Growth hormone deaths blamed on MRC and DoH

A High Court judge last week held the Department of Health and the Medical Research Council to blame for the deaths of young adults from Creutzfeldt-Jakob disease (CJD) who had been treated with human growth hormone.

In the first compensation claim over a pharmaceutical product to succeed in the British courts, Mr Justice Morland ruled that the two bodies were negligent in not passing on concerns raised by scientists that would probably have led to the treatment's suspension from July 1977. The decision means that only the families of patients who started the treatment after 1 July 1977 will be entitled to compensation.

The judge held, in effect, that had the Department of Health and the MRC fulfilled their duty of care, patients such as Patrick Baldwin, who was treated between October 1977 and 1980, would never have undergone the treatment and contracted CJD. He died in 1992 aged 30, leaving two daughters now aged 9 and 10, who are in line for substantial compensation, which has still to be assessed. The test case was brought by eight of the 16 families of recipients of human growth hormone who have died from CJD since 1985, and by three others who are dying from the disease. In addition, 87 claimants in whom CJD has not been diagnosed but who are claiming compensation for psychological trauma, hope to have their case heard next year.

The MRC ran the growth hormone programme as a clinical trial from 1959 until 1 July 1977, when the programme was taken over by the Department of Health. Nearly 2000 children were treated with the hormone—extracted from the pituitaries of cadavers—between 1959 and 1985, until reports of the first deaths from CJD in the United States, after which synthetic hormone was used. The MRC retained responsibility for collecting and processing pituitaries until 1980.

In October 1976 a veterinary scientist, Dr Alan Dickinson of the Agricultural Research Council, who was working on scrapie, telephoned the MRC to alert officials to the risk of transmission of CJD through human growth hormone. In a letter in February 1977 he made four suggestions to improve the safety of the hormone. Two were never acted on, a third was only partly implemented, and the fourth—excluding the use of pituitaries from cases with dementia—was not put into force until 1980. Two

Patrick Baldwin in late 1992. His family is in line for compensation following his death from CJD

virologists, Professor Cedric Mims of Guy's Hospital and Professor Peter Wildy of Cambridge University, were consulted by the MRC, but not until December 1977. Professor Wildy replied: "Any clinician who uses growth hormone must be made aware of the gruesome possibilities and their imponderable probabilities." But while the scientific steering committee overseeing the manufacture of the hormone were told, the clinicians' committee was "deliberately kept in the dark," the judge said. Charles Brook, professor of paediatric endocrinology at University College London Hospitals and Great Ormond Street Children's Hospital and a member of the clinicians' committee, gave evidence that he had never seen the letters from Dr Dickinson and the two virologists before the trial and he was "appalled" by them.—CLARE DYER, *legal correspondent, BMJ*

Court action over smoking report

The Tobacco Institute of Australia and two cigarette companies are taking the country's main health advisory body to court over its draft report on the effects of passive smoking.

The institute, Philip Morris, and Rothmans allege that the National Health and Medical Research Council was in breach of its statutory duties by ignoring evidence that passive smoking was not harmful.

Mr Brendan Brady, the chief executive officer of the institute, said that the council's working party had failed to consider all the relevant material as its terms of reference and the law requires. "It is my view that in this report the council has selectively chosen certain studies to support a politically correct antismoking agenda," he said. A spokesperson for the council confirmed that the legal action was going ahead but said that the report in question was still only at a draft stage.

The report, which was released last November for public comment, suggested restricting smoking in public places such as prisons and child care facilities.

At the time of the report's release the chairman of the working party, Professor Alistair Woodward, said there was persuasive evidence that passive smoking caused health problems, especially to children. "In our estimates of health risks, the working party has taken a great deal of care to include only that evidence which has been through a process of peer review in the scientific literature," he said.

The Tobacco Institute claims, however, that the council did not consider all the relevant scientific studies, including some that said that the link between passive smoking and adverse health effects was weak and inconclusive. Mr Brady said that the institute had only begun legal action after the council refused repeated requests to redraft its report to take all the material into consideration. The legal action is not expected to reach court for some weeks and is seen as a delaying tactic by the tobacco lobby.—CHRISTOPHER ZINN, *Australian correspondent, Guardian*

Headlines

Food and Drug Administration likely to approve drug for abortion:

Amid extremely tight security a panel of scientists recommended last week that the US Food and Drug Administration should approve the use of RU486 (mifepristone) as an agent for medical abortion. The drug has been the subject of intense debate, but the FDA is expected to accept the panel's report by September.

