Nicotine is addictive, rules FDA

Nicotine was ruled in the US last week to be an addictive substance and could therefore be brought under the control of the Food and Drug Administration (FDA). It is usually regulated by the more liberal Federal Trade Commission. David Kessler, the FDA's commissioner, has already asked President Bill Clinton to decide whether the FDA can regulate tobacco products; if he agrees, Kessler will push for a ban on cigarette vending machines and for the strengthening of government health warnings.

The reaction from Republicans has been swift and condemning. House Speaker Newt Gingrich, from Georgia, said: "If you want an example of big government interfering, it would be the FDA picking a brand new fight when we haven't won the far more serious fights about crack and cocaine and heroin."

But President Clinton is less dismissive. Although he said that specific actions are "premature," he said that he was distressed about the continued high rate of smoking by young people. (Kessler has called smoking a "paediatric disease.") "I think we ought to do more about that than is being done and I'm willing to do that," he said.

The US tobacco industry was also attacked last week. *JAMA* (the Journal of the American Medical Association) reported that internal laboratory records dating back to the 1960s showed that the companies knew that tobacco caused cancer in rats and that they treated nicotine as an addictive substance in the manufacturing process.

In an issue devoted to tobacco the journal contained reports by a Californian group that reviewed 8000 pages of laboratory paperwork gathered mostly from Brown and Williamson Tobacco Corporation. About half of the data came from sources that leaked them from secret company files. The articles suggested that Brown and Williamson knew of the dangers of second-hand smoke but ignored its own findings.

Leaders of the American Medical Association, in interpreting the findings, said that "tobacco industry lawyers have been involved in research projects, including involvement of a public relations campaign to promote tobacco as safe," even though the data showed otherwise. Brown and Williamson's spokesmen said that since the data were "stolen property" the findings should be ignored.

In a rare joint statement the editors of *JAMA* and the leaders of the American Medical Association denounced the "deceit-

America lights up

fulness" of the tobacco companies. Meanwhile, the association's leaders called for action from Washington. They want federal money stopped from going to organisations that do research sponsored by tobacco companies, a ban on tobacco advertising, and severe penalties for selling cigarettes to minors.

The controversy comes at a difficult time for the FDA, which is under pressure from Congress to shrink radically to allow the private sector to regulate itself. On the other hand, the announcements last week may give strength to the numerous class action suits by former smokers and several states against tobacco companies.—JOHN ROBERTS, North American editor, *BMJ*, Baltimore

Britain's breast cancer services need overhaul

Britain's mortality from breast cancer—one of the highest in the world—could be due to poor treatment, says a report from the government's health committee. The committee makes 42 recommendations for improving services for breast cancer, one of which is that the Department of Health should commission research into why Britain is near the bottom of the league for survival rates. The

report also recommends that screening should be extended from 65 years of age to 69. It says that screening should be offered more often than every three years if research currently being carried out shows this is effective.

Britain does not have a particularly high incidence of breast cancer, but in 1992 there were nearly 40 deaths from breast cancer per 100 000 population, compared with the US rate of 34 deaths. The US has an incidence of 89 cases per 100 000 compared with Britain's rate of 56. While the committee accepts that differences may exist in the way countries collect data on the disease and that breast cancer in Britain may be more aggressive, it cites research that shows huge variations in the management of the condition even within one region.

A report by the Yorkshire Cancer Organisation said that the proportion of patients being given radiotherapy varied among hospitals from 20% to 60% and for chemotherapy from 25% to 40%. The committee says that while differences in staging and aggressiveness of the disease could play a part, "It is more likely that these variations in treatment indicate that...chemotherapy and radiotherapy are underused in some cases." The committee heard evidence that 4000 women die each year because they are not being given treatment that is known to be effective. It recommends that data on survival rates and use of adjuvant treatment and surgical procedures should be published nationally so that the effect of specialist

Prisoners to be surveyed anonymously for HIV: The UK health department and the Home Office have announced a one year, voluntary, anonymous survey of inmates to investigate the prevalence of HIV and hepatitis B, as well as of injecting and sexual risk behaviours for these infections. The eight prisons selected will include local, open, closed, and dispersal prisons, and women and young offenders will be surveyed as well as men.

US antiabortionists can be sued for invasion of privacy: An appeals court in Michigan has ruled that demonstrators who carry signs disclosing the names of women and teenage girls who have had abortions can be sued for invasion of privacy.

