Aid agencies need more self regulation

International aid agencies must become more efficient and more accountable, according to the International Federation of Red Cross and Red Crescent Societies. Otherwise, says the federation in its 1996 World Disasters Report, they will not overcome "the profound changes in the international relief system" and secure the health and human rights of millions worldwide.

Part of the concern is generated by the burgeoning numbers of aid agencies, particularly non-governmental organisations (NGOs), which, the report suggests, have flourished as a result of the contract culture and the lifting of restraints imposed by the cold war. Their position on the frontline has provoked complaints of lack of accountability, and poor professional standards.

Involvement with the military has also raised concern, particularly in Rwanda, where 200 NGOs were operating in 1994. "It is still assumed in many countries that disaster relief is essentially charitable work and therefore anything done in the name of helping disaster victims is acceptable," says the report. "Standards to scrutinise NGO activity are urgently needed."

The federation has drawn up a voluntary code of conduct for relief workers which is supported by 144 nation states. But there is no international association for NGOs with authority to sanction its members.

The report also criticises the way in which funding is allocated and tracked: "As the relief industry has boomed, so the capacity for monitoring its finances has declined. Such poor levels of accountability would not be tolerated by any major corporation, and it is alarming that it should be acceptable when public and private funds are used to assist vulnerable populations."

Humanitarian aid faces major challenges in the second half of the decade, says the report. Food aid is set to rise only marginally to 10.6 million tonnes in 2005 from an estimated 9.2 million tonnes in 1996, which will not be enough to meet demand. And there has been an exponential rise in the number of displaced people in need of help from 20 million in 1990 to 26 million in 1994.

Dr Peter Walker, director of disaster and refugee policy at the federation, says: "Efficiency is the key. It does not matter whether we are talking relief or development, without food, water, sanitation, and health, we cannot begin to tackle the next tier of violence, and without that we cannot then deal with the next tier of self esteem, and then personal development, and so on."—CAROLINE WHITE, *freelance journalist, London*

Aid agencies: Is it acceptable for them just to turn up to disasters or should they be more accountable?

Amnesty highlights doctors' duty to report torture

Amnesty International is calling on the World Health Organisation and other international medical associations to take a more proactive stance in combating human rights abuses. In a report drawing examples from 12 countries, the human rights organisation concludes that doctors have a duty to report and oppose torture or other ill treatment wherever they find it, even at personal risk to themselves.

Amnesty criticises current international codes of conduct, such as the World Medical Association's Declaration of Tokyo for implying that mere non-participation in abuses is sufficient to meet the moral requirements of the Hippocratic Oath. Only the International Council of Nurses has formally declared that any members who hear of ill treatment of detainees "must take appropriate action including reporting the matter."

The report signals the start of a six month campaign by Amnesty's health professionals' network, which has members in more than 30 countries. Amnesty argues that doctors are uniquely placed to document human rights abuses but acknowledges that they can come under tremendous pressure to ignore or even to participate in crimes by the state.

In Iraq doctors were required by law to help in amputating the hands and branding the foreheads of military and civilian "deserters." At least one doctor was executed and several were imprisoned for refusing to comply with this law. Pakistan requires doctors to supervise at amputations and floggings, despite the protests of the country's medical association.

State employed medical professionals may be intimidated merely by their financial dependence, the report says, but the penalty for defiance can be more drastic. Amnesty cites the case of Marta Chrisostomo Garcia, a Peruvian nurse who was one of eight witnesses to a 1988 massacre by the Peruvian army to disappear or be murdered in the following two years. Her request for protection from the attorney general had been refused.

Doctors who were interviewed worldwide emphasised that the refusal of policemen to leave the room during examinations of prisoners was the greatest obstacle to the prevention or detection of abuses. Doctors who attempted to document injuries were often simply ordered to tear up their report and start again. One Kenyan interviewee was told by a petulant detective: "You are making our work very hard. We can hardly pinch anybody because we fear you will write about it." —OWEN DYER, *freelance journalist, London*

Prescription for Change: Health Professionals and the Exposure of Human Rights Violations is available from Amnesty International UK, 99-119 Rosebery Avenue, London EC1R 4RE, price £5.