Legal aid for smoking damage is lost:

The Legal Aid Board has withdrawn support for a £15m (\$22.5m) compensation claim against cigarette manufacturers by former smokers who contracted lung cancer and other smoking related diseases. Three hundred former smokers or relatives of former smokers had been granted legal aid certificates, and £100 000 had been spent on investigating the case before funding was withdrawn.

Slimming pills escape ban:

Britain's health minister Gerald Malone announced that anorectic agents will not be banned after allegations of their misuse. But the Medicines Commission, an expert advisory body, said that there was concern that, in some slimming clinics, practitioners who are treating patients without the knowledge of their general practitioner may be using these medicines inappropriately. The Royal College of Physicians is to draw up recommendations on their appropriate use later this year.

US smoking rates fail to fall: The goal of reducing the proportion of smokers in the United States to 15% is not likely to be reached. The Centers for Disease Control and Prevention last week announced that smoking rates have levelled off at 25%. At present, 48 million Americans smoke, of whom 70% say they would like to stop.

New screening committee set up:

A committee to oversee national population screening programmes in Britain met for the first time last week. The committee, chaired by chief medical officer Sir Kenneth Calman, aims to ensure that policy advice on screening is informed by research based evidence.

More research called for over infant formula:

The Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment, a British independent expert group, has said that more research is needed into the actions of phytoestrogens present in soy based infant formula in the human body.

What are TOBACCO companies thinking of when they sponsor CRICKET?

Television commercials for tobacco were banned in 1965
The majority of teenagers think that tobacco is advertised on television
To join the ASH campaign call 0171 314 1360

Registered Charity No. 262047

ASH
The Campaign for Freedom from Tobacco

Tobacco sponsorship is seeing a rapid growth in compared with tobacco advertising

Medical community is outraged at tobacco funded chair

Cambridge University's decision last week to accept a £1.5m (\$2.25m) donation from British American Tobacco Industries (BAT) has provoked outrage among senior figures in the medical establishment.

The university's senate voted two to one in favour of accepting the sponsorship, which will be used to set up the Sir Patrick Sheehy chair in international relations, named after BAT's retiring chairman. In response to the decision, the Cancer Research Campaign will be reconsidering its funding links with the university, and Professor Anthony McMichael from the London School of Hygiene and Tropical Medicine has resigned

as external examiner for the university. BMA Secretary Dr Mac Armstrong expressed "overwhelming sadness" that funding pressures on universities have led to such a decision. The president of the Royal College of Physicians, Professor Leslie Turnberg, said: "I am very disappointed that the university felt it necessary to link itself in this way with a tobacco company." Professor Gordon McVie of the Cancer Research Campaign said: "I am bitterly disappointed that Cambridge University has decided to accept this money from a leading cigarette company. Tobacco is the commonest cause of cancer in the world—overall one third of all cancer deaths in the United Kingdom are the result of smoking—and this £1.5m donation has been described by some as blood money. We will be reviewing our future relationship in the light of this decision."

Professor McMichael resigned his post as the external examiner to Cambridge University's Institute of Public Health. He said: "There is a particular irony in applying these funds to a chair of international relations. The tobacco industry's major contribution to the international scene is huge destruction of the health of populations everywhere. There can be few less appropriate names for a tobacco industry funded chair."

The decision by BAT is just one example of the enormous rise in tobacco sponsorship in recent years, said Professor Richard Peto of the Imperial Cancer Research Fund. Whereas in 1983 about the same amount was spent by tobacco companies on promotion as on advertising, by 1993 promotion had risen six-fold, with advertising staying constant. As much as \$100m a week is spent on tobacco promotion in the United States, compared with just \$10m on advertising. This includes sponsoring major sporting events as well as sponsoring film stars to smoke cigarettes on screen. "The way for a tobacco company to stay powerful is clearly to buy goodwill, and Cambridge University is just an example," said Professor Peto.

