Mitterrand's doctor stands trial for breach of secrecy

The late President Mitterrand's personal physician, Dr Claude Gubler, has gone on trial in France for breach of professional secrecy. Dr Gubler, who was Mr Mitterrand's physician from 1981 to 1994, has pleaded guilty to the charge, which carries with it a maximum penalty of a year's imprisonment and a fine of Fr100 000 (£12 500).

Dr Gubler's book, *Le Grand Secret*, recounting the late president's fight against metastatic cancer of the prostate, was seized in January, days after its publication, on the provisional order of a Paris judge, who described it as "a particularly grave intrusion into the intimacy of family private life." President Mitterrand's family, however, decided to file charges of breach of professional secrecy. Many lawyers as well as doctors recognise that the trial has ethical, political, and even philosophical implications.

Dr Gubler is being tried because he revealed in great detail information about medical tests, surgery, and other interventions connected with President Mitterrand's prostate cancer, as well as his patient's anguish. As of 1994, wrote Dr Gubler, the president "was no longer capable of assuming his functions."

But Dr Gubler was not tried for having violated the law and the medical code of ethics by signing 40 health bulletins he knew to be false, because Mitterrand told him to do it "for state reasons." The presidency could have published health bulletins on its own, but President Mitterrand apparently chose the more credible option of reassuring health bulletins signed by a doctor, although both patient and doctor knew these bulletins to be false. He testified that he had to give up his other patients, that he was appointed to the Inspectorate General of Social Affairs, and that he was paid a salary as a civil servant.

Professor Bernard Glorion, president of the French medical association, recognises that the association should have reacted earlier. A doctor should not sign a detailed health bulletin, but nobody accused Dr Gubler of breaching medical secrecy when he started doing so. "Now, retrospectively, when I consider the affair from its beginning, I think we should have reacted," said Professor Glorion.

Michel Gonod, a journalist who helped to write the book, and the publisher, Olivier Orban, are both standing trial as accessories. The verdict is not expected for several weeks. A second, civil, trial is scheduled for 11 Sep-

Dr Claude Gubler could go to prison for a year

tember to review the provisional seizure of the book and determine whether Dr Gubler and his publisher should be liable for damages to the late president's family.—ALEXANDER DOROZYNSKI, *medical journalist, Paris*

GPs want core services defined

British general practitioners have overwhelmingly supported the principle of core services and instructed their leaders to negotiate a new contract "based on an acceptable definition." A special conference of representatives of local medical committees last week called for the contract to be nationally negotiated and based on individual practitioners.

The conference disagreed that finding a definition was the most important priority for the next 12 months but voted by 160 votes to 102 that out of hours work should remain a core service.

The 1995 conference had asked for the core element to be defined (*BMJ* 1995;311:131), and earlier this year the General Medical Services Committee sent a discussion document, *Defining Core Services in General Practice—Reclaiming Professional Control*, to all general practitioners.

This document identifies the work for

which doctors are paid through intended average net remuneration and the work which could be classified as non-core services. This includes work which is separately paid for or done without payment (for example, audit, commissioning, and education and training); work which should be the subject of an explicit contract (for example, pre-operative assessment and treatment of minor injuries); shared care (for example, dialysis and hospital at home activity); and work that requires specialised training (for example, acupuncture or vasectomy).

Dr Ian Bogle, chairman of the GMSC, said that the document was intended to protect the role of the generalist, "the job that we all signed up to initially, caring for people who are or believe themselves to be ill." He said that the document empowered doctors to say yes if they wanted to carry out non-core work if it was adequately funded or to say no.

In support of defining core services, Dr Andrew Dearden, who practises in south Wales, told last week's conference, "It is time for us to say what we are good at and what we want to do, not what the government wants us to do." This was even more important if there were to be different contracts—a suggestion hinted at in the government's document *Primary care: the Future* (15 June, p 1500).

