Threatened surgeon has case reconsidered

A consultant heart surgeon threatened with compulsory retirement from Killingbeck Hospital in Leeds has dropped a High Court action to try to force hospital management to let him carry out heart surgery.

Lawyers for Duncan Walker, aged 54, asked Mr Justice Laddie to dismiss his application for an injunction after Stuart Ingham, chief executive of the United Teaching Hospitals NHS Trust, agreed to reconsider his case.

Mr Walker, who sued the trust for breach of contract, sought an injunction allowing him to return to full duties pending the High Court hearing. As a surgeon, he falls into one of the few employment categories where the courts may force employers to allow an employee to exercise skills that would otherwise atrophy.

In January 1995 Mr Walker sparked off an investigation into another surgeon at the hospital after he reported to the health authority allegations made to him that the surgeon had been bribed for moving a patient up the surgical queue.

The police investigated and decided that there was insufficient evidence to prosecute. The surgeon was cleared by the hospital management, and managers accused Mr Walker of breaching confidentiality when he held a press conference at which he played tapes of telephone conversations with two patients.

Mr Walker went on sick leave in February 1995 with septicaemia caused by a rose thorn pricking his finger. After the other surgeon was cleared Mr Walker's colleagues held a meeting and decided that his return to work would cause tension. They cited the decline in referrals to him and concluded that he did not "have a future role as a cardiac surgeon" at the unit.

The trust insists that the decision to retire him early is based on an audit of his work, which, while clearing him of incompetence, suggested that he should take early retirement.

Mr Walker's solicitor, Mr John Mitchell, said that the trust had previously indicated that the audit was a only a preliminary one. Mr Walker will be allowed to make further representations before a final decision is made.

If the decision goes against him he can appeal to an independent panel of experts and ultimately to the health secretary, Stephen Dorrell.—CLARE DYER, *legal correspondent*, BMJ

Mr Walker's bosses will reconsider his case

Researchers shed light on rotavirus

The structure and function of the rotavirus, one of the commonest causes of childhood diarrhoea, became clearer this week with the publication of two papers and a commentary in *Scienc* (5 April 276:104-7, 101-3, 46-8).

Rotavirus infections are currently estimated to cause the deaths of up to 870 000 children each year, mainly in the developing world.

Researchers trying to make antibodies to the rotaviral protein NSP4 serendipitously observed that it caused diarrhoea in mice. Further studies confirmed that NSP4 acts as a "viral exotoxin," which causes fluid loss from infected enterocytes, mediated through changes in calcium concentration. The ill effects of many bacterial gut infections, such as cholera and shigella, are caused by exotoxins, but NSP4 is the first such protein to be associated with a virus. The discovery means that researchers will be better able to assess the virulence of a strain of the virus.

Another report in the same issue suggests that only antibody active against the rotaviral

VP6 capsular proteins is effective in preventing rotaviral infections. The VP6 protein resides in the inner viral capsid of the rotavirus, and researchers had thought that antibodies to surface proteins such as VP4 would be a better prospect for a vaccine. But an experiment in which mice with induced "backpack tumours" designed to produce antibodies against either VP4 or VP6, found that only mice producing immunoglobulin A antibodies against VP6 were immune from infection.

A vaccine against the rotavirus is likely to be available for clinical trials within a year. Although deaths from childhood diarrhoea are rare in the UK, the rotavirus causes a lot of morbidity. "Between 5% and 10% of rotaviral infections result in hospital admission," according to Dr Nellie Adjaye, a consultant community paediatrician in Maidstone in Kent, and the 17 000 proved cases of rotaviral infection each year in Britain are likely to be matched by at least as many again which are undiagnosed. "If clinicians don't look for the infection they won't find it, so the number of notified cases must be regarded as a conservative estimate. I will welcome the vaccine when it comes."

—DOUGLAS CARNELL, *BMJ*

Headlines

BMA launches counselling service: The BMA has launched its confidential 24 hour counselling service for doctors. The telephone number is 0645 200169. The service is free, and calls are charged at local rates.

French cancers may have Chernobyl link: Some of the 12 cases of thyroid cancer in children reported between 1992 and 1994 in southern France may be a consequence of radioactive fallout from the Chernobyl nuclear reactor explosion in 1985. They represent an incidence of 4.5 cases per million children, compared with 0.5 per million in earlier years.

Link shown between gene and Alzheimer's disease: A report in the *New England Journal of Medicine* confirms a link between the gene apoE4 and Alzheimer's disease. The brain scans of people with the gene showed that their brain cells were not as active as normal, though the people were free of symptoms.