Ukraine tries to prevent cholera outbreak: Officials in Kharkiv, Ukraine's second largest city with a population of 1.6m, are trying to restore water services to prevent an outbreak of cholera. Last month the WHO said that up to 200 000 people in countries in the former Soviet Union could develop diphtheria, which posed one of the biggest threats to public health in Europe since the second world war.

NHS groups start action over pay: Trade unions representing physiotherapists, chiropodists, dietitians, and orthoptists have served formal notice of ballots on action over pay that would start in September and could involve 600 000 NHS workers. These four groups will start voting on 24 July on action, including strikes, over the government's offer of a 1% national pay rise with up to a further 2% by local negotiation.

Passive smoker receives £25 000: In Britain a former council worker, Mrs Beryl Roe, who claimed that she suffered eye, nose, and throat problems because her employers failed to protect her from the cigarette smoke from fellow employees, received £25 000 in an out of court settlement from Stockport Metropolitan Borough Council.

WHO reports dysentery outbreak in Equatorial Guinea: The WHO has confirmed that the outbreak of dysentery in the central African country of Equatorial Guinea is caused by *Shigella dysenteriae* type I bacterium, the most virulent variety of shigella. So far there have been 600 cases with 104 deaths.

breast cancer centres on survival rates can be evaluated.

These centres should be multidisciplinary and probably see at least 50 new patients with breast cancer a year. The committee says that women want a one stop service and that all services for breast cancer, including screening, could be greatly improved by being integrated into these centres. In the meantime purchasers should start transferring contracts to hospitals which have a high volume of breast cancer work.

The committee supports the government's decision not to change its screening policy until it has results from a trial on the effectiveness of reducing the screening interval. But it does recommend that women up to 69 years of age should be part of the programme and that older women should be made aware of their right to a mammogram every three years on request. It took into account advice from the charity Age Concern that the disease was no less aggressive in older women and that diagnosing breast cancer earlier could mean that women would undergo less radical treatment.

The quality assurance programme is congratulated as "one of the great strengths" of the breast screening programme, but the committee is critical of other aspects of the scheme. In particular, it says that the early recall of women with ambiguous mammograms is not a humane policy. Women can be told they may have an abnormality but be made to wait several months for a repeat mammogram. The committee recommends that the programme should develop ways of giving a firm diagnosis, perhaps by getting a second opinion on the original mammogram or by offering a biopsy.—LUISA DILLNER, *BMJ*

Breast Cancer Services is available from HMSO bookshops, price £13.50.

Earlier the better

Woman compensated for removal of ovaries

A woman has won £35 000 in an out of court settlement after suing a British gynaecologist, John Studd, for assault for removing her ovaries without her consent. The settlement, for Jacqueline Bartley, a 36 year old teacher from south London, followed a High Court ruling that she was entitled to judgment for "battery and negligence for unlawful removal of her ovaries."

Mr Studd, a consultant gynaecologist at Chelsea and Westminster Hospital with a private practice in Harley Street, had admitted negligence and acting without consent but denied assault. The case is unusual because doctors are often sued for negligence but rarely for assault.

Mrs Bartley had stress incontinence when her general practitioner referred her to Mr Studd, a council member of the Royal College of Obstetricians and Gynaecologists. She said that she agreed to have a hysterectomy and colposuspension after being assured that an early menopause would result only if the ovaries were removed as well.

She claimed that Mr Studd visited her every day after the operation but never told her that he had removed her ovaries. She learnt this only when she queried a charge for hormone replacement therapy implants on her hospital bill.

Her general practitioner told her that Mr Studd had written to say that he had removed her ovaries because of heavy painful periods and endometriosis. Mrs Bartley denied that she had ever suffered from heavy painful periods. Her solicitor, Russell Levy, said: "Comprehensive investigation of the tissue samples from the operation showed no evidence of endometriosis."

Mrs Bartley, who has three daughters aged between 14 and 20, said: "I cannot accept and will never accept that my own control over my body and my life were taken away from me like this. I will now be asking the General Medical Council to take disciplinary proceedings against Mr Studd for serious professional misconduct."

Mr Studd insisted that he told Mrs Bartley what he had done the day after the operation. "I told her all about it and there wasn't any register of protest. I was pleased the operation had gone well and I had sorted out all of her problems. When I found adhesions and a blood filled cyst I thought it was endometriosis and it was the best thing to do."