Just defining core and non-core services did not go far enough, according to Dr Stephen Illingworth from Bristol. "General

Headlines

UK sets up genetics watchdog:

The British government will set up a human genetics advisory commission to monitor the social, ethical, and commercial implications of genetic science and to build confidence in the new genetics especially in relation to public health, insurance, patents, and employment.

HBV immunisation rates up in US:

More infants are being immunised in the US against hepatitis B virus (HBV), but the disease still continues to be a public health threat, according to a study led by the Centers for Disease Control and Prevention. A national survey showed that compliance for a three dose vaccination series by 18 months of age increased from 1% in 1989 to 40% by late 1992. Hepatitis B virus infects about 200 000 Americans each year.

Spain clamps down on "miracle cures":

The Spanish health ministry has imposed a series of regulations restricting the sale of products which claim miraculous and unsubstantiated health benefits. The ministry has banned manufacturers of such products from advertising them and from selling them in chemists' shops.

French doctors ordered to post up fees:

From October French doctors will be required to put up a list of fees for consultations, home calls, and night and weekend work in their waiting room and to indicate whether they belong to the national health insurance system.

WHO drafts European charter:

The 50 member states of the World Health Organisation's European region were last week set to adopt a charter on health reform. It will call for greater patient participation, stronger management, and more emphasis on improving primary care.

Researchers examine changing roles in NHS:

The Universities of Bristol and Sheffield are working with the King's Fund on a three year research programme to examine the changing roles of health practitioners in the NHS.

BMJ writers win awards:

Trish Groves has won the Medical Journalists' Association best book of 1995 award for *The Consumer Guide to Mental Health* (by Trish Groves and Ian Pennell, HarperCollins £6.99 ISBN 000 6377590 1), and Naomi Craft has been highly commended for *Beijing Diary* (BMJ 1995;311:1010-2).

practitioners are at breaking point and cannot continue with the present workload." He wanted doctors to list the tasks they did, prioritise them, and then say which they could deliver within the resources available.

Other speakers were more cautious. Dr Michael Ingram from west Hertfordshire warned that if doctors limited their services other people would bid for the things they did not want to do and the government would take advantage of cracks in the profession.

As a result of the conference's decisions the GMSC will produce a further document in the autumn setting out core and non-core services in more detail. This is likely to coincide with a successor to *Primary Care: The Future*, promised as a result of the health minister's continuing listening tour on general practice. The GMSC's document will be debated at a special conference and the profession will be balloted to decide which policies should be pursued in negotiations. (See also p 1613.)—LINDA BEECHAM, BMJ

General practice reforms agreed in Germany

General medical services in Germany will in future be provided only by trained general practitioners, the German medical association decided earlier this month. Currently, general practice is often done by doctors qualified in other specialties, such as internal medicine. The discrepancy of two tiers of family doctor, some with and some without the title specialist in general practice, is also set to go.

The association decided that training in general practice should be lengthened from

three to five years as part of its move to strengthen the role of primary care. Professor Jörg Hoppe, vice president of the German medical association, said fears that this would threaten the livelihoods of physicians currently working in general practice were unfounded.

He said that the changes would affect only future generations of doctors: "Without the physicians the adequate provision of primary care services is (at present) unthinkable." But he said that in future internal medicine should return to being a true speciality, with generalists taking over a greater amount of responsibility for the general and psychosocial aspects of care. The measure has met with the approval of the German physicians' association.

The German medical association will now produce a detailed proposal on the reform for discussion at next year's conference.

Dr Märthe Bosch of the Hartmannbund, an organisation representing general practitioners, said: "This represents a significant shift of culture in German health care. It is widely recognised that general practice needs strengthening and improving in quality."

Dr Bosch said that it was important for the profession to lead the way if doctors wanted to avoid the government imposing policies on them.