Mr Michael Pruddo of BAT denied that funding the chair was a promotional move. "If it were, it would be very inefficient," he said, "since the name BAT has nothing to do with brand awareness." He also pointed out that in addition to tobacco products such as Lucky Strike, Benson and Hedges, and Silk Cut, the BAT group also markets financial services, including Eagle Star and Allied Dunbar insurance companies.

Tobacco kills three million adults a year worldwide, according to 1993 statistics, causing a tenth of all adult deaths. While most major causes of death are falling, two are rising—smoking and HIV infection. "The difference between tobacco and HIV is that there are no HIV manufacturers trying to buy sponsorship," said Professor Peto. In 1990 the World Health Organisation passed a resolution urging all member states to provide for "progressive restrictions and concerted action to eliminate eventually all direct and indirect advertising, promotion, and sponsorship concerning tobacco."

The decision at Cambridge followed vigorous debate about whether to accept the donation. Cuts in funding to the university had a strong influence on the decision, according to Sir Keith Peters, Regius professor of physic and head of the university's clinical school. One of the most outspoken opponents of the BAT chair, Sir Keith acknowledged that for the humanities in particular, £1.5m was very hard to turn down.

—SANDRA GOLDBECK-WOOD, *BMJ*

Four die in food poisoning outbreak in Japan

Three primary school children and an 84 year old woman have died in a serious outbreak of food poisoning in Japan. A further 26 children are in a critical condition, including two girls aged 7 and 12 years who are in a coma.

Over 8000 cases have been reported this year, mostly in the past few weeks. The cause of the outbreak is *Escherichia coli* 0-157. In the central Japanese city of Sakai alone, 5500 schoolchildren became ill this month. Over 500 of these were admitted to hospital with symptoms including stomach aches, diarrhoea, and blood in their stools.

"We cannot be sure of the source of the infection," said Dr Toshio Shimada, head of the bacterial division of Japan's National Institute of Health. "But given that most of the victims are schoolchildren, it seems likely that school food is to blame."

Under orders from the prime minister, Ryutaro Hashimoto, Tokyo's health and education ministries have formed a task force to deal with the problem. Inspectors have been sent to Sakai and other trouble spots to question victims about what they ate. After the discovery that a 9 year old boy living near Yokohama was infected with *E coli* by eating raw beef liver, the government advised people to avoid uncooked meat. But no

single foodstuff can be blamed: inspectors in the Gifu area found traces of the bacteria in salad. Health officials are spraying disinfectant on the walls and corridors of all schools where outbreaks occur. City authorities have urged cooks to take extra care cleaning their utensils. Many public baths have closed, in the false belief that the bacilli can be transmitted from swimmer to swimmer. Fortunately, the spread of *E coli* is now slowing, according to the health ministry. Schools began to shut for the summer holidays last week, making further mass infection less likely.—ROBERT GUEST, *Tokyo correspondent, Daily Telegraph*

Fast track scheme for medical negligence starts

A fast track scheme for handling medical negligence claims under £10 000 (\$15 000) quickly, efficiently, and cheaply is to be piloted at Birmingham county court from 1 October.

The scheme, the first of its kind in Britain, is backed by local NHS trusts and health authorities and could provide a blueprint for dealing with such cases nationwide.

A local initiative by solicitors, judges, and an NHS risk manager, it has the support of the Lord Chancellor's department and will be monitored by a researcher at Nottingham Law School. The results of the pilot scheme will be compared with data from another court where cases are dealt with in the traditional way. One law firm, the Lewington Partnership, which acts for more than 90 trusts and health authorities, estimates that the scheme will cover more than 50% of its caseload.

Moves to speed up and simplify medical litigation are expected to follow the publication next week of Lord Woolf's final proposals for reforming the civil justice system. Fast tracking of claims under £10 000 is one of the key planks of his recommendations for reducing costs, delays, and uncertainty in the litigation process.

Like Lord Woolf's proposals, the Birmingham scheme obliges lawyers to adhere to a strict timetable for each stage of litigation. Instead of costs at an hourly rate, the losing side will have to pay only a fixed amount towards the other side's costs, depending on the stage at which the case is resolved.