Headlines

Israeli hospital patients gain right to vote: For the first time in Israel's history, hospital patients will be able to vote for the prime minister and members of Knesset (parliament) thanks to a private member's bill that became law last month as the country went to the polls. Originally only those presenting themselves at polling stations were able to vote, but this was later amended. Prison inmates were given the vote in 1992.

Child B dies after five year battle: The 11 year old British girl Jaymee Bowen, better known as Child B after a court order aimed at preserving her anonymity, has died as a result of the myeloid leukaemia that put her in the media spotlight. Her father had tried unsuccessfully through the British courts to persuade the NHS to pay £75 000 (\$112 000) for a last attempt at saving her life. He later received the money as an anonymous gift.

Severely disabled people will not receive back pay: A ruling by the UK law lords has overturned a decision by the Court of Appeal that severely disabled people living with their parents were entitled to severe disability premiums as part of their income support. The payments were worth up to £34 a week, and the back payments amounted to £500m.

Scheme will send young doctors to South Africa: Young European doctors will be able to work for two years in South Africa under a new voluntary service scheme launched by the European Commission. The doctors will work alongside fully qualified South African and European colleagues in rural areas and some urban districts. Further details of the scheme will be announced shortly.

Clinical audit criteria launched: The National Centre for Clinical Audit has launched its criteria for excellence in clinical audit for health professionals. The centre, a partnership of 14 healthcare organisations, is piloting the criteria for six months, after which there will be a review.

British have sex at earlier age: A study by Durex, the condom manufacturer, shows that British people start sexual relationships at an earlier age than people in other European countries. The survey—of more than 10 000 adults in 15 countries—found that the average age for loss of virginity is 16.7 in Britain, 17 in France, and 18.2 in Spain.

Martin Bryant: shot 34 people dead in Tasmania

Australian doctors put in firing line

In the wake of the Tasmanian gun massacre, which left 35 dead, Australia's doctors and psychiatrists could be forced to inform police of any patients they believe are unfit to own firearms. The controversial proposal, which was discussed by a federal government gun summit in Canberra last week, says that people's names would not be made public and doctors who passed on details would be indemnified against legal action.

Patients who should be reported to the police would be those defined as "not well enough [and] not mentally stable enough to have a weapon." While the Australian Medical Association (AMA) has supported the move, the Doctors Reform Society said that this was not the answer to gun control.

The New South Wales police minister, Paul Whelan, said that although people would object on the grounds of ethics and civil liberties, the issue "had to be faced up to." He said: "If the medical practitioner is of the view that a patient should not have a gun, then there should be a duty on the medical practitioner or psychiatrist to report that fact to the police." The minister said that the plan was an extension of the obligation doctors already had to report cases of child abuse.

Dr Michael Epstein, secretary of the Royal College of Australian and New Zealand Psychiatrists, said: "Psychiatrists already have an obligation to the community if they believe a person would pose a significant risk to themselves or others." The vice president of the AMA, Dr Keith Wollard, said that doctors reporting on potentially violent patients should be protected. But Dr Arthur Chesterfield-Evans, of the New South Wales Doctors Reform Society, said that the government could not hide behind doctors instead of enacting strong gun control legislation.—CHRISTOPHER ZINN, *Guardian correspondent, Australia*

US gene discovery leads to patent war

The finding of the association of a human gene with breast cancer has suddenly turned into a patent war in the US. Myriad Genetics, the Utah biotechnology firm that in 1994 isolated the BRCA1 gene that is strongly associated with breast cancer, is now seeking to patent the gene. The company says that it will soon begin selling a test kit for \$900 (£590) that will show if a woman carries the gene. The presence of BRCA1 suggests that a woman has an 85% chance of developing breast cancer, although most women who develop cancer do not carry the gene.