British people increasingly referred for psychiatric help: Every year one in four people have a mental health problem, according to the charity MIND. Six times as many people are referred to psychiatric services now as 50 years ago.

NHS increases its private income: According to the 1996 *Fitzhugh Directory of NHS Services*, 362 of the 496 NHS trusts are making money from private patients and by 1997 their income from private patients will exceed that paid to Bupa, the largest private health organisation. In 1994 trusts earned £200m (\$300m) from private fees.

New Zealand has new immunisation law: Children in New Zealand born after January 1995 will need an immunisation certificate when they start school, according to a new law that takes effect from 1 June. The certificate will give details of the child's immunisation record or specify when the child's care givers made a decision not to immunise the child.

Maternal mortality is higher than previously thought: A new study shows that maternal mortality worldwide has been substantially underestimated and that there are nearly 80 000 more pregnancy related deaths a year than previously reported. The study was done by the World Health Organisation and Unicef.

Judge allows baby to die in peace

A 3 month old baby girl severely brain damaged by meningitis may be released from her "living death" and allowed to die in peace, England's senior family judge ruled last week.

But the BMA was disappointed that Sir Stephen Brown, president of the High Court's family division, refused to lay down guidelines for doctors taking such decisions in future.

Sir Stephen ruled that doctors at a Lincolnshire hospital could stop ventilating Baby C, a ward of court who cannot be named. But he turned down an invitation from the NHS trust's counsel to spell out when such cases should come to court and when doctors could take decisions after consulting parents. "Each case must be considered on its merits," the judge said.

A spokesman for the Official Solicitor, who acted as Baby C's guardian for the court case, said that he would have to advise the doctors who sought his advice in future that all such cases should go to court.

A BMA spokesman said: "We had hoped that this case would provide doctors and relatives with a clearer framework as to how to proceed in cases where the burden of treatment is as distressing as the condition itself and where that treatment is to no other avail than to keep the child alive and cannot actually improve his or her condition.

"Unfortunately, this judgment does not provide even a broad framework within which clinicians and relatives can make decisions in the best interest of the child."

Baby C's parents and doctors, independent experts, and the Official Solicitor all agreed that she should be allowed to die. The court heard that she would never progress beyond the development of a 6 week old baby, was likely to be blind and deaf, and

would never smile or interact socially with her parents or carers.

A consultant paediatric neurologist told the court that Baby C, who is being fed through a nasogastric tube, was not in a coma but in a state of reduced consciousness that he described as a "stupor." She had convulsions and experienced distress and pain from her condition, from noise and handling, and from the treatment keeping her alive.

She had developed hydrocephalus, and needles would have to be inserted daily to draw off fluid. A number of operations would become necessary to keep her alive, and her life expectancy would be two years at the most.

Sir Stephen said: "The future is, frankly, quite hopeless. It is almost a living death." He granted leave for ventilation to be withdrawn and sedation given, saying that the baby would probably die in about an hour.

—CLARE DYER, legal correspondent, *BMJ*

Dutch crack down on drugs policy

The Dutch parliament, under pressure from foreign governments, is set to tighten up its drugs policy. Branded the "drugsland" of Europe for its policy of decriminalising cannabis the Netherlands will now take tough measures.

The number of places where cannabis is sold, known as coffee shops, is likely to be reduced from 2000 to just over 1000 by the stricter local enforcement of rules banning nuisance, selling alcohol, and selling hard drugs. The maximum amount of cannabis that can be sold to each customer will be cut from 30 g to 5 g. Coffee shops will not be allowed to hold in stock more than 500 g for resale, and the large scale growing of

The Dutch will be stricter with drug selling in coffee shops

DENNIS/REX

cannabis will be punishable by up to four years in jail. The green paper *Dutch Drug Policy: Continuity and Change*, agreed in principle by MPs earlier this month, amends the previous decriminalisation policy of the 1976 Opium Law.

The ministry of justice believes the current law's distinction between hard and soft drugs has produced relatively good results in public health. The use of hard drugs at 1.6 per 1000 population is lower than in France or Britain, while the monthly prevalence of cannabis use among high school students is around 5.4% compared with 29% in the United States (*BMJ* 1995;311:1656).

In a keynote parliamentary speech health minister Professor Els Borst-Eilers argued that, while not perfect, the results of Dutch drug policy compared favourably with other countries. After 20 years the average age of users addicted to hard drugs was exceptionally high (around 35 years), while the rates of death and HIV infection among addicts were exceptionally low. The increasing use of cannabis among young people was worrying, but no different from countries with a repressive cannabis policy, she argued.