This will enable NHS trusts to know exactly what it will cost them to settle a case at a particular stage or fight it through to a trial. If a trust settles at the earliest stage after examining the evidence provided by the patient's lawyers, costs will be £2000, plus £350 for each expert's report after the first.

Fixed costs will also mean more certainty for patients and more chance of pursuing a claim on a "no win, no fee" basis with insurance against the risk of loss. Under the rules, the trust's lawyers will provide the patient's medical notes in answer to a completed request form from the patient's solicitors. Before issuing proceedings, the patient will supply the trust with a "mini-trial" bundle, a package of documents including a chronology of events and the core evidence relied on—information provided usually only much later in the proceedings. Within two months the trust will notify the patient's lawyers whether it is willing to admit any part of the claim.

Cases that are not settled will go to trial around 12 months after proceedings are started, compared with a typical 24 months under the standard procedure. Costs recoverable from the losing side if the case goes to trial will be limited to a maximum of £3250 plus value added tax.—CLARE DYER, *legal correspondent, BMJ*

Over 8000 food poisoning cases have been reported in Japan this year

Americans urged to do something rather than nothing

Almost any physical activity, whether jogging or simply washing and waxing the car, is better than nothing, Americans have been told. A report from the Surgeon General's Office said that burning as few as 150 calories a day in some sort of activity reduced the risks of hypertension, coronary artery disease, diabetes, and even cancer. The important message was that even a little activity for 30 minutes will lengthen and add to the quality of life.

In the early 1960s the US president, John Kennedy, urged Americans to engage in physical activity, and the government has been encouraging exercise ever since. But the message does not seem to be getting through: acting surgeon general Dr Audrey Manley announced that some 60% of Americans still fail to exercise regularly, and a quarter do not exercise at all. The report was released largely to refute the common belief that vigorous exercise is needed to decrease health risks. But last year, according to the US Centers for Disease Control and Prevention, one third of Americans met the criteria for obesity, an increase of 32% since 1960. Since the 1970s it has been widely believed, and often preached by experts, that activities such as running, cycling, and swimming were necessary to maintain health.

But Dr Steven Blair, director of epidemiology of the Cooper Institute for Aerobics Research in Texas and a contributor to the report, said: "People who go from a sedentary lifestyle to moderate activity cut their heart disease mortality in half." Dr Blair added, however, that the longer and more intense the activity, the better the benefits.

US assistant secretary of health Dr Philip Lee said at least 10 years will pass before benefits of exercise are seen. "Who would have predicted in 1964 the impact that the [surgeon general's] smoking report would have?" he asked. But he said that the government had failed to make exercise the priority that antismoking promotion has become. In 1997, the Centers for Disease Control and Prevention will spend \$10 million to promote exercise.—JOHN ROBERTS, *North American editor, BMJ*

Arrangements for postal strike

Next week is likely to see a two day strike by British postal workers, and so we will be reintroducing drops of the *BMJ* to BMA regional offices and to 41 hospital libraries. Copies will be available for reading and for collection. Copies of the *Lancet* will also be available. The hospital libraries are listed in an insert in this issue of the journal.

Editorial material from the *BMJ* and as many classified advertisements as possible are available on the *BMJ* home page: <http://www.bmj.com/bmj/>

Any physical activity, whether jogging or washing the car, will lengthen and add to quality of life

Antiabortionists hijack fetal pain argument

Claims by antiabortionists that fetuses can feel pain at 10 weeks' gestation have been criticised by specialists. Last week the all party parliamentary pro-life group produced a review of previously published data relating to anatomical structures involved in awareness of pain. In *Fetal Sentience* 15 scientists from Britain, Ireland, and Australia claim that the fetus can feel pain from the tenth week of gestation, much earlier than previously thought.

The cerebral cortex is not the only area of the brain that is responsible for consciousness (thought to be a prerequisite for feeling pain), says the report. It cites three cases—anecephalic infants, a patient with the persistent vegetative state, and a student with hydrocephalus—who have non-existent, damaged, or very small upper brains but who are still capable of feeling pain. In these individuals the thalamus may assume some cortical functions. But no one is sure yet when parts of the brain in a fetus become mature enough to register pain.

