Government secrecy

Baby milk advertising is a case in point

EDITOR,—The government's recent decision not to ban advertising of infant formula milk products emphasises Martin McKee and Tim Lang's concern that public health policies may fall prey to interests of government and industry.¹

Throughout the formation of the two European directives and draft proposals, the British government advocated that such advertising be restricted to professional and scientific journals alone. Last year, the decision to adopt a law allowing baby milks to be advertised in hospital in effect enables expansion of the baby milk market. Such brand name advertising contravenes the World Health Organisation's international code, which clearly states that breast milk substitutes should not be promoted. This code has been supported by the British government since 1981.

During the passage of this law the Ministry of Agriculture, Fisheries, and Food received 210 letters in favour of an advertising ban and 13 against, of which 10 were from baby food companies and advertising agencies. The law came into effect before the issue was debated fully in parliament. In the eventual debate, in April 1995, the main arguments in favour of the government's position came from industry. For example, David Faber, MP for Westbury, speaking on behalf of Cow and Gate, stated, "I should have thought that is exactly what we are here for in the House of Commons—to represent business in our own constituencies and to speak up for them and their interests."

Advice to authors

We receive more letters than we can publish: we can currently accept only about one third. We prefer short letters that relate to articles published within the past four weeks. Letters received after this deadline stand less chance of acceptance. We also publish some "out of the blue" letters, which usually relate to matters of public policy.

When deciding which letters to publish we favour originality, assertions supported by data or by citation, and a clear prose style. Wit, passion, and personal experience also have their place.

Letters should have fewer than 400 words (please give a word count) and no more than five references (including one to the BMJ article to which they relate); references should be in the Vancouver style. We welcome pictures.

Letters should be typed and signed by each author, and each author's current appointment and address should be stated. We encourage you to declare any conflict of interest.

Please enclose a stamped addressed envelope if you would like to know whether your letter has been accepted or rejected.

Letters will be edited and may be shortened.

Failing to ban advertising for infant milk products rests uneasily with the government's expert working party on infant feeding, which states that breastfeeding provides the best infant nutrition.² The working party recommended government health departments to encourage all healthy mothers to breastfeed their babies. Guidance from the Department of Health³ and the British Paediatric Association's standing committee on nutrition identifies the many benefits for mother and child associated with breastfeeding. A randomised trial in the United States showed that removing advertisements for formula milk improved breastfeeding rates more than did intensive efforts to train staff in breastfeeding support.⁴

The Health of the Nation white paper encourages breastfeeding of infants. It has been recommended that departments of public health should set and monitor targets for breastfeeding incidence, prevalence, and duration.⁵ Allowing companies to promote formula milk products in the health care system inevitably undermines breastfeeding rates and associated infant health. McKee and Lang are right to be unsure "that the government acts in the interest of the public rather than those of the corporate backers of the party in power."

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1 McKee M, Lang T. Secret government: the Scott report. *BMJ* 1996;312:455-6. (24 February.)

2 Department of Health and Social Security. *Present day practice in infant feeding: third report*. London: HMSO, 1988. (Report on health and social subjects 32.)

3 Department of Health. *Breastfeeding: good practice guidance to the NHS*. London: DoH, 1995.

4 Frank DA, Wirtz SJ, Sorenson JR, Heeren T. Commercial discharge packs and breast-feeding counseling: effects on infant-feeding practices in a randomized trial. *Pediatrics* 1987;80:845-54.

5 Faculty of Public Health Medicine of the Royal Colleges of Physicians of the United Kingdom. *Promoting breast feeding*. London: RCP, 1995. (Guidelines for health promotion No 41.)

Safety of air travellers is not protected

EDITOR,—The Scott report reveals "Whitehall secrecy and deceit...advancing the interests of major industrial concerns even when they mislead parliament and the public in doing so."¹ Here is another example showing how industrial concerns have misled parliament and contributed to the deaths of 270 people.

In 1985 an Air India jet was lost off Cork through a bomb in an unaccompanied suitcase. By late 1987 ICAO, the international civil aviation organisation, had mandated the "authorisation" of baggage in the hold.

The murder of my daughter and 269 others in December 1988 at Lockerbie was followed by a fatal accident inquiry which Baroness Thatcher refused to attend when cited as a witness. Government ministers prepared "PII certificates" to protect certain documents. The inquiry concluded that hold baggage authorisation was recognised as crucial to preventing such attacks. A Scott-type inquiry has repeatedly been refused.

In 1993 a Department of Transport press release proclaimed "a major advance in aviation baggage security" due for full implementation by April 1996. This was, simply, the authorisation of hold bags, urged on the government in 1987.

Concerning the eight warnings received by government in good time before the attack, the prime minister's private secretary wrote in March 1995 to tell the relatives of the Lockerbie disaster victims that the warnings were not relevant. Some of us have died from stress related disease, some have had their careers destroyed. Grief is the harder to bear in the presence of such deceit, and in the absence of accountability or apology. The memory of the dead is dishonoured.

No doubt reduced security costings help British aviation to be more competitive.²

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1 McKee M, Lang T. Secret government: the Scott report. *BMJ* 1996;312:455-6. (24 February.)

2 Wilkinson P. *The lessons of Lockerbie*. London: Research Institute for the Study of Terrorism, 1989:18.

Ombudsman is available when codes of practice fail

EDITOR,—Martin McKee and Tim Lang refer to the "increasing climate of centralisation of power and secrecy that is affecting every government department."¹ Their references did not include the 1995 code of practice on openness in the NHS, the 1994 code of practice on access to government information, or the 1993 white paper *Open Government* (Cm 2290).

As the parliamentary and health service ombudsman I eschew party political comment. I try to operate with fairness, especially when dealing with complaints where requests for information under the codes have been refused by government departments and agencies or by NHS bodies. I have already published four reports to parliament on the government code and will be making my first report on the NHS code in the summer. In the cases I have investigated wherever I have recommended that the information requested should be disclosed, it has been.

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1 McKee M, Lang T. Secret government: the Scott report. *BMJ* 1996;312:455-6. (24 February.)

Vaccines and Guillain-Barré syndrome

EDITOR,—Three cases of Guillain-Barré syndrome were reported to the Committee on Safety of Medicines in Britain during a recent programme which immunised just under 8 million children with measles/rubella vaccine (DM Salisbury, Department of Health, personal communication). This low figure might be due to underreporting but is reassuringly less than the background risk of developing the syndrome (which would have been expected to be about