The German medical association is also calling for a greater practical component to medical education at all levels, arguing for a greater use of non-teaching hospitals and general practices during training. Medical student training is currently concentrated in teaching hospitals.—SANDRA GOLDBECK-WOOD, BMJ

Transsexual goes to High Court over operation ban

A "woman trapped inside a man's body" won leave in the High Court last week to challenge a blanket ban by a health authority on sex change operations. Mr Justice Tucker ruled that the transsexual, who can only be named as W, had "an arguable case" to seek judicial review of Gloucestershire Health Authority's refusal to pay for her gender reassignment surgery.

The case is the latest in a series in which transsexuals are challenging decisions by health authorities not to fund such operations as part of health care rationing. Lawyers for 30 year old W, who is unemployed and on legal aid, argue that a blanket ban contravenes NHS legislation, the Sex Discrimination Act, and a European directive on equal treatment in social security matters.

The judge ordered an expedited hearing for the case, which is expected to be heard before the end of July. It will be the first case to reach a full High Court hearing on the issue, although leave for judicial review was granted in two earlier cases.

In future German GPs will need five years' training

In one, Wolverhampton health authority agreed to reconsider its decision but is still refusing to pay for the surgery. In the second, against Somerset Health Authority, the transsexual decided to pay for the operation privately.

W's solicitor, Madeleine Rees of the Birmingham law firm Tyndallwoods, said: "Continuing to treat transsexuals by psychiatric counselling, support, and care is vastly more expensive than the operation. There is also a high degree of suicide among transsexuals refused treatment."

Stephanie Harrison, representing W, told the court that the case raised important general issues as to whether health authorities are legally entitled to refuse NHS funding for all gender reassignment surgery. "This woman is living what can only be described as a nightmare. She is unable effectively to carry on with her life."

W was diagnosed four years ago as suffering from gender identity dysphoria. Since 1992 she has been following a course of NHS treatment, including hormone therapy, electrolysis, and speech therapy, and has lived as a female since September 1993.

The health authority told her consultant psychiatrist that it was policy "not to fund surgical intervention for gender identity problems" because of financial constraints and the fact that such surgery did not have "a sufficiently high priority."—CLARE DYER, legal correspondent, BMJ

EU commissioner clashes with tobacco giant

The European social affairs commissioner, Padraig Flynn, is clashing for the second time in a year with the American tobacco multinational Philip Morris over the company's advertising campaign.

Last year the two crossed swords over advertisements which gave the impression that it was the European Union which was restricting people's personal freedom to smoke in public places. In fact, any legislation on the statute books is purely national, not EU inspired.

Now, the company is running another campaign under the headline Secondhand Tobacco Smoke in Perspective, claiming that once political correctness is excluded there is no sound justification for attacks on secondhand tobacco smoke.

The advertisement features a reported relative risk table which shows that eating one biscuit a day, drinking chlorinated water, and consuming pepper are frequently greater threats to individual health than exposure to secondhand tobacco smoke.

Flynn's reaction has been uncharacteristically vehement. "The public should greet this message with the scorn it deserves," he retorted, pointing out that the US Food and Drug Administration estimates that passive smoking kills 3000 non-smokers a year. The commissioner dismissed the campaign as

Better refereeing could reduce football injuries

"evidence of panic in the tobacco industry at the threat posed to tobacco sales by concerns over passive smoking."

Those concerns, he argued, posed a twin threat to the tobacco industry. On the one hand, it meant that objections to smoking could no longer be dismissed on the grounds that the practice was a matter of personal choice. On the other, it meant that smoking was no longer being seen as glamorous but as increasingly antisocial.

"The risks from using pepper on food, drinking chlorinated water, or eating a biscuit are all personal choices. The consumer decides for himself or herself whether to take this risk. Passive smoking on the other hand leaves non-smokers with no choice but to incur a risk which is not of their making," said Flynn.

The commissioner's outburst coincided with the announcement of EU finance for 11 public information projects on the health dangers of smoking. The 5.5m ecu involved (£3.9m, \$5.8m) is being funded from a levy paid by tobacco producers in the union.