Although many specialists accept that the issue of fetal pain must be explored further, they say that the use of such an emotive subject to campaign against abortion with insufficient scientific evidence is a misinterpretation of the facts.

Mr John Friend, senior vice president of the Royal College of Obstetricians and Gynaecologists, said: "To suggest that a 10 week fetus can feel pain in the same way as you or I would seem unreasonable. We need to look at the facts as they are and not jump to conclusions."

The only research into fetal pain is from Queen Charlotte's Hospital in London and is

highly controversial. Researchers found that levels of the stress hormone cortisol in fetuses rose sharply as a needle was inserted into the womb.

"Just because a sample of blood shows an increase in stress hormone does not mean that a fetus is feeling pain," commented Mr Friend. "It may indicate that they feel stressed, but whether that translates into pain as we know it is a different matter." The evidence to date will not alter the ethos of termination, he added.

Professor Kypros Nicolaides, professor of fetal medicine and director of the Harris Birthright Research Centre for Foetal Medicine at King's College Hospital in London, is adamant that the question of fetal pain is irrelevant to abortion. Fetal experts have already resolved the issue of fetal pain for themselves. Through a consensus they agree that no termination is carried out beyond 20 weeks' gestation without first ensuring that the fetus is dead by giving it an injection.

Mr Nicolaides said that earlier terminations are performed under general anaesthetic, and the fetus will receive anaesthetic through the placenta, so that if there was a chance the fetus could feel pain it would already have been anaesthetised.

Commenting on the research to date he added: "All the procedures involving the measurement of cortisol have been confined to fetuses older than 20 weeks, at which we ensure the fetus is dead before a termination. The scientific basis for claiming fetal pain is so far dubious and very controversial. The main issues have been taken up by antiabortionists to make us out as murderers."

In the case of very early terminations, which are not always performed under general anaesthetic, measures to ensure that the fetus does not suffer will have to be taken if it is proved that fetuses can feel pain, added Mr Friend: "We as doctors are not keen to do anything that causes suffering."—ZOSIA KMIETOWICZ, *freelance journalist, London*

Storage period ends for 4000 embryos

Up to 4000 frozen embryos will be destroyed on 31 July as they will have reached their storage limit of five years under regulations that come into effect for the first time, the Human Fertilisation and Embryology Authority announced this week.

In 1990 the British parliament decided that the storage of frozen embryos should be limited to five years. In May this year the period was extended for a further five years as long as the individuals who provided the egg or sperm specifically consented to the extended storage period.

The authority has failed, however, to make contact with 650 couples who have stored embryos, and storage of their 2100 embryos will now stop. In the case of a further 1200 embryos the 260 couples concerned received registered letters but did not reply. For around two thirds of the frozen embryos, however, decisions have been reached, with couples choosing to extend the storage period, stop storage, or to donate them either to other couples or for research.

With regard to the embryos for which no decision has been made, the authority's chairwoman, Mrs Ruth Deech, said: "Suggestion that these embryos should be donated is ethically and legally wrong. Consent is critical, and if this cannot be obtained then storage must be allowed to cease."

At the launch of its annual report the authority also announced that payment or offers of free treatment in exchange for sperm or egg donation is to be phased out. In 1991 the authority decided to limit payment to £15 per donation plus expenses. Free treatment or sterilisation could also be offered to women donating eggs. The authority has now decided, however, that fully informed consent is fundamental to egg and sperm donation and that all payment should be stopped. Mrs Deech said: "Any risk that the decision to donate might be influenced by financial inducement is not desirable. A donation should be a gift that is freely and voluntarily given." She said that the phasing out of payments would take a few years but that clinics should start looking immediately at other ways to find altruistic unpaid donors.—JACQUI WISE, *BMJ*

One in 10 people avoid dentists through phobia

Patients with dental phobias may benefit from referral to a clinical psychologist, who can investigate the fear and devise appropriate therapy. A briefing paper published this week by the British Psychological Society says that one in 10 people fears use of the drill or other routine dental work so much that they avoid going to their dentist altogether.