The patent is being fought by a coalition of groups that include breast cancer advocacy organisations and is led by Jeremy Rifkin, a well known opponent of human genetic research. The coalition maintains that genes are part of nature and thus are not subject to patent. The US Patent Office, however, has already allowed patents on many other human genes that have been isolated.

The coalition also maintains that to patent BRCA1 will deter further research into the gene's role in cancer, as researchers will have to pay royalties to Myriad Genetics. "If someone patents this gene, they will control the research," said Nancy Evans, a vice president of Breast Cancer Action. "They may not always want to encourage competition for products they are developing. That is not in the public interest."

But others in the scientific community disagree, arguing that patents allow protections that give investigators and investors incentives to continue research. Carl Feldman, president of the Biotechnology Industry Group, said that most drug research is carried out through private investment, not through government grants.

Mr Rifkin admitted that the coalition's fight is unlikely to succeed, but he said that the groups hope at least to air many issues that have previously been confined to medical journals—for example, questions about the effect on competitive research if genes are patented, and what women with positive test results will be told.—JOHN ROBERTS, *North American editor, BMJ*

Herbal stimulant causes US deaths

Fifteen deaths among young people in the US have been attributed to the herbal stimulant ephedra—also known as Ma Huang, epitoinin, and ephedrine—and marketed as a safe and legal alternative to street drugs under names such as Herbal Ecstasy, Cloud 9, and Ultimate Xphoira.

The products' makers target adolescents and young adults with pledges of the herbs' mood enhancing and aphrodisiac properties. The pills are advertised on the Internet and

sold at rock concerts and drug paraphernalia shops. Ephedrine, the active ingredient, has long been sold as an over the counter decongestant for rhinitis. It has also been marketed as a bronchial dilator and aid to weight loss. It has amphetamine-like properties in high doses and can cause nervousness, tachycardias, hypertension, seizures, and psychosis.

The deaths have prompted the state of Florida and Nassau County near New York City to ban the sale of botanical ephedra. The US Food and Drug Administration also issued a statement warning consumers to avoid buying the products. These warnings and prohibitions, however, cover only those herbal supplements specifically marketed as alternatives to illegal drugs, not commercially available ephedrine. The commercial preparations, which often contain higher doses of ephedrine than products such as Herbal Ecstasy are exempt from the warnings, inciting the makers of "herbal alternatives" to accuse the administration of discrimination.

Sean Shayan, a spokesman for Global World Media, which markets Herbal Ecstasy, said that he was unaware of any adverse reactions associated with his products. The Food and Drug Administration maintains that the ephedrine based products that claim to produce a "high" violate the law. Because herbs are considered to be food and not drugs, the legal burden of proof rests with the administration to show that the product is unsafe.—DEB JOSEFSON, *physician journalist, New York*

Cocaine blamed for infants' emotional problems

Infants prenatally exposed to cocaine seem to be susceptible to emotional difficulties, said a report last week by the US National Institute of Child Health and Human Development. Infants whose mothers misused cocaine during pregnancy tend to be easily overstimulated and distressed by unfamiliar sights and sounds, which could cause major problems in their care, said Dr Marc Bornstein of the institute.

The institute estimates that at least 50 000—and perhaps as many as 375 000—infants are born each year in the US to mothers who misuse cocaine in some form. In one study supported by the institute, researchers at Yale University recruited pregnant women and then measured the emotional reactions of their babies (*Development and Psychopathology* 1996;8:29-42). The mothers of 36 infants had misused cocaine, and these infants were compared with 27 non-exposed infants from similar socioeconomic backgrounds.

They found that the babies of mothers who had misused cocaine were much more likely to cry when they were exposed to new images—some to the point of being so irritable that they could not be tested. Previous research found no difference in intelligence levels among babies exposed to cocaine in utero (*Pediatrics* 1995;95:539-45).