The largest scheme, coordinated by the University of Maastricht, aims to develop a comprehensive European smoking prevention approach for adolescents. Another organised in France and Belgium will establish Smokebuster Clubs for young people, while a third in Barcelona is looking to create smoking prevention initiatives for medical students.

The projects were selected from the 66 originally submitted. A second call for tender for another series of information projects on tobacco with possibly EU funding of up to 9m ecu is now under way. The deadline for submitting applications has been extended to 10 July.—RORY WATSON, *European Voice*

Researchers suggest ways to reduce football injury

The high incidence of football injuries sustained by both amateur and professional players could be considerably reduced by minor changes to the game, better refereeing, and improved shin guard design, according to two papers published in the *British Journal of Sports Medicine* (1996; 30:165-70,171-5).

After watching 44 of the 52 matches played during the 1994 World Cup finals in the US, researchers from Loughborough University found that only a minority of injuries (29%) resulted from foul play. Defenders were found to be at greater risk of injury than other players, and 15% of all the injuries were considered serious enough to result in the player missing at least one match.

"This was football played at the highest level by the top 24 national teams in the world at the time. Yet in terms of health and safety at work legislation, which aims to protect employees from injury, professional footballers remain extremely vulnerable," said Dr Colin Fuller, lecturer in health and safety management at Loughborough.

"Rules are there for the very good reason that they are intended to protect players, and, as such, they should be rigorously applied, as in any other industrial context," Dr Fuller said. If they experienced the same frequency of injury as footballers, industrial workers working a 40 hour week could expect to receive a moderate injury, and be absent from work for at least three days,

every third week.

Better refereeing and improved shin guard design was also called for by researchers at Leicester University, who cited the personal and treatment costs incurred by the 10% of adults in Britain who play football at least once a year at an amateur level.

The researchers estimated that up to 10% of all injuries treated in hospital are caused by football, costing Britain in excess of £7.7m every year. Tibial diaphyseal fracture accounted for up to 13% of these injuries, resulting in an average 15.5 weeks off work for the study's 100 adult amateur footballers, whose average age was 26.

"These are mostly young, fit, married men with a baby on the way. Many are self employed and have no insurance to cover a prolonged recovery period, when they cannot work," said Dr John Hardy, lecturer in orthopaedic surgery at the University of Leicester.

Local league games and county level matches accounted for three quarters of the injuries sustained. Players in all positions were affected, all injuries occurred during tackling, and one in two resulted from a kick on the shin from in front.

"Given the popularity of the game, we're going to see many more of this type of injury, and need to know how best to treat it, while at the same time trying to reduce the levels of injury by better referee education," Dr Hardy said.

An algorithm of best treatment by Dr Hardy will be published shortly in the *International Journal of Orthopaedic Trauma*, while Leicester University's Engineering Department is currently researching optimal shin guard design.—ALISON BOULTON, *freelance journalist, London*

Threat of Tory revolt averted

A threat to topple the British government for the sake of a hospital casualty unit exposed the vulnerability of Prime Minister John Major's one seat majority.

It became a national issue after two backbench Conservative MPs issued an ultimatum to the health secretary, Mr Stephen Dorrell, that unless he retained an accident and emergency service at Edgware General Hospital, in north London, they would no longer support the government.

The end result was reprieve for the casualty unit but an embarrassing public rebuke for the MPs from Mr Major and Mr Dorrell, who insisted that the decision was taken despite their ultimatum, not because of it.

The two who made the threat, Sir John Gorst and Mr Hugh Dykes, are among five

MPs engaged in a long running campaign to save the accident and emergency department at Edgware, which is being replaced by new facilities at Barnet Hospital six miles away. Last year the issue became entwined with the London hospitals review and the closure of St Bartholomew's, and it helped to undermine Mrs Virginia Bottomley's tenure as health secretary (*BMJ* 1995;310:962).