The paper's author, Dr Stan Lindsay,

senior lecturer in clinical psychology at the Institute of Psychiatry in London, estimates that six one hour sessions with a clinical psychologist would ensure less distress in anticipation of dental treatment, more frequent attendance for dental care, and improved dental health. "These patients cannot step foot in a dental surgery without help. Dental phobics are far more likely to identify themselves to their general practitioner. General practitioners could help them come forward by publicising the help that clinical psychologists can give in their waiting rooms."

The cost of one session may range from £25-50 (\$37-75) from an NHS employed clinical psychologist, but up to £80 an hour from a private practitioner. Dr Lindsay suggested that trained counsellors could also help people with a dental phobia, for around £15 an hour. These services could be block purchased as sessions of psychology time rather than on a patient by patient basis. The report also suggests that practising and trainee dentists should be offered advice on managing dental fear and that patients with dental disfigurement should be investigated for signs of psychological distress.

Less than a fifth of adults attend dentists for routine checks once a year; as many as half attend less frequently than once every two years or only in emergencies. A few adults are so nervous they can be treated only under general anaesthesia.

The British Dental Association welcomed the services of clinical psychologists for those patients who remained outside current dental care and for patients whom dentists felt unable to treat themselves. But they stress that patients with fears should discuss these with their dentist first and that dental training included the management of anxiety.—ALISON BOULTON, *freelance journalist, London*

BSE agent: there may be even more trouble ahead

Newspaper reports suggest that the European Union is poised to ban the human consumption of brain, spinal cord, and spleen from goats, sheep, and deer. This follows publicity given to recent laboratory experiments showing that BSE is transmissible to sheep. Kenton Morgan, professor of epidemiology at Liverpool University's faculty of veterinary science, said that the possibility of transmission was not in doubt, although its clinical significance is. "We have not yet seen any change in the clinical presentation of scrapie in sheep," he said.

Accepted facts about the agent responsible for bovine spongiform encephalopathy (BSE) are rare; two of those on which there is good agreement took a knock from scientists at a meeting organised by the North West Public Health Alliance in Liverpool last week. Suspicion is increasing that the agent may not have originated from scrapie and that cows may transmit it to their calves.

Until now, BSE has been explained by the contamination of animal feed by the carcasses of sheep affected by scrapie. Its appearance in the mid-1980s was attributed to changes in the rendering process, which had previously destroyed the scrapie agent. But Kevin Taylor, deputy chief veterinary officer at the Ministry of Agriculture, Fisheries and Food said the problem with this theory is that none of the 20 strains in scrapie resembles BSE.

Few researchers doubt that feeding rendered down bovine carcasses to cows was an extremely efficient way of spreading disease,

Patients with dental phobias may benefit from referral to a clinical psychologist for treatment

but the disease in question may have originated in cows rather than sheep. Strain typing on the cases found in humans of the new variant of Creutzfeldt-Jakob disease (CJD) would be available later this year and should shed more light on the situation, said Martin Zeidler, research registrar at the National CJD Surveillance Unit.

In view of this risk, the government has sought to exclude from cattle feed any material that might convey BSE. If contaminated animal feed is solely responsible for cases of BSE then this strategy should lead to its eradication. Yet two thirds of cattle with recent notifications of BSE have been born after the ruminant feed ban, said Mr Taylor. Poor compliance by farmers is one explanation, but two other possibilities exist.

The first is vertical transmission, whereby cows pass the disease on to their calves. The second is environmental contamination, a theory supported by Iceland's experience. Some Icelandic farms replaced their sheep population with new stock, yet within a few years the new stock was affected with scrapie. Unless poor compliance with the feed ban was solely to blame then BSE could remain endemic within British herds, said Professor Morgan.—TONY DELAMOTHE, *BMJ*

Safeguards for surgery by non-doctors produced

A set of safeguards designed to protect the safety of patients when invasive procedures are carried out by non-medically qualified people has been agreed by Britain's senior hospital doctors.