"It can be a difficult diagnosis, it isn't that easy and sometimes you get it wrong. Twenty five percent of women who have a hysterectomy and their ovaries left behind in the presence of endometriosis have a re-operation for pain and the re-operation is more difficult than the initial hysterectomy. Hence it seemed sensible for the patient's long term health to remove the ovaries at the same time as the hysterectomy."—CLARE DYER, legal correspondent, *BMJ*

MARTIN BEDDALL/TIMES NEWSPAPERS

Mr Nicholas Siddle: struck off for falling below standards

Gynaecologist struck off for catalogue of failures

A British gynaecologist has been struck off by the General Medical Council for a "catalogue of failures" in surgery and for "grossly" falling below the standard that the public is entitled to expect from doctors. Nicholas Siddle, 46, was a consultant for 17 years before he was fired from University College Hospital last year. He has said that he will not appeal against the council's decision, which was reached after a five day hearing.

Mr Siddle's surgical failures occurred mainly because of his unfamiliarity with the technique of laparoscopic surgery, the disciplinary committee was told. He admitted that his only training had been to watch videos and keyhole operations in progress. He said: "My view at that time was incorrect. A lot more training is required than I believed to be the case, and I apologise without reservation." Sir Herbert Duthie, chairman of the tribunal, said in his summing up that every doctor had a duty "to make the care of the patient their first concern, to be competent when giving treatment, and to recognise the limits of their professional knowledge and skills."

Mr Siddle was found guilty of serious professional misconduct in eight keyhole operations at three hospitals. One private patient treated at the Portland Hospital had a 2 cm hole torn in her bladder and damage to both ureters. Mr Siddle perforated the colon of a woman at the Elizabeth Garrett Anderson Hospital, then attempted to repair it without consulting a general surgeon. The patient developed a faecal fistula and had to have a defunctioning colostomy.

Mr Siddle was also found in several cases to have failed to reassure or attend patients after complications had developed, and in

some cases to have attempted diagnosis by telephone. Rosalind Foster, prosecuting, told the committee: "You may perhaps see a streak of emotional detachment about Mr Siddle's attitude."

Michael House, a retired lecturer in gynaecology at Charing Cross Hospital, said that this unwillingness to consult colleagues or examine patients in person had been a formula for disaster. Professor Henry Brant, formerly a consultant at University College Hospital, said that he and others had warned Mr Siddle that his methods could lead to disaster, but "his reaction was that he was all right and we were bringing up things which weren't really our valid concerns."

Mr Siddle said later that he wanted to emphasise to women who were facing laparoscopic surgery that they should not be deterred by the publicity surrounding his case. The government has set up training centres in London, Leeds, and Dundee. Surgeons who complete the training are now given a certificate, which is reviewed every five years.—OWEN DYER, freelance journalist, London

Consultant suspended after hundreds of errors

A consultant histopathologist has been suspended pending an investigation after two of the seven British hospitals where he had worked discovered hundreds of errors in his analysis of tissue samples. A review carried out by one of the hospitals reported a total of 474 errors in samples from 428 patients during the 10 months that he worked there as a locum.

Dr Samuel Kiberu, who trained in Dar es Salaam 20 years ago, became a member of

the Royal College of Pathologists in 1990 and has worked in several hospitals in Britain. His suspension from the Pilgrim Hospital in Boston, Lincolnshire, comes after the hospital received the results of an independent review of his work commissioned by another former employer, Grantham and District Hospital NHS Trust.

Dr Kiberu was employed as a locum by Grantham from November 1991 to September 1992, during which time it has emerged that he made 474 errors in samples from 428 patients. These figures are the result of systematic reassessment of some 2750 tissue samples by a group of independent experts based in London.

A statement from Grantham says that most of the errors were minor and that all patients or relatives concerned have been written to by the hospital or contacted by their family doctor and made aware of the position.

But the trust's chief executive, Paul Roberts, said: "It is very sad indeed that patients may be caused concern by what has happened, and the trust wishes to express its regret to both patients and relatives. Once we suspected that errors had been made we acted immediately to have the locum pathologist's results checked by independent experts at a teaching hospital in London. This has taken several months to complete."