Dr Bornstein said that the physiological effects of cocaine are consistent with the finding. Cocaine inhibits the reuptake of neurotransmitters dopamine, noradrenaline, and serotonin in the brain. Such an effect would be expected to result in more irritability in exposed infants. Adults respond to crying infants by distracting them. Such a strategy is likely to make matters worse for babies who have been exposed to cocaine. Also, said Dr Bornstein, a fretful baby is hard to care for, and that problem is compounded by the fact that these babies are being brought up by mothers who may still be misusing drugs.—JOHN ROBERTS, *North American editor, BMJ*

New BUPA scheme hits NHS patients

Britain's leading private health insurer has removed NHS trusts from its list of preferred hospitals in a move that could cost the NHS up to £40m (\$60m). BUPA's new scheme offers financial inducements to patients in return for agreeing to treatment at 150 selected independent hospitals, including rival Nuffield hospitals. Private wings of NHS trusts are excluded from the scheme for most treatments.

The NHS Trust Federation, an umbrella organisation for NHS trusts, last week condemned BUPA's new health fund and will be meeting with the company next week to urge them to rethink the list of preferred hospitals. "Many trusts generate a significant amount of income from their pay beds and private units," said Dr Alan Davison, chief executive of the Royal National Orthopaedic Hospital and member of the federation's council. "We

earn £2.5m a year from private work, making a genuine profit for the hospital that translates into genuine benefit for our NHS patients. The same is true for many hospitals nationally. We would all be in trouble if this income was cut. Losing income from BUPA patients will cost us about £350 000 a year, roughly the cost of running one ward."

BUPA's health fund scheme is optional but offers members credits that they can exchange for a range of products including membership of health clubs, private dental care, and other BUPA policies. Andrew Vallance-Owen, medical director of BUPA, said that the company was not trying to victimise NHS trusts. "Working with a more limited network of independent hospitals will enable us to increase occupancy and drive down unit costs, making savings that we can pass on to members," he said. "We are not completely excluding NHS trusts and obviously will not be marketing the health fund in areas where there are no hospitals in the network, such as Northern Ireland." He said that NHS hospitals would lose less than £20m as a direct result of the health fund.

The NHS generates £215m each year from pay beds, an increasingly important source of income for trusts, according to Alan Davison. Profit from private wings is ploughed back into hospitals for the benefit of NHS as a well as private patients. Mr Davison said that those worst affected by exclusion from BUPA's network will be some of Britain's best known hospitals, such as Harefield Hospital in Hertfordshire and the Brompton Hospital and Guy's and St Thomas's in London.

The NHS Trust Federation is investigating the possibility that BUPA's scheme amounts to restrictive practice and plans to discuss the move with the Office of Fair Trading.—ALISON TONKS, *BMJ*

Cocaine: makes adults high but babies cry

HET. SAVINO/REX FEATURES

US welfare safety net slackens

America's social welfare safety net for poor families seems about to be slackened even further. Comments last week by President Clinton and subsequent proposals from the Republican Congress are likely to reduce further the health care coverage given to poor children and their mothers.

The term welfare is used to describe several federally mandated programmes. Some provide money for shelter and food for poor mothers and children. But the most expensive is Medicaid, the health insurance programme that ensures medical coverage to poor mothers and children. Medicaid is jointly funded by the federal and the state governments, and its costs are rising.

President Clinton has now offered his support to an experiment by the state of Wisconsin that would limit the amount of time that young mothers would be allowed to receive welfare benefits. Wisconsin and Ohio already have programmes that reward young mothers for returning to school to complete secondary school equivalency diplomas.

An analysis released last week by the Wisconsin

Legislative Audit Bureau showed that the programme has failed to produce the desired result of getting women back to work and off welfare rolls. However, its investigation into the Ohio programme, which rewards women for attending school and withholds money if they drop out, shows that it has produced an 18% increase in those earning diplomas.

Last autumn Clinton endorsed cutbacks in welfare and Medicaid spending and then rejected the bill when Marian Wright Edelman, president of the Children's Defence Fund, said that the bill would leave one million children without medical services.—JOHN ROBERTS, *North American editor*, BMJ

NHS reviews treatment packages

The NHS has reopened consideration of the "disease management packages" offered by pharmaceutical companies in Britain. Through these packages, commercial firms would offer to underwrite complete treatment plans in return for preferential pur-

chases of their medicines or products. The system is currently proscribed because it raises ethical and legal issues that could compromise the principles of the NHS.