The move, by the Joint Consultants Committee, a representative forum of the medical royal colleges and the BMA, follows recent cases in which nurses carried out minor surgery without proper training. The committee is also concerned about the increasing use of professional titles that could mislead patients into believing that the person is medically qualified to carry out the treatment. For example, chiropodists carrying out foot surgery are increasingly called podiatrists, podiatric surgeons, or consultant podiatric surgeons.

The committee says that, while it supports the delegation of specific clinical tasks to nurses and other professionals, any procedures must fall within the scope of their skills. The committee acknowledges that

delegation of duties can help to reduce junior doctors' hours. In a paper that has been sent to the chief medical officer, the committee says that there must be agreement of the doctors, nurses, and the patients concerned; staff must have specific training; specific protocols should be in place; and there should be adequate supervision. The paper reiterates the General Medical Council's advice that doctors may delegate medical care if they believe that it is best for the patient, but the doctors would continue to be responsible for managing the patients' care. Doctors must not enable anyone who is not registered with the GMC to carry out tasks that "require the knowledge and skills of a doctor."—LINDA BEECHAM, *BMJ*

Safeguards for surgical procedures

- Professional bodies must agree precise definition of procedures
- Adequate training and assessment needed
- Surgical procedures must be supervised by a medical practitioner
- Patients must be fully informed of training and status of person operating on them and give full informed consent

Focus: Brussels

Irish determination on drugs

The European Union ritually proclaims its determination to tackle illegal drugs and their tragic consequences. But when ranked alongside its other major challenges of reducing unemployment, introducing a single currency, and nurturing peace in former Yugoslavia, the fight against drugs has never been among its top priorities.

That now looks set to change. Last autumn the Irish government announced that the two major tasks of its six month presidency would be the creation of jobs and a concerted campaign against drugs. That commitment became even stronger last month, when an investigative journalist was murdered in broad daylight in Dublin. Veronica Guerin had established her reputation writing about Irish organised crime and the drugs trade. Her death was the first time these illegal activities had led directly to the death of a journalist. The incident shook the government and the country. It was also to have an impact on the European Union.

Ireland has now joined France in arguing for a tough law and order approach by all union governments. The most visible signs of French policy are strict passport controls on any visitors from Belgium, the Netherlands, and Luxembourg—a high profile

criticism of the lenient Dutch approach to soft drugs. The Irish now look set to go down the same route. Ambiguous remarks by Irish Foreign Minister Dick Spring last month implied he would like to see the Dutch rethink their policy.

Four of the six fields of action the Irish will promote in the coming months are based on law enforcement. Dublin wants more efficient cooperation in protecting the union's external borders to prevent drugs being imported. It is pressing for sentences for serious drug trafficking offences to be harmonised upwards so that they are among the most severe penalties applied by each member state for any offence. These measures would be supported by cooperation between national forensic science laboratories and closer contacts between customs officers and private sector companies and trade bodies.

Just two of the policy areas focus on reducing demand. The Irish want to implement the five year union programme on preventing drug dependence and to organise an international conference later this year to explore best practice in demand reduction. Justice and home affairs ministers will have their first opportunity to examine how best to advance these ideas when they meet informally in Ireland on 26 and 27 September. They will also hear the progress being made in examining France's idea of trying to harmonise different national drug legislation. The idea has its critics, not least the Dutch,

but is gradually gaining support as governments continue to count the cost of the drugs trade.

The exercise was launched last year at a conference organised by the European Commission, the European Parliament, and the then Spanish presidency. The same formula involving the Irish government is to take place in early November, when experts from the union and from central and eastern Europe will examine the phenomenon of drugs and urban delinquency.

The presence of participants from countries looking to join the union is part of the wider contacts the union is developing in its antidrugs strategy. The Justice and Home Affairs Commissioner Anita Gradin visited the Caribbean in May to involve the union in a United Nations programme to prevent the islands becoming launching pads for drugs to North America and Europe. Already 20-40% of the cocaine reaching these two continents is estimated to come from Columbia via the Caribbean.

The search for successful ingredients in the complex battle against drugs will undoubtedly be speeded up between now and the end of the year. But with political emphasis overwhelmingly placed on the law and order side of the equation, there is still more scope for the union to consider some of the medical aspects involved and in particular how effectively to reduce drug dependence.—RORY WATSON, *European Voice*, *Brussels*