However, a parliamentary majority of the right wing Liberal party, the Christian Democrats, and the smaller Christian parties has blocked any further progress in the policy of toleration. In addition, plans to broaden this policy by legalising and regulating the home growing of cannabis and the supplying of coffee shops have been scrapped. Plans for strictly controlled experiments with heroin prescribed to long term addicts (*BMJ* 1995;310:1625) have been delayed under fierce opposition.

Parliament has agreed, however, to provide extra money for police and cell capacity in order to tackle drug related crime; to co-operate closely to combat international drug trafficking; and to deport drug tourists and drug addicts living illegally in the Netherlands.—TONY SHELDON, *freelance journalist, Utrecht*

Women's prison regime was "squalid and degrading"

Standards of care at London's Holloway prison for women last year reached "unacceptably low levels," according to a report from the board of visitors. The report cites areas of "filth and squalor," endemic health problems, inadequate fire services, and a "degrading" lack of clothing for inmates, as just some of the problems.

Holloway is the largest prison for women in Britain, with a maximum operational capacity of 532 prisoners. Average occupancy in 1995 was 508 women, compared with 444 in 1993 and 493 in 1994. Many women admitted to Holloway have special needs, and the report says that serious health care problems and family matters need most urgent attention.

The report condemns the outdoor area in

The problem of rats and other vermin is "out of hand" at Holloway

the prison's mother and baby unit as "drab, dirty, and unsuitable for young babies." It also observes that "mothers were deeply affected and distressed by the inhumanely prescriptive policy on cuffing at outside hospital. Mothers must be allowed to accompany their babies to outside hospital, and be present when the babies are receiving treatment."

Health problems were not helped by the filth and squalor of some outside areas. The report says that "the problem of rats and other vermin was out of hand."

The lack of a regime was stressful for women, and as a result the demand for health care increased. In all, 36 000 prescriptions were written during 1995, says the report, and "frequently inmates were woken late into the night to be given evening medication."

The board of visitors noted: "The delicate balance between custody, care and justice became heavily weighted in favour of custodial measures. Fundamental systems broke down; basic services were not provided and an oppressive regime resulted."

The prison's conditions during 1995 were so bad that the chief inspector of prisons, Sir David Robotham, walked out in disgust during his inspection.

The board's outgoing chairwoman, Rachel Palmer, said that 1995 had been a particularly bad year for several reasons. "The high numbers of inmates were a big problem, compounded by serious shortages of staff, and made worse by new, stricter security measures—for instance, women having to be accompanied by two guards on a visit to hospital (they used to go unaccompanied)."

She said that there had been improvements since the report, notably in the areas of cleanliness and women being out of their cells for longer periods each day. But she said that there was still no clothing stores and inmates had to rely on charitable donations.

The director general of HM Prison Ser-

vice, Richard Tilt, accepted that 1995 had been a difficult year. But he said steps had been taken to improve matters, with the recruitment of 41 prison officers, a new incentive based regime for inmates, and more time out of cells.—CLAUDIA COURT, *BMJ*

Private finance to build NHS hospitals

Britain's first major NHS hospital to be built from scratch as a private finance venture—a £170m (\$255m) project at Norwich—was sanctioned last week by health secretary Stephen Dorrell. A £90m (\$135m) rebuilding scheme at Swindon was announced at the same time. They were among projects worth £4.8bn (\$7.2bn) in a Treasury package relaunching the government's private finance initiative, under which the private sector contracts to design, build, and manage public projects.

The new, 701 bed hospital at Norwich, to be built on a 63 acre greenfield site close to the University of East Anglia, will be built by the consortium Octagon Healthcare. This comprises John Laing Construction and General Healthcare Group, with the merchant bank BZW as adviser. Work will start this summer, and completion is expected by the year 2000.

During the 60 year contract the private consortium will provide support services such as cleaning and catering and building maintenance. The Norfolk and Norwich Health Care NHS Trust will remain the employer of all clinical staff and will control key operational policies for the delivery of patient care. The new development will replace two existing hospitals, the Norfolk and Norwich in the city centre and the West Norwich 5 km away.

Mr Dorrell said that the new hospital was an excellent demonstration of the system at work. The risks were transferred from the public to the private sector, where they were likely to be better managed, he said. In the past the NHS has been criticised by Commons watchdogs on spending for huge overruns in costs and long delays on new hospitals.

The second NHS project, to rebuild Swindon's Princess Margaret Hospital for £90m (\$135m), will take only four years instead of nine and will deliver facilities without having to join the queue for public sector capital schemes. It will provide 520 beds. The building consortium is the Hospital Company, led by Tarmac (for construction), with United Medical Enterprises (for management) and Tarmac Servicemaster (for non-core services). The consortium will own the building and lease it back to the Swindon and Marlborough NHS Trust on an initial 25 year contract. The trust will employ all clinical staff and retain responsibility for patient care.