In December Mr Dorrell said that he would initiate discussions with general practitioners about continuing an emergency service at Edgware. On 6 June Mr Dorrell said that a working group would meet early in July to consider the involvement of local clinicians.

The two MPs then decided to force the issue, rather than allow it to drag on beyond the summer. Within hours of receiving their ultimatum last week, Mr Dorrell told them that it was likely that a 24 hour casualty service, led by general practitioners, would be established at Edgware, subject to the support of the doctors. He undertook to reach a conclusion by the end of this month, possibly on a prototype primary care casualty unit.

Mr Dorrell said that he was not influenced by the ultimatum but by the case put forward by local campaigners. Sir John Gorst and Mr Dykes apologised to Mr Dorrell but believed that they had made their point. Sir John said that the lives of his constituents was the most important issue.—JOHN WARDEN, *parliamentary correspondent, BMJ*

Focus: Sydney

Tasmania's rear guard action

The Tasmanian parliament is debating the repeal of its law that outlaws homosexual acts. Having passed through the lower house, it is not expected to pass the

upper house. The opposition to homosexuality has historically been concerned with outlawing sodomy. But why has outrage always focused on gay men when heterosexuals not uncommonly engage in the practice too? On any given night in Tasmania many more penises probably enter female rectums than enter those of other men. If, as local politician Ron Cornish argues, "sodomy is an unnatural act and unhealthy" where is the commensurate outrage about what many men and women do together?

Australia has not yet conducted a national randomised survey of sexual activity. The 1990-1 British national survey of sexual attitudes and lifestyles, funded by the Wellcome Trust after Margaret Thatcher refused government money, points to a situation that is likely to be similar to that in Tasmania. The findings of the British study may well be a conservative guide to Tasmanian genitoprocting ins and outs.

The British study found that 6.5% of men and 5.9% of women reported having anal intercourse with a person of the opposite sex in the past year, with 2.8% of men and 2.4% of women claiming to have done so in the past month. By comparison, only 1.1% of men reported having any sexual contact with men in the past year, compared with a rate of lifetime ("ever") male to male sexual experience of 6.1%. Contrary to what some Tasmanian anti-gay campaigners might believe, not all gay and bisexual men routinely engage in anal intercourse. Studies at Macquarie University suggest that the proportion of homosexually active men who have had anal intercourse with a man in the past year is around 50%.

So what might all this mean for Tasmania? There are some 135 800 men aged 16 to 59 in Tasmania. If 1.1% of them are actively homosexual or bisexual and 50% of these engage in anal intercourse then there might be some 750 male to male "sodomites" (as Ron Cornish might call them) on the island. Overall there are about 270 000 people aged 16 to 59 in the state (135 800 men and 134 200 women). If British percentages apply some 8830 of the men and 7920 of the women could be expected to have had anal intercourse with a person of the opposite sex

in the past year. This suggests that there are over 20 times the number of people who have had recent experience of anal intercourse with a member of the opposite sex than men who have had anal intercourse with another man.

The howls of protest can almost be heard from across Bass Strait. "But we're not like those British!" We can also hear murmurings about the predilection of certain ethnic groups for anal intercourse as a form of birth control. The British study, however, found no evidence of any ethnic or class differences.

Geographically and culturally Tasmania has suffered an often undeserved reputation as Australia's "deep South." However, it is not alone in its legislative revulsion for sodomy. It is still criminalised in 23 US states, with 14 making it illegal between men and women. The failed Supreme Court *Bowers v Harwick* case in Georgia challenged that state's prohibition of any anal-genital or oral-genital contact—even between husband and wife. A lower court dismissed the claim, saying the plaintiffs lacked "standing" because they were not about to be arrested and so had suffered no real harm.—SIMON CHAPMAN, *Department of Public Health, University of Sydney*, and JULIET RICHTERS,