Although most of the errors were found to be minor, the statement from Grantham adds that "in 74 cases the error is potentially more significant and patients have been asked to make an appointment with their consultants so that their cases might be reviewed."

At Bassetlaw Hospital in Nottinghamshire, where Dr Kiberu worked as a locum pathologist for six months in 1992-3, an independent review of his work has found 127 errors concerning a total of 126 patients (in one case the results of two tests were inaccurate). The hospital says that it "does not believe any patients died as a direct result of these errors." But it adds that 15 of the errors are "potentially more significant" and that consultants in those cases will be talking to the patients or their relatives.

The Pilgrim Hospital, which has now suspended Dr Kiberu pending an investigation, says that he was employed as a research fellow on a fixed term contract from 1 April 1993 until 31 March 1996. The hospital has issued a statement saying: "His duties have been almost entirely within the University of Leicester, and involve the collection and analysis of data. We can categorically state that during his employment, Dr Kiberu has not at any time been involved in any aspect of the care or management of any patient of this trust."

During his time in Britain Dr Kiberu has also worked for the Hammersmith Hospital in west London, which said that he had not undertaken any unsupervised work and that no patients would therefore be recalled. At the Kirkcaldy Victoria Hospital in Fife, Scotland, where Dr Kiberu spent two weeks as a locum consultant in July 1991, no errors were found in his work during a recent review. The hospital said that one error

Bassetlaw Hospital: Dr Kiberu made many errors while working as a locum

attributable to Dr Kiberu had been detected a year ago in an independent review but that there was "no detrimental effect to the patient involved, who was informed at that time along with the family doctor."

In a press statement the Royal College of Pathologists said that when it had initially heard of possible errors in Dr Kiberu's work it recommended that experts should review the cases on which he had worked in Grantham and Bassetlaw. It was concerned that the reviews have confirmed that significant errors occurred. The college says that it has long argued that the appointment procedure for locums in the NHS was inadequate and that there should be professional involvement in consultant locum appointments, as with substantive posts.

The General Medical Council has received outline details about Dr Kiberu's case and is awaiting further information before it considers whether to take any action.—CLAUDIA COURT, *BMJ*

Canadian medical residents strike over fees

More than 200 medical residents in the Canadian province of Saskatchewan are on strike in protest over a new \$C2200 (£1000) tuition fee. The strike began this month after the junior doctors were told that they would be replaced by international medical graduates if they did not pay tuition fees. At issue is whether house staff are students or employees.

Medical schools across Canada are watching the dispute in Saskatchewan with interest as each looks for new revenue sources.

Cuts in federal transfer payments mean

that health and education are in competition for a share of the same budget.

Dr Donald Duncan, president of the Professional Association of Interns and Residents of Saskatchewan, said, "Revenue Canada states that we are employees, but Saskatchewan's College of Medicine still refuses to acknowledge that."

The residents believe that they contribute more than enough to cover the cost of their education through what Dr Duncan called cheap labour. He said, "We suggest our employment is our training. We don't receive extra education above that. We work 80 to 100 hours a week. We are in contact with faculty about 12 hours out of that time. That's not lectures. We receive no more than really one or two hours a week."

Dr David Popkin, dean of the University of Saskatchewan's college of medicine, argues that the residents are full time students. The residents negotiated full time student status with the university in 1992 to avoid the repayment of student loans until they have finished training.

Dr Popkin said, "The residents feel that they should not be required, even though they are full time students, to pay any portion of their medical education and that the public, the taxpayer, should entirely bear the cost of their medical education."

Medical residents' associations in Ontario, Alberta, and British Columbia view the situation in Saskatchewan with a combination of fear and loathing. Dr Scott Woodside, spokesman for the Professional Association of Interns and Residents of Ontario, said, "In our view what is happening in Saskatchewan is unacceptable. They're trying to rewrite history."

As federal funds dwindle, provincial education departments want medical schools to come up with more of their own money. One quarter of Canadian medical schools already have a postgraduate tuition fee of some kind.—PETER VAUGHAN, medical journalist, Ontario

French GPs launch organ donor campaign

About 10 000 French general practitioners have agreed to participate in a campaign to encourage their patients to donate organs after their death. Posters are being placed in waiting rooms, stating, "Your doctor has volunteered for organ donation. Ask him why."

