Seascale cancer cluster not due to radiation

The continued clustering of cancers in children from the village of Seascale in Cumbria remains unexplained, according to the fourth report from the Committee of the Medical Aspects of Radiation in the Environment (COMARE). The excess of cases—12 to 15 times the age standardised rate for England and Wales—is unlikely to be due to radiation from the nearby Sellafield nuclear reprocessing plant, says the report. An unidentified infectious agent introduced by construction workers in the 1950s and spread through untreated sewage may be to blame.

The committee reviewed all cases of cancer diagnosed in Cumbria between 1963 and 1992 in people under 24 years old, including 11 cases from Seascale, nine of them of leukaemia or lymphoma. The committee concluded that Seascale was probably unique. No excess was found for Cumbria as a whole or for other areas around Sellafield.

Several theories have been put forward to explain the excess of cases, which the report emphasises is highly unlikely to be due to chance. Direct radiation to the children themselves has been discounted because measured levels of environmental radiation have been too low.

The hypothesis proposed by Professor Martin Gardner and colleagues, that occupational exposure of fathers in the six months before the children's conception could be to blame, was challenged in 1993 because it is not clear how this could affect the population of Seascale while sparing other nearby towns and villages where Sellafield workers also live.

Still plausible is the theory of population mixing, first proposed in 1988 by Dr Leo Kinlen of the Medical Research Council Unit in Oxford. This suggests that the sudden influx of people into an area exposes people already there to new infectious agents, which could cause leukaemia and other cancers, especially if the influx is from urban to rural areas. Dr Kinlen has supported his hypothesis with several studies on the populations of new towns and areas near oil rig construction sites.

The report makes a new link between Dr Kinlen's hypothesis and an earlier suggestion that untreated sewage from Sellafield might be to blame for the Seascale cases. Workers who moved up to build the Sellafield plant in the 1950s were initially housed in Nissen huts, and sewage from the huts was discharged straight into the river Ehen, which flows into the sea only a mile from Seascale.

There have been no new cases of leukaemia in Seascale since a sewage treatment works was

Seascale: No one knows the whole story

set up in 1984. However, the report emphasises that even if infection due to population mixing is involved, it is unlikely to be the whole story since the large excess risk observed in Seascale has persisted for four decades. — FIONA GODLEE, *BMJ*

Committee on Medical Aspects of Radiation in the Environment (COMARE), *Fourth report* is available from the Department of Health, PO Box 410, Wetherby LS23 7LN, price £15.

US patients seek doctors' help in suicides

A survey of physicians in Washington state has found that about a quarter of patients who seek their doctors' help in committing suicide are given a prescription for that purpose. The survey also found that a quarter of patients requesting euthanasia received their doctor's help.

The survey, reported in *JAMA* (1996;275:919-25), involved a random sample of 25% of primary care physicians in the state and all physicians in selected subspecialties who were likely to treat severely and terminally ill patients.

The study prompted the American Medical Association's task force on quality care at the end of life to issue an immediate statement saying that the study "strengthens the AMA's contention that considerable physician education is necessary to assume quality, compassionate care for patients nearing death." But the statement reiterated the association's opposition to physician assisted suicide.

Washington state had enacted a law making assisted suicide a felony, but that law was struck down earlier this month by the US Court of Appeals in San Francisco.

The study was conducted by a group led by Anthony Back of the Veterans Affairs Puget Sound Health Care System in Seattle. Of the 1453 potential respondents, 828 returned questionnaires. The study found that 26% of physicians had been asked at least once for help with suicide or euthanasia.

The patients—often with cancer, neurological disease, or AIDS—were most frequently worried about losing control, being a burden, being dependent, and losing dignity. Those who requested euthanasia, compared with those requesting help with suicide, were significantly more often experiencing severe pain, severe physical discomfort other than pain, severe suffering, and confinement to bed.

Physicians refused to give lethal prescriptions to 73% of the patients requesting help with suicide. Fifteen of the 38 patients

Headlines

US hurries through cancer drugs:

The US administration is planning to streamline the Food and Drug Administration's rules to reduce the time lag for new drugs for cancer treatment to get on to the market. The new rules mean that companies need to show that their products only shrink tumours rather than lengthen the survival of cancer patients. The drug agency will also accept evidence of the drug's effectiveness from other countries rather than requiring the drug to be re-evaluated in the US.

BMA calls for action on landmines:

The chairman of the BMA council has written to the prime minister calling on the government to support action for an immediate and total ban on the production, sale, distribution, and use of antipersonnel landmines.

Resistant malaria challenges India:

India's malaria problem has been seriously underestimated according to experts at a global meeting on parasitic diseases in Delhi last month. Mass spraying of the countryside is no longer working, and the experts recommend methods such as stocking ponds with fish that feed on mosquito larvae.

