ticipating, or planning to participate, in the study. To produce reliable evidence to guide the future treatment of many millions of women with breast cancer there is an ethical and scientific imperative to continue recruitment into the aTTom study and other studies of the optimum duration of tamoxifen treatment.

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Multicentre trial should be welcomed

EDITOR,—R D Bulbrook's concern about the multicentre adjuvant tamoxifen trial¹ is misplaced. This trial seeks to address the vexed question of the optimum duration of adjuvant treatment with tamoxifen. The trial randomises patients who have been taking adjuvant tamoxifen for at least two years either to stop at this point or to continue for a further three years. There is no question of the trial embracing very long periods of treatment such as the 10 years referred to in Bulbrook's editorial. It is regrettable that this editorial may discourage recruitment to this extremely useful and pragmatic trial.

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Clinicians must share knowledge with their patients more readily

EDITOR,—Women will welcome the end of the uncertainty over the duration of treatment with tamoxifen.¹ The question to address now is the optimum duration between two and five years. But trials should build in measurements of quality of life as well as survival as end points.² For a singer, loss of top notes would mean the end of a career³; for a proofreader, retinopathy could spell redundancy⁴; for a young mother, brittle bones might be disastrous. For sexually active women, dyspareunia could threaten relationships. For any woman, the prospect of exchanging one cancer for another, or risking thromboembolism, is not to be relished.

It is also time that women were routinely offered simple hormone tests in Britain (as they are in North America). At the moment "oestrogen receptor status is available for less than 10% of women."⁵ This means that tamoxifen is given to

Kathleen Ferrier, the contralto, who refused an oophorectomy for her advanced breast cancer after being advised by a laryngologist that it might have a disastrous effect on her voice

many women who are unlikely to benefit: indeed, in large trials tamoxifen is given to all women, regardless of their oestrogen receptor status or menopausal status. Examples of such trials are the aTTom (adjuvant tamoxifen treatment offer more) trial, the adjuvant breast cancer trial, and the international breast cancer intervention study (a prevention study). The information thereby obtained is crude and does not help individual women; nor is the expense of inappropriate treatment justified.

Women are no longer ignorant of these issues, which are discussed in the national and women's press. The information is available on the Internet. Clinicians must now share knowledge more readily with their patients, so that women themselves can make decisions about their treatment that genuinely reflect their personal values.

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Creutzfeldt-Jakob disease and bovine spongiform encephalopathy

Scientists who inflame public anxieties must share responsibility for resulting panic

EDITOR,—Recent editorials on the danger of bovine spongiform encephalopathy causing Creutzfeldt-Jakob disease in humans confirm that academic scientists are as much in the grip of the irrationality of the mad cow panic as is the public.^{1,2} Paul Brown recalls his judgment of last November that the available evidence suggested "a negligible risk to humans,"³ only to confess that "it now appears that I was wrong."⁴ However, he adduces no new evidence to justify this about turn, simply repeating the now familiar refrain that "no better explanation is presently forthcoming."

Being unable to advance a better explanation than that offered by a hypothesis for which there is only the weakest circumstantial backing is a dubious basis for endorsing that hypothesis. Yet,

within a few sentences, Brown is raising the spectre of "a potential medical catastrophe." If an eminent scientist can swing in four months from characterising bovine spongiform encephalopathy as a negligible risk to warning of potential catastrophe is it any wonder that the public is confused and frightened?

With rhetorical flourish, Sheila M Gore demands, "let us have done with misleading the profession, the public, and the press" and insists that "all evidence must be quantified."⁵ As there is no evidence for a link between bovine spongiform encephalopathy and Creutzfeldt-Jakob disease it cannot be quantified; what is misleading is to imply that the link is something more than the weakest of hypotheses. Yet this is exactly the effect of the statement that there is "no better explanation" or that this is "the most likely" cause. Echoed in parliament and the press, such statements have fuelled the mad cow panic. Gore's powerful metaphors about British beef consumers continuing "to play Russian roulette" can only contribute to the hysteria.

Gore emphasises the need to learn the lessons of the AIDS crisis. Back in 1987 I argued that there was no evidence to justify the promotion of fears of an imminent explosion of HIV infection among heterosexuals in Britain.⁶ Now, nearly a decade later, we have a health scare not about a disease but about the possibility of a disease. Scientists who inflame public anxieties about uncommon or rare or possibly non-existent diseases (like bovine Creutzfeldt-Jakob disease) must take their share of the responsibility for the resulting panic and its consequences.

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Doctors and scientists must be able to communicate degree of risk . . .

EDITOR,—The handling of the issue of bovine spongiform encephalopathy¹ is an example of the consequences of poor communication about risk. Risk management and the communication of risk are not new, and it is disappointing that the principles of the communication of risk have not been applied. The Environmental Protection Agency in the United States has published a set of rules and guidelines, most of which seem to have been ignored in the past few weeks²: accept the public as a legitimate partner; listen to your audience; be honest, frank, and open; meet the needs of the media; speak clearly and with compassion; coordinate and collaborate with other credible sources; and plan carefully and evaluate performance.

Analysis of the problems encountered in terms of the sources of information on bovine spongiform encephalopathy and Creutzfeldt-Jakob disease, the means of communication, the messages that have been given, and the people receiving the information is revealing. There is a general lack of trust in the responsible authorities; there has been disagreement among scientific experts; the reporting of the issues in the media has dramatised events and emphasised the conflicts; and it has been difficult to explain the scientific uncertainties to a lay public that has inaccurate perceptions of risk and demands scientific certainty.

While the finger of blame will be pointed at the government, none of us can afford to be