The doctors have also received a brochure giving practical, legal, and statistical information to help patients understand the importance of organ donation, and a volunteer donor card that will be given to all adult patients aged under 55 who agree to donate their organs after death.

The campaign has been prompted by an unprecedented shortage of organs resulting from an increase in the number of families that refuse to let organs be taken from a dead relative. In four years the proportion of refusals has grown from 27% to 66%. As a result the number of transplants has been steadily decreasing, and in 1994 several hundred patients died because no organ was available.

"Family refusal is the major cause of the shortage," said Professor Christian Cabrol, head of cardiovascular surgery at the Pitié-Salpêtrière Hospital in Paris, who is president of France-Transplant, one of the organisations regulating the collection and allocation of organs. "Presently 6000 French people are waiting for a transplant, but because of the shortage only 3000 will benefit from one."

The decrease in organ donations started in 1991, after a highly publicised incident following the accidental death of a 19 year old man. His parents agreed to donate his heart, his liver, and both his kidneys but sued the hospital after finding out that additional organs were taken, including his eyes. Whether the extensive and sometimes sensational press coverage of the incident was a major factor is not known, but within months the number of refusals by relatives started to increase. Rumours and charges that organs that had been obtained illegally were used in France for the benefit of wealthy foreign patients did not help to restore the public image of transplantation.

The increasing number of refusals is nevertheless puzzling, because recent polls indicate that nearly 9 in 10 people are in favour of organ donation. Dr Didier Houssin, chairman of the special transplant watchdog group created by the Ministry of Health, says that the way in which the request to take an organ is made to a family at a dramatic moment is crucial but hospital staff are often unprepared for the task.

An experiment at the Bicêtre Hospital in Paris has shown that the availability of trained staff may be a key factor: within a year of the appointment of two full time nurses trained to coordinate transplant activities and to talk to victims' relatives the number of refusals had dropped from 70% to 30%.

The decision to mobilise family doctors was prompted by a survey showing that a majority of people believe that their doctor is in a better position than anyone else to inform them about organ donation.

The example of Spain is seen as encouraging. A Spanish campaign in favour of organ donation has led to a large increase in the number of donors—up by 75% from 1989 to 1994. Last year 3100 heart transplant operations were carried out in Spain but fewer than 2000 in France, although France has 20% more people.—ALEXANDER DOROZYNSKI, medical journalist, Paris

Israel brings psychiatric care in from cold

Psychiatric disorders are now being treated in Israel like all physical diseases. Since 1 July people who need treatment may go to the community mental health clinic, psychiatric hospital, or psychiatric department in a hospital of their choice. Their health funds pay for all care, except a 10 shekel (nearly £2) fee per outpatient visit in some cases.

Six months after the national health insurance system was launched in Israel the health ministry has transferred psychiatric care for the country's 5.4 million residents from the state to the four public health funds. Israelis can choose which health fund to belong to and pay a health tax of nearly 5% of their income each month to cover the costs. Pensioners and poor people pay almost nothing. Until the reforms 290 000 Israelis lacked health insurance and got medical care from emergency rooms.

"From now on, psychiatric care will be regarded like treatment of any organic illness," said Dr Motti Mark, director of psychiatric services at the health ministry. "The health fund is reasonable for cradle to grave care, physical and emotional. This eliminates much of the shame involved in mental illness."

Patients and their families can now choose any facility instead of being forced to go to one determined by place of residence. The four public health funds do not have to open their own psychiatric facilities, but they must cover the cost of their members' treatment. The only exceptions are 2000 chronically ill patients who have been in psychiatric institutions for over a year. The ministry will continue to cover their costs so as not to put a heavy burden on the health funds.

The Israel Medical Association welcomed the transfer of responsibility for psychiatric care to the health funds. "This means that psychiatry will no longer be the stepchild of medicine, and mental patients are like any other patients." But it warned that community clinics and hostels were not yet able to cope with an influx of additional patients on health insurance, and it urged a gradual move to outpatient facilities.—JUDY SIEGEL-ITZOVICH, medical correspondent, *Jerusalem Post*

Pressure group pleads for a healthy planet

Supplies of drinking water to nearly 1 in 10 people in Britain have a lead content higher than the safety standard set by the World Health Organisation, says the environmental pressure group Friends of the Earth in its latest report aimed at persuading the government to do more towards achieving sustainable development.

