, it needs not just to tackle perceived symptoms but to attack their underlying social and economic causes," he said.—CHRISTOPHER ZINN, *Australian correspondent, Guardian*

Religion should not put a child's health at risk

Religion cannot be used to deny reasonable medical treatment to children, said the US Supreme Court last month. The court had been asked to overturn a ruling against a Christian Scientist mother who in 1989 administered prayer instead of insulin to her diabetic 1 year old son, Ian Lundman. He died of hyperglycaemia three days after church practitioners were called in by the mother to heal him.

Australian men are being urged to take care of themselves

CAVENDISH/IMPACT

The lawsuit, which originated in Minnesota, was brought by the woman's former husband and the boy's father. He was awarded \$1.5m (£1m) by lower courts. An urgent appeal to the Supreme Court was filed by the mother, the boy's stepfather, a Christian Science practitioner, and a Christian Science nurse.

But when the appeal arrived on the desks of the nine justices, they decided not to take it up—effectively agreeing with the lower court's ruling. A church official said that the four were being penalised for practising their religion, a right protected by the constitution. Christian Science relies on spiritual healing rather than medical treatment.

Although the Supreme Court turned down the appeal without comment, a Minnesota appeals court did say, "Although one is free to believe what one will, religious freedom ends when one's conduct offends the law by, for example, endangering a child's life."

In general, courts have ruled that religious freedom does not extend to putting children's lives at risk, although most cases have concerned the treatment of children who were still alive. In contrast, courts have also been reluctant to jail parents of the few children who have died in circumstances similar to Ian Lundman's.

The facts of this case were clear largely because the boy's nurse took copious notes during the three days of prayer and singing. It was the nurse who finally called for medical help after the boy had died.

Initially, the mother was charged under criminal law, but the case was dismissed by a state court. It was then that the father filed civil suit against the four. The Christian Science church itself was not named in the civil trial. In the church's headquarters in Boston a spokesman said the ruling would make no difference in members' practices—JOHN ROBERTS, *North American editor, BMJ*

US has oversupply of doctors

The US has far too many doctors, and immediate steps must be taken to cut the number of junior doctors, said a committee from the Institute of Medicine last week. The institute, in Washington DC, is a non-profit making organisation that provides health policy advice under a charter granted to the National Academy of Sciences.

"In the past two decades the number of physicians has grown one and a half times the rate of the general population, increasing from 150 per 100 000 people in 1970 to 245 in 1992," said Don Detmer, the chairman of the committee and senior vice president of the University of Virginia in Charlottesville. "Yet for all this growth we have seen too little improvement in the cost or quality of, or access to, health care. Having more physicians has not meant having more care of the right kind, at the right place, or at the right cost."

Neal Vanselow, professor of medicine at Tulane University in New Orleans, said,

America faces an oversupply of doctors

"Producing more physicians than the nation requires is a waste of both human resources and the federal resources spent on residency training." Left unchecked, the rising number of doctors may crowd the medical labour market to the point at which promising US students might even forgo a career in medicine, the report said.

The largest growth in the medical work force has been in the number of overseas medical graduates coming to the US to take part in three year residency training programmes, and eventually to practice. From 1988 to 1993 the total number of overseas medical graduates in residency or fellowship (subspecialty training) increased by 80% from 12 433 to 22 706—while the number of US graduates remained constant at about 17 500. About two thirds of overseas medical graduates who come to the US for residency programmes end up practising in the country.

The link between payments for health services and graduate medical training needs to be broken, the committee said. To make up for the loss of income and care that a cut in residency positions could bring to inner city and rural hospitals, the federal government should develop a system of "replacement funding" that directly supports the health care of needy populations.

In recognition of the fact that a record number of people are still applying to medical school in the US the committee said that up to date information on career opportunities in medicine should be made available to prospective medical students. The report also recommended that the US Department of Health and Human Services should fund research on the relations between the supply of doctors and health care costs, quality, and access.—FRED B CHARATAN, *medical writer, Florida*

Broadcasters breach confidentiality

An elderly British patient with cancer who was filmed without his permission by a television news crew has received a full apology from the BBC. The patient had already complained to the Broadcasting Complaints Commission, but the BBC's apology has pre-empted the need for the commission to adjudicate on the issue.