A Department of Health policy group has now produced a working paper outlining a general approach to disease management partnerships with the private sector. This is under discussion with professional interests, including the BMA, and could lead to wider consultation.

The department is keen to emphasise that a decision is not imminent. The working paper lays down a possible framework for any future introduction of disease management packages. Doctors must retain the right to prescribe drugs and treatments according to their own clinical judgment.

Glaxo Wellcome said that it would be pleased to send trained nurses to work with general practitioners or to provide training for practice nurses on the best forms of treatments for asthma or eczema, although there would be no attempt to restrict treatment to its own products.

Shadow health secretary Harriet Harman said that if pharmaceutical companies provide both drugs and staff it would threaten clinical freedom.—JOHN WARDEN, *parliamentary correspondent*, BMJ

Focus: Washington

Bigger tobacco companies offer a deal on adolescent smokers

The cracks in Fortress Tobacco widened further last month. Two tobacco companies, including America's biggest, proposed that the US Congress should pass laws to reduce the amount of ado-

lescent smoking by banning sales from vending machines and by restricting tobacco advertisements and promotions.

The two companies are Philip Morris USA, the nation's biggest cigarette maker, and the United States Tobacco Co, America's biggest maker of chewing tobacco and snuff. Their proposal was multifaceted. Firstly, they would accept a ban on tobacco sales through vending machines—which make up about 9% of sales to young people (see table). Secondly, they would spend \$250m (£165m) over the next five years to enforce the restrictions on adolescent smoking. Thirdly, they would also accept laws that prohibit promotional giveaways of tobacco products. Fourthly, they would support a ban on tobacco advertisements on buses and trucks and would accept restrictions on billboard and sports advertisements and sports sponsorship. Finally, they would quit printing logos on clothing.

The plan included two caveats, however. Firstly that none of the proposals would

apply outside America, and secondly that the government should take no further action to regulate sales to young people.

These two companies' proposals further demonstrate a weakening in the facade that the five major tobacco companies have steadfastly held up since the 1960s. In March the first chink appeared when the Liggett Group, the nation's smallest tobacco producer, announced that it would settle a lawsuit filed by at least five states claiming that the tobacco companies owed them for the health costs they have incurred. At least 14 more states are considering lawsuits.

But antismoking groups are refusing to cooperate. The White House, which has supported the Food and Drug Administration as it makes plans to regulate sales to children and teenagers, said the two companies' latest proposal "falls a little bit short." President Clinton last year invited the tobacco companies to draw up restrictions on sales that would meet the goals of the Food and Drug Administration, but his spokesman said last week that the current idea "falls short of that mark."

"This announcement is obviously a preemptive strike against the FDA," said Richard Daynard, chairman of the Tobacco Products Liability Project at Northeastern University School of Law in Boston. He said the proposal is an attempt to stop the Food and Drug Administration from promulgating rules that the tobacco companies will have no say in creating. Indeed, Steve

Parrish, a spokesman for Philip Morris, said the proposals were contingent on the Food and Drug Administration removing its proposals to regulate the sale of tobacco, including its argument that nicotine is addictive and therefore subject to regulation.

In Congress, even tobacco supporters give the idea little chance. Representative Thomas Biley, a Virginia Republican who supports the tobacco industry, said any move to accept the plan would be defeated by the minority Democrats, who will

Places where adolescents, 13 to 17, buy cigarettes

Place of sale	% Of sales
Convenience stores	43
Gasoline stations	29
Grocery stores	11
Vending machines	9
Pharmacies	6
Other	2

Source: National Automatic Merchandising Association.

filibuster any bill that would deter the regulation of tobacco sales to young people.

About \$2 billion (£1316m) worth of tobacco is sold through about 400 000 vending machines in America.—JOHN ROBERTS, *North America*