The British government, along with other governments around the world, has stated its commitment to sustainable development—defined by the World Commission on Environment and Development as "meeting the needs of the present generation without compromising the ability of future generations to meet their needs." Friends of the Earth maintains that economic development "cannot be sustainable when it damages the environment and/or causes social distress, such as illness, disease and death. These obviously diminish our wellbeing."

The report examines several key areas, including air pollution, transport, waste, radiation, and the link between health and living conditions. It quotes a figure of between 30 000 and 60 000 "extra winter deaths" in Britain each year and says that many of these could be avoided with investment in a nationwide programme to conserve energy. Friends of the Earth has estimated that the task could be completed

for around £1.25bn a year over 10 years.

The report says that creating a healthier environment involves tackling mainstream economic and social problems. The director of Friends of the Earth, Charles Secrett, says: "If people are concerned about the state of the NHS, for example, then why not start making more money available by tackling environmental problems to which there are known solutions. By doing that we help the NHS to do a better job and not to fall under such budgetary pressure."

As far as air pollution in Britain is concerned, the report says that 19 million people (1 in 3 of the population) regularly breathe air that fails health guidelines of the WHO as well as the European Union.

Friends of the Earth is calling for a nationwide programme to replace lead pipes to help to resolve the problem of contaminated drinking water, as well as the designation of water protection zones to protect water sources from nitrate pollution. The report also calls for measures to tackle air pollution, including programmes to reduce traffic levels. Local authorities, it suggests, should be given a statutory duty to monitor air pollution.

The report concludes: "Targets concentrate the mind and provide a focus for action, but government must also provide the framework of regulatory and fiscal incentives and penalties that are essential if targets are to be achieved."—CLAUDIA COURT, *BMJ*

Prescription for Change: Health and the Environment is available from Friends of the Earth Publications, 56-58 Alma Street, Luton LU1 2PH, price £5.95.

There must be some way out of here

MPs seek to control medical genetics

The British parliament's latest attempt to keep pace with advances in human genetics has led to a recommendation for a statutory commission with powers to regulate the medical uses of genetics. The proposal is contained in a report this week from the House of Commons Science and Technology Select Committee and pre-empted the more cautious government plan for a non-statutory advisory body.

An eight month inquiry by the select committee admits to being prompted by the public fascination for genetics and DNA as reflected in science programmes, blockbuster movies, soap operas, and courtroom dramas. As genetic knowledge can be misused, the report says that the challenge is to ensure that society gains the benefits while avoiding the abuses.

The report notes that even the most cautious commentators expect genetic science to transform medicine, though it may take some while before treatments based on genetics become available. Among the

expected benefits are better diagnosis of both common and rare disorders; better treatment, including drugs designed to fit precisely the molecules implicated in diseases; and new gene therapies. Meanwhile, the most widespread use of genetic knowledge will be in diagnosis and in screening—requiring careful control to ensure that it is offered appropriately and the necessary counselling given. The committee cautions against the advent of unscrupulous commercial screening preying on the public's fear of genetic disorders. It suggests early legislation to regulate practice.

New controls over medical genetics are also called for in the report. The aim is to approve screening programmes, advise local ethical committees, disseminate best practice, and rule on whether particular types of screening, such as prenatal diagnosis, should be provided or proscribed. Control would be exercised by the proposed Human Genetics Commission, which would conduct research into the ethical, legal, and social issues raised by genetics and review the law and practice of patenting.

Professional training in genetics is found to be inadequate. The committee agrees with the BMA that the science, ethics, and

principles of genetics should be included in clinical examinations. As genetics comes to play a greater part in mainstream medicine, more practitioners will need genetic knowledge. The NHS has been a "superb resource" for genetic research, but it needs to be safeguarded against possible ill effects of the reforms.

Legislation is proposed to make the misuse of genetic information a criminal offence. The individual's right to maintain the privacy of genetic information should be paramount, even in the case of a refusal to share it with relatives who might be affected. The insurance industry should stop requiring people seeking insurance to reveal genetic information, or else face legislation.

The report criticises the reluctance of the pharmaceutical companies to collaborate with biotechnology companies or academics. The universities are urged to introduce "industrial sabbaticals" to help academics commercialise their inventions.

—JOHN WARDEN, *BMJ*

Human Genetics: The Science and its Consequences, third report of the House of Commons Science and Technology Committee, is published by HMSO, price £22.75