Surgery goes on line: Germany's online service for the medical profession made what it claims was the first live transmission of surgery on the Internet at the end of last month. Online users across the world were able to see images of an operation as it happened, together with a line of text showing the physician's comments.

Government offers help in Scottish cancer scare:

The British government and the Scottish chief medical officer, Dr Robert Kendell, have agreed to help investigate the cause of a threefold rise in the incidence of cancer in Benbecula, a small island in the Hebrides. The increase is thought locally to be due to the inhabitants eating food contaminated by fallout from Chernobyl. Dr Kendell has said that he will provide experts to investigate whether the island was selectively contaminated.

NHS staff seek 6.5% pay rise:

Eighteen unions representing 800 000 NHS staff from nurses and ambulance crews to porters have joined forces to submit a pay claim of 6.5%. The unions also want a minimum of £4.14 (\$6.20) an hour, progress towards ending short term contracts, and the use of temporary staff.

who received a prescription to use for suicidal purposes did not use their prescription. The doctors refused to provide a lethal injection to 67% (39/58) of the patients requesting euthanasia. (Disposition of five requests was not provided by the respondents.)

Dr Thomas Reardon, chairman of the AMA's task force, said: "If physicians were better educated in pain management and if more patients took control of their destiny through the use of advance directives, there would be virtually no need for physician assisted suicide."—CHARLES-GENE MCDANIEL, freelance journalist, Chicago

RSPCA told to modify animal rights campaigns

The Royal Society For the Prevention of Cruelty to Animals has had to revise some of its campaign literature after the Charity Commission made it clear that calling for a ban on medical vivisection was illegal under current charity laws. The society's campaign about the use of chimpanzees in experiments in the Netherlands financed by Britain has now been revised accordingly and calls for better treatment of the primates rather than a halt to testing. The RSPCA has yet to make a formal response to the commission, but two leaflets on other subjects are also under internal review.

Current law holds that it is incompatible with charity status to argue against an action that is for the greater good of mankind if there is no alternative way of achieving that good. An RSPCA spokeswoman explained, "We can still protest at foxhunting, even if the pest control aspect makes it necessary to kill foxes, because there are more humane ways of doing it, such as shooting."

The Charity Commission has been studying the RSPCA's literature for about 18 months and has yet to find any published leaflet that was incompatible with its charitable status. The antivivisection campaign was altered before publication.—OWEN DYER, freelance journalist, London

Australian surgeons protest at health reforms

Australia's new federal health minister has confirmed that the health service faces cuts, despite an election pledge by the incoming coalition government to leave the Medicare health system untouched. The move comes as a surgeons' revolt has caused the new government to review controversial reforms to private health insurance introduced only a year ago.

The health minister, Dr Michael Wooldridge, said that the health budget,

foxes and rabbits, however, once set, a wire snare has no qualms about whose life it takes.

The fact is that as long as it's legal to hunt and snare some animals, all animals are in danger of being hunted and snared.

This advertisement highlights the issue because it raises some more fundamental questions.

Is it morally justifiable to subject any animal to these cruelties?

Do wild animals feel pain or fear any less acutely than the animals we keep in our homes?

Unsurprisingly, as the Royal Society for the Prevention of Cruelty to Animals, we believe the answer to these questions is an emphatic no.

And thankfully we're not alone in this belief.

On Friday March 3rd John McFall MP will put before Parliament a Wild Mammals Protection Bill.

Its most important clauses will make it illegal to kick, beat, torture, snare or cause a dog to injure a wild mammal.

(Obviously it will be legal to destroy wild animals, for example, when a farmer is being caused a serious problem.)

150 MPs may be enough to carry the day and a letter from you could help make your MP one of them.

Please write expressing your opinion.

Then, perhaps, there will never be another victim of hunting.

Intentional or otherwise.

Wild animals aren't the only victims of hunting.

You won't see this kind of trophy hanging in a country pub because it is illegal to hunt down and kill a domestic animal.

Yet every year pets are ripped apart by hunting dogs and garrotted by wire snares. These 'accidents' happen because it is permissible to practise untold cruelties on unprotected wild animals.

Domestic animals simply get caught in the crossfire.

Enthusiastic hunting dogs are trained to kill hares and foxes, but in the field there's no guarantee that is all they will kill.

Snares are meant to catch

RSPCA

Some patients are having a hard time too

worth about £10bn, could not be exempt from the government's recent promise to reduce public spending by £4m.

Dr Wooldridge said that he had asked his department to look for areas where savings could be made without affecting services. But there are already reports that the Medicare rebate that is paid for doctors' services will be cut to 80%. It is also suggested, despite coalition commitments to keep Medicare as a universal scheme, that better off families who do not have private health insurance will have to pay a higher Medicare levy than the standard rate of 1.5%.