The patient was at the Hammersmith Hospital in London last April, when a BBC news team, led by Fergus Walsh, the health correspondent, came to film an item on cancer care. The patient had told neither his family nor his friends of his illness. They learnt of it only after turning on the evening news.

The 72 year old patient is reported as saying last week: "It was an invasion of privacy. I had several inquiries afterwards from people saying, 'I didn't know you had cancer.' I didn't want them to know." The patient complained to Peter Dannheisser, head of programme/complaints, in April.

The BBC has written to the patient expressing "full apologies". Carol Deakin, accountability assistant at BBC News and Current Affairs, wrote: "Our journalists know they must respect people's privacy and when I spoke to Fergus Walsh, he was equally concerned to learn that you had not wished to be filmed. He told me that he had tried to be very mindful of people's privacy during the filming and had asked more than 20 people, who were there, whether they minded being filmed." —ALISON BOULTON, *freelance journalist, London*

Environment and genetic link found

The first association between a specific genotype and an increased risk of coronary artery disease is reported in an Australian study published in *Nature Medicine* (1996;2:415). The genotype is at the endothelial nitric oxide synthetase locus. The study found that patients who were homozygous for the rare allele (version of the gene), designated 4a, who either smoked or were ex-smokers had more severe coronary artery disease than those who had never smoked. The data suggest a possible interaction between genetic and environmental factors that increases the risk of coronary artery disease and may have implications for future screening and prevention.

The *ecNOS* gene, which lies on chromosome 7, codes for the enzyme endothelial constitutive nitric oxide synthase. This produces nitric oxide, which is essential for normal endothelial cell function. In the study by a team led by Xing Wang at the University of New South Wales the frequency distribution of the two alleles (4a or 4b) of the *ecNOS* gene was determined in 549 consecutive patients referred for angiography to the Prince Henry Hospital in Sydney and 153 control subjects who were participating in a screening programme for genetic disorders. Patients who were referred for angiography were nearly five times more likely than the control subjects to be homozygous for the 4a allele. Among the 401 patients who had clinically significant (one or more arteries with luminal stenosis greater than 50%) coronary artery disease the rate was six times that in the controls.

The authors looked for a possible interaction between cigarette smoking, *ecNOS* polymorphism, and the number of significantly diseased vessels. In the patient group there were 197 non-smokers, 133 current smokers, and 248 ex-smokers.

No relation was found between the number of diseased vessels and the *ecNOS* polymorphism in non-smokers, but for smokers who were homozygous for the 4a allele the excess risk of having one or more significantly stenosed vessels was 35% compared with smokers with either the 4b/a or 4b/b allele.

Professor Steve Humphries, British Heart Foundation professor of cardiovascular genetics at University College Hospital in London, said, "It makes good physiological sense that a gene that codes for an enzyme that is present in all endothelial cells should be involved in a predisposition to develop vascular damage as a result of smoking. But much larger prospective epidemiological studies in different populations must now be carried out to confirm this association. The numbers here are small—only 18 subjects were found to have the *ecNOS* 4a/a genotype. Furthermore, because this was actually significantly more than one would have expected by chance, it is possible that country of origin may be acting as a confounder here for Sydney has a very heterogeneous population." — TESSA RICHARDS, *BMJ*

The harmful effects of smoking could be intensified if you have a particular genotype

Fat substitute gets FDA approval

The US Food and Drug Administration last week approved the controversial fat substitute Olestra. The move follows fears voiced by two professors from the Harvard School of Public Health that the product will cause long term detrimental health effects. Their fears in turn led a group of 30 public health specialists to write to the administration's commissioner, David Kessler, appealing to him to refuse approval.

Olestra, a mixture of sugar and vegetable oil, is a sucrose polyester made by attaching six or seven fatty acids on to a sucrose molecule. Other fat substitutes have three molecules attached to a glycerol molecule and so resemble real fat more closely. Olestra's bulkier shape is too large to be absorbed by the intestine, so it passes through the digestive tract, leaving behind no fat or calories.