The government's National Health Service (Residual Liabilities) Bill, now going through parliament, will help to underpin the private finance initiative by safeguarding creditors when NHS trusts are dissolved. It will transfer debt to the government. A loophole in the present law gives the government discretion not to honour such debts. This was suspected of being a deterrent to multi-million pound contracts under the private finance initiative.

The BMA has produced a discussion document on the initiative and will debate it at its annual meeting in June. A spokesman said: "The BMA is concerned about back door privatisation of the NHS and would be firmly opposed to any attempts to privatise clinical services. But we nevertheless recognise that many of our members in those areas affected by the private finance initiative are in favour of new hospitals being built, so we cannot oppose the privatisation of bricks and mortar."—JOHN WARDEN, *parliamentary correspondent, BMJ*

Doctors launch twins research company

British and Australian doctors have joined forces to set up the world's first medical research company based entirely on information from twin studies. Gemini Research, currently located in Melton Mowbray, Leicestershire, will start by using the twin database at St Thomas's Hospital, London, which contains information on 1200 twins.

The company plans to expand this to cover 10 000 twins and to set up a further database at St Vincent's Hospital in Sydney, Australia. Initially, the company intends to focus on osteoarthritis and osteoporosis, obesity, and non-insulin dependent diabetes.

Most of the twins currently participating in the study are middle aged women. They are paid only travel expenses. Gemini hopes to recruit more non-identical twins who grew up together to study the effects of different genes while controlling for other factors.

Dr Tim Spector, a rheumatologist at St Thomas's, compiled the original twin database and is a cofounder of Gemini. He plans to host a party for 1000 twins at the hospital next month, when he will tell them of the company's plans to secure commercial funding. Gemini's £2m (\$3m) start up funds come mostly from private American investors.

Over the next two years the company intends to amass genetic information on 10 000 twins and is seeking a partner in the drugs industry. It is also looking for academic partners among those conducting twin studies in Europe, North America, and Asia.

Simon Kerr, chief executive, said that the idea for a gene research venture based on twins came when Dr Spector visited the twin study of Dr Nigel Morrison, a molecular biologist, and Dr Paul Kelly, an endocrinologist and himself a twin, at St Vincent's Hospital.

He explained the benefits of using twins for this type of research: "When you're looking at establishing the genetic basis of certain common chronic diseases, identical twins can tell you whether these illnesses are heritable. Non-identical twins can help us to track down the relevant gene loci. And with age related diseases, we're able to examine people without worrying about age differences."—OWEN DYER, *freelance journalist, London*

Police investigate suspicious hospital deaths

A nurse is under investigation by the Northumbria police after a series of suspicious deaths in the intensive care unit of the Royal Victoria Infirmary, Newcastle upon Tyne. The hospital's internal inquiry in February found a senior nursing sister guilty of gross misconduct and suspended her immediately, before sacking her in March. The hospital's solicitor then contacted the coroner Leonard Coyle, who then called in the police.

Four patients are now believed to have died between 1991 and 1995 after their intravenous drips were tampered with. They include a 12 year old and a 15 year old, who had been admitted to the adult ward because of the nature of their injuries. Patricia Dryden, aged 15, died five days after being admitted with 50% burns after a butane aerosol exploded during a gas sniffing session. She never regained consciousness. Her family has now been told that her death may have been a result of tampering with her drip feed.

The other patients were a 69 year old woman and a middle aged man who has not yet been formally identified. A spokeswoman for the NHS Executive, Northern and Yorkshire, said: "Following concerns expressed by a colleague about an employee's professional conduct, an internal inquiry was started in early February. As a result of this inquiry a female member of nursing staff was dismissed for gross misconduct. The trust followed normal disciplinary procedures throughout the case and is now cooperating with the police investigation."

The Labour MP for Newcastle Central, Jim Cousins, has criticised the hospital for not contacting the police and waiting too long before contacting the coroner. He has called for a public inquiry.

The sister, who had 17 years' experience at the infirmary, has appealed. If the appeal fails, the UK Central Council for Nursing, Midwifery and Health Visitors is understood to be preparing a case against her that could lead to her being struck off the nurses' register. The appeal will be heard by a panel of non-executive directors.

Police and hospital authorities have yet to establish a possible motive if the deaths are found to have been deliberate.—OWEN DYER, *freelance journalist, London*

New research will cover 10 000 twins

KERMAN/ISAISON/GAMMA/FSP