One of the Liberal-National coalition's major policies in the run up to the 2 March election, which spectacularly unseated Labor after 13 years in power, was to stop the slide in private health insurance, which is currently falling at 2% a year.

"If we can put a floor under the drop out of private health insurance it will take the pressure off the public hospitals," said Dr Wooldridge. The minister has been persuaded to announce a review of reforms after more than 2000 surgeons put their names to national newspaper advertisements attacking the initiative. The reforms, which allow surgeons to sign contracts with health funds to provide patients with cost free surgery in private hospitals, were introduced to stop the slide in private health insurance.

But the Australian Doctors' Fund, which paid for the advertisements, said that the changes would end the doctor-patient relationship and would introduce US style health care rationing.

Russell Schneider of the Australian Health Insurance Association said that no health fund wanted to interfere with existing relationships. "The contracts are simply a way of allowing health funds to pay higher benefits to contributors in return for a guarantee that the patient will not be billed anything extra," he said.—CHRISTOPHER ZINN, Australian correspondent, Guardian

Young children want to look like supermodels

British children as young as 11 are unhappy about the size and shape of their bodies, according to a survey by the Health Education Authority. The study of 11 and 12 year olds, conducted in 1994, found that half of girls and a third of boys are concerned about their body image, with twice as many girls as boys wanting to lose weight.

The authority said: "In many cases the desire for slimness was influenced by the images of fashion models. Failure to live up to this image resulted in low self confidence and low self image." It found that teenage girls often went to great lengths to control their weight and were more aware than boys of the links between diet, nutrition, and health. Overall though, less than half of the children rated their diets as healthy.

The report looked at various aspects of health promotion and the family. On the subject of exercise, boys were found to be more likely to play sport outside school, whereas girls felt they ought to take more exercise. The report says that parents tended to see their children as healthier than the children saw themselves.

Parents tended to dismiss children's concerns about weight gain, attributing it to genetic factors, stages of puberty and adolescence, or eating the wrong diet. Many parents felt ill equipped to discuss subjects such as body image and sex education, says the report.—PRITPAL S TAMBER, *Clegg scholar, BMJ*

Health Promotion and the Family is available from HEA Customer Services, Marston Book Services, PO Box 269, Abingdon OX14 4YN, price £8.99.

Rwanda's children struggle to face the future

Almost all of the Rwandan children interviewed by an international charity believed that they would die during the genocide which swept their country in 1994. The survey, by the United Nations Children's Fund (Unicef), also found that 95% of the children had witnessed violence and death, often involving members of their family.

The one year baseline survey, which looked at trauma after the Rwandan atrocities, was conducted a year later, in May 1995, among 3030 children aged 8 to 19 years in schools and centres across the country.

It found that more than one in six children had hidden under dead bodies to avoid detection. More than a third had seen children take part in killings or beatings, and a third had witnessed rape or sexual assault. Just over 60% of the children were personally threatened with death.

Young girls are modelling themselves on superwaifs

Dr Leila Gupta, who headed the survey, said: "There is no baseline in modern history that enables one to compare adequately the magnitude of traumatic events that these children have personally witnessed during the recent genocide.

"Seeing their loved ones macheted to death, hearing others screaming for help, hiding under dead bodies, and seeing other children and trusted adults participate in the killings has left strong impressions on these children's minds."

Unicef has set up a national trauma recovery programme in Rwanda, led by Dr Gupta, in an attempt to help the children in whole communities to come to terms with the horrors that most witnessed. The programme aims to enable Rwanda's own teachers, carers, health and social workers, and non-governmental organisations to help children cope with all that they have witnessed. Dr Gupta admitted

than when she first began the project the extent of the genocide meant that there were not enough suitably qualified Rwandan people to help her. She had to go to Switzerland and Belgium to recruit Rwandan expatriates.

Dr Gupta says: "It is a long term programme—it may have to go on for more than a generation. We aim to give these children a sense of control over the intrusive images which spring unwanted into their minds many months after the end of the genocide. But we can never eradicate the sensory images etched on their brains."

The project is also working in some of Rwanda's prisons, where a total of 1800 children are being held. Some, mostly boys aged between 14 and 18 years, are being held on charges of genocide. Other children, many under the age of 3 years, are there simply because their mothers are held awaiting trial.—CLAUDIA COURT, *BMJ*

British women drink more than is sensible

Women in Britain are drinking more than ever before, with 13% consuming more than the government's recommended sensible limits, according to the latest general household survey published by the Office of Population Censuses and Surveys. The level of men's drinking has remained relatively stable over the past 10 years.

The survey shows that 13% of women said that they drank more than 14 units a week. This compares with 11% of women drinking above sensible limits in 1992 and 9% in 1984. Although the government has revised these limits upwards, the safety margin for women is largely unchanged.

About 18 000 adults aged 16 or over are interviewed each year for the survey, which is based on a random sample of private households.