Proctor and Gamble, the company that spent 25 years making Olestra, filed an application in 1987 to use the product—which has the feel, taste, and cooking properties of real fat—as a replacement for shortening and cooking oils in the preparation of salty and savoury snacks, such as potato crisps.

Since 1987 the company has presented 150 scientific studies in an attempt to prove Olestra's safety as a food additive and particularly to discredit claims that Olestra causes gastrointestinal problems. In the largest of these studies over 3000 participants of all ages ate as many snacks made with Olestra as they chose for five months. In some people, the product caused soft stools, and flatulence. The company argued that many foods cause similar symptoms.

Walter Willet and Meir Stampfer, two professors from the Harvard School of Public Health, argue that eating Olestra can lead to long term health problems because as it

passes out of the digestive system the fat soluble vitamins A, D, E, and K and carotenoids attach to the Olestra molecule and are swept away along with it.

Professors Willet and Stampfer included with their letter to Kessler a bibliography of 26 references to studies that link low carotenoid concentrations and increased risk of macular degeneration, prostate and breast cancer, and heart disease. Proctor and Gamble says that there is only weak evidence that low carotenoids cause disease and that people do not tend to eat foods containing vitamins and snacks at the same time.

As a condition of Olestra's approval, Proctor and Gamble must fortify its product with the vitamins A, D, E, and K, and carry out studies into its long term health effects.—
TERRI L RUTTER, *medical writer, Boston*

Irish transfusion service accused of criminal negligence

Ireland's director of public prosecutions has been asked to investigate whether the country's blood transfusion service board should be prosecuted for criminal negligence over the infection of women with hepatitis C virus. The call came in a letter to the director, Mr Lamonn Barnes, from Positive Action, the pressure group representing 960 Irish women who contracted hepatitis C after being treated with anti-D immunoglobulin from the blood transfusion service.

In its letter the group highlights findings by an expert group set up by the Dublin government to investigate how the board failed in 1976 to prevent the use of blood donated by a woman who was known to have had jaundice. This was despite there being a policy since 1968 that blood should not be

accepted from anyone who had suffered jaundice or infectious hepatitis.

The letter cites findings by the expert group indicating that the board failed to apply the same procedures in processing anti-D immunoglobulin as it did for other blood products. The investigation said that "no adequate explanation" had been forthcoming from the board for including plasma from a donor who had had jaundice. Positive Action maintains that contamination with hepatitis C could have been avoided if the board had kept to basic safety measures.

Mr Barnes is reminded in the letter that the board failed to act in 1977, when it was told that mothers who had been given anti-D immunoglobulin had subsequently developed jaundice, and similarly in 1991, when advised by the Middlesex Hospital of the link between hepatitis C and anti-D immunoglobulin.

Jane O'Brien, spokeswoman for Positive Action, said that the negligence issue was repeatedly raised in the Dail, the Irish parliament, by senior politicians. She said, "The anti-D hepatitis C contamination has quite rightly been called the biggest health scandal in this state. The victims of this scandal are now appealing to the director of public prosecutions to fully investigate it."

The Irish department of health and the blood transfusion service board will not comment on the negligence issue. The move comes against the background of an unresolved battle between Positive Action and health minister Michael Noonan over its demand for a statutory body to hear compensation claims. Some Irish newspapers have estimated that the final compensation bill could cost the state about IR£100m (£104m, \$156). The group has taken advice on a possible High Court action to pursue claims to set up a statutory body.—ALAN MURDOCH, *freelance journalist, Dublin*

Saudi Arabia curbs tranquilliser prescribing

Urgent action is needed to curb the excessive prescribing and use of tranquillisers and hypnotics in Saudi Arabia, said its health minister, Dr Osama Shabakshi, last week. The health ministry is considering setting up a national computer network to link all pharmacies, hospitals, and primary health centres. This will make it easier to identify patients who have been prescribed such drugs and more difficult for people to get drugs from more than one source.

The health ministry is anxious to avoid giving the impression that there is an epidemic of drug misuse. The minister said that his department is investigating these drugs together with a range of other drugs, such as antibiotics, in order to promote sensible prescribing. He went on to say that "the use of this group of drugs does not represent a major problem in the kingdom, and what has been encountered are individual cases which vary from one person to another."

But although no official statistics exist for the use of hypnotics and tranquillisers, doctors believe that the use of them has increased, and they have helped the ministry to draw up an action plan. Dr Hassan Ghasnawi, chief medical officer in the province of Jedda, said that the health ministry is planning to put restrictions on general practitioners both in the private and public sector, preventing them from prescribing hypnotics and tranquillisers except in emergencies.

Hospital specialists, he says, will similarly not be allowed to prescribe them except for

conditions that fall within their specialty. "The prescribing will be limited to psychiatrists who are registered by the health ministry, and doctors needing such drugs for their own personal use will also have to consult a psychiatrist," he added.

Dr Ghasnawi said that prescriptions issued by psychiatrists will become invalid if not presented for dispensing within seven days of issue. Furthermore, the drugs will be handed out only to the person in whose name the prescription is issued or to an authorised person, and prescriptions issued in one region of Saudi Arabia will not be dispensed in another. To tighten up procedures, four copies of prescriptions will be made. The original will be retained by the pharmacy, one given to the patient, one kept with the patient's notes, and the fourth kept by the doctor in the prescription record, where it is readily available for inspection.

The health ministry has instructed local health departments to form committees to inspect the contents of private as well as government pharmacies and to report the findings to the ministry. In addition, the government plans a public awareness campaign aimed at schools and sports clubs, warning of the dangers of misusing tranquillisers.—PETER KANDELA, *physician and journalist*

New protein could help male subfertility

The discovery of a new protein may deepen understanding of male subfertility and lead to improvements in in vitro fertilisation techniques. One in six British couples cannot conceive after two years of trying, and male subfertility—which affects more than a fifth of men—is the commonest single cause. A letter to *Nature* (25 January, p 364) outlines evidence that the new protein, oscillin, named after the oscillations that it induces in mammalian ova, is a key component in activating the process of fertilisation.

This is important news for scientists trying to perfect the in vitro fertilisation techniques of intra-cytoplasmic sperm injection and round spermatid nuclear injection, which inject sperm directly into the egg, bypassing the need for sperm to be motile. A knowledge of the protein and its actions may help researchers find out why these techniques don't always work.

The protein has been shown in the sperm cytoplasm of many mammals including man, and its arrival into the cytoplasm of the egg is thought to cause direct release of calcium stores, setting in train the chain of events that leads to embryo formation. The prevailing belief is that the sperm binds to a receptor on the egg's surface, activating secondary messengers within the egg, before it releases its DNA.

"It is biological commonsense that the sperm should wait until its DNA is safely within the egg before it activates the process of fertilisation," argues Dr Karl Swann, a lecturer in the department of anatomy, University College London, "but the receptor

TONY BRAIN/SPL

Some sperm may need a bit of help

site theorists threw down a gauntlet and challenged me to demonstrate the mechanism. Well, here it is."

Clinicians still face a wait for a practical application of the work, much of which has been done on hamster sperm. Preliminary results on a few such men suggest that oscillin may sometimes be deficient.—DOUGLAS CARNALL, *editorial registrar, BMJ*

Directors strive to save French cancer charity

The directors of the largest French cancer charity, Association pour la Recherche sur le Cancer (ARC), last week appointed a new president, Michel Lucas, in an attempt to prevent the collapse of a major source of funds for cancer research. Lucas, the former inspector general of health, is the man who first drew attention to possible mismanagement of the ARC's funds in 1991.

The board hopes that the appointment will restore the confidence of some 3.5 million people who contribute Fr500m-600m (£66m-79m) a year to the charity. That confidence had been shaken by events, starting

last month with the publication of a report by the Cour des Comptes, France's financial watchdog, saying that less than a third of the funds collected by the ARC went to research.

The revelations that followed were a plot worthy of a thriller, complete with allegations of megalomania, illegal transfer of funds, fraud, kickbacks, political pressure, and property on the Riviera.

Lucas will replace Jacques Crozemarie, an electrical engineer turned fundraiser, who ran the charity for 20 years and threatened to shut it down when the Cour des Comptes stated that the charity gave only 27% of its funds to research.

Crozemarie, who liked to be called "professor," challenged the accounting of the Cour des Comptes, dismissed an assistant who insisted on transparency, threatened to shut down the agency, and finally resigned. Harsh words were exchanged between Crozemarie and Professor Léon Schwartzberg, a leading French cancer specialist and a member of the ARC's board.

Documents now made available show that the ARC had subcontracting agreements with several companies administered by the same person, Michel Simon. According to the court, one of the companies, called SQ2, handles the list of 3.5 million contributors to the ARC under a contract stipulating indemnities ranging from Fr50m to Fr200m (£66 000 to £2.6m) against any breach.

While police in Paris continue investigating allegations that could lead to criminal charges, the French press has revealed property deals allegedly carried out by Crozemarie. The interim committee appointed last month to try to solve the ARC's problems has recognised the possibility of the "evasion of capital. According to the committee, there is about Fr500m (£79m) in the bank, with other amounts invested in property—ALEXANDER DOROZYNSKI, *medical journalist, Paris*

Product information in BMJ wrappers: a mistake

Last week many UK readers of the BMJ also received, in a separate BMJ wrapper, a leaflet of product information from Schering. We apologise for this. The product information was intended for insertion in the BMJ as a loose leaf insert. The printers, however, forgot to insert the material and, in an attempt to correct their error, decided to post it separately themselves—in BMJ wrappers. We did not know until afterwards that they had done this, and we regret the offence caused to some readers.

Focus: Westminster

Health repercussions of the Harman case

Harriet Harman, the shadow health secretary, was asked recently if Labour's future health policy would come in one big bang or in a series of little bangs.

Neatly she replied that it would be a series of big bangs. But not even she was prepared for the big bang that exploded a week later.

The detonator was Ms Harman's decision to enrol her 11 year old son at a grammar school which, although in the state sector, operates selective entry. For parents caught in the educational rat race of south east England a grammar school place is the next best thing to winning the lottery. But for a Labour party member it is also heresy to defy the party's faith in comprehensive—that is, non-selective—education. Ms Harman could not have been in more trouble had she taken out private health insurance.

Facing calls to resign from the shadow cabinet, she apologised to Labour MPs for giving the Tories their best fun for years. But the episode still threatens to damage the viability of Labour's education policy as well as Ms Harman's standing in the parliamentary

Labour party. Labour MPs are today disciplined enough not to offer hostages to the Tory enemy, but in the autumn they could vote Ms Harman off the shadow cabinet. If that happens party rules would prevent her becoming health secretary in a possible Labour government next year. That has wider consequences since her views on health will be discounted if she is not thought likely to be able to implement them in office.

Ms Harman's tenacity in argument might see her safely through this crisis of confidence, as it did last week in the Commons health debate, when she led an assault on the government for winter shortcomings in accident and emergency departments.

Even so, Labour's attack was blunted by Ms Harman's need to protect her back. Prudence dictated that it was best not to accuse the health secretary, Stephen Dorrell, of saying one thing but doing another—thus leaving unsaid her favourite soundbite: "What Stephen says is not what Dorrell does."

In the event it was Mr Dorrell who observed that Ms Harman's rhetoric on the health service did not reflect her action in the education sector. He thought the same values of a free and open society should apply to both.

Ms Harman's predicament could also

inhibit Labour's approach to general practice fundholding. It was understandable last week for Labour's front bench to be reticent about a two tier health service but not for it to evade the issue altogether—unless it is also having second thoughts about total abolition of fundholding.

When pressed, all Ms Harman would say was that she is talking to fundholders and wants to be fair to all doctors. With nearly 50% of family doctors now fundholders, Labour feels the need to rethink. But that is just what Labour backbenchers will be reluctant to let Ms Harman do. On the other hand, to persist with abolition will look to outsiders as if she is trying to work her passage back.

Otherwise the health debate was routine. The government argued that bed shortages are best met by management action, while Labour would cut £1.5bn from management costs to fund more beds. Meanwhile, the Liberal Democrat leader, Paddy Ashdown, advocated health rationing with the public deciding which services people should pay for. The last time the Liberals were ahead of the field on health policy was in 1987, when they proposed something called an internal market.—JOHN WARDEN, *parliamentary correspondent, BMJ*