Women in professional households were almost twice as likely to exceed the recommended sensible level as those in semiskilled

or unskilled households. And women working full time were almost twice as likely to exceed the sensible level as women who either did not work or worked part time. Half of the men and almost two thirds of the women in the survey who did not drink were lifetime abstainers. —CLAUDIA COURT, *BMJ*

Living in Britain. Results from the 1994 General Household Survey is available from HMSO, price £23.

Europe needs gene patent laws

Inadequate patent laws may impede Europe's ability to exploit the mapping and sequencing of the human genome for medical and pharmaceutical purposes, a leading expert on patent law has warned. Professor Joseph Straus, chairman of the intellectual property rights committee of the Human Genome Organisation, was speaking at a recent meeting of human genome scientists in Heidelberg, Germany.

While expressed sequence tags (cDNA that corresponds to mRNA) can be routinely generated by automatic sequencing, other steps, such as understanding the use of genes in the diagnosis and treatment of human disease, "remain exceedingly challenging, uncertain and need great creativity."

Unless there are proper patent laws these advances will not be protected, and there will be less economic incentive to pursue them, the council of the Human Genome Project said. The council argues that "public debates about these issues are sometimes based on misinformation concerning the underlying science, and we fear that similar misunderstandings may affect decisions about patentability."

The European directive on patents in biotechnology is still on the shelves of the European parliament in Strasbourg, although the initial proposals were made in 1988. The council warned against a directive that would offer a broad patent to those who undertake routine sequencing and more limited rights to those who make the more difficult discoveries of underlying biological functions. It said that this would reward the routine while discouraging the innovative.—ALEXANDER DOROZYNSKI, *medical journalist, Paris*

Focus: Washington

Too many doctors, and more on the way

Spring is the season when senior medical students' minds turn to jobs. On 20 March the 45th annual "match" was held, a day where senior students receive envelopes

telling envelopes that will tell them where they will spend their years as junior doctors. This March was also a month when researchers confirmed the policy makers' belief that America has too many doctors. For the first time this century, America's senior doctors face the real threat of unemployment.

The good news came from the youngest decision makers: the senior medical students. In increasing numbers they are choosing to enter primary care, where experts say there is still a need. Of the 14 539 US students who will take junior posts, 54.4% chose primary care specialties: family medicine, internal medicine, and paediatrics. And high paying, but increasingly limited, specialties such as anaesthesiology and radiology showed record losses.

But the results of this year's match will not show up in the marketplace for at least three years, when the first of these doctors will enter senior positions. Meanwhile, according to a report published two weeks

ago in *JAMA*, the outlook for doctors completing their junior years appears grim.

In a survey of the 6218 programmes that train junior doctors, researchers from the American Medical Association and the Association of American Medical Colleges found that unemployment rates of graduates were running as high as 10.8%. The worst specialty was pathology (10.8%), followed by plastic surgery (9.9%), anaesthesiology (6.6%), pulmonary medicine (6.2%), and orthopaedic surgery (5.9%). On the other hand, unemployment rates were as low as zero in urology and 1.4% in family medicine. Overall, 3.0% of junior doctors seeking senior posts were still unemployed after six months of searching.

Virtually everyone agrees there are too many doctors, though there are still shortages in primary care and in small towns. Thirty five years ago virtually everyone agreed the country was short of doctors. And since 1960, 37 medical schools have opened to help fill the deficit. There are now 127 medical schools in America. By 1993 there was one primary care doctor for every 1430 citizens and one specialist for every 606 (*JAMA* 1994;272:680-7). And most observers agree that the problem has got no better in the past three years, despite the increasing numbers of young people entering primary care. The reason, most agree, is that speciality posts are being taken by "international medical graduates," foreign graduates

of foreign medical schools. Because many junior doctor programmes must meet service needs in patient care, and because the government still pays more than \$75 000 for every post filled, these programmes have increasingly turned to foreign graduates to fill posts left empty by uninterested Americans.

In this year's match, foreign graduates numbered 7142, up 28% from 1995. They now make up about a third of all junior doctors in America. So even though US students are turning to primary care posts, the specialty posts continue to be filled, and no one is prepared to volunteer to turn off the spigot that continues to fill the oversupply. A study by the Pew Charitable Trust made a simple recommendation: close 20% of US medical schools and keep recruitment of foreign graduates to 10% of US graduate numbers. Other studies have proposed cuts in the size of US medical classes, but the Pew report said that would simply make education more expensive since a school is unlikely to cut 20% off its budget even if it cut its students by 20%.

The resolution will probably come from government. In the budget cutting that continues in Washington, Congress is expected to limit the number of training posts and perhaps dictate the size of specialties. The worry is that the last time the government tried to control the number of doctors it put America where it is today.—JOHN ROBERTS, *North American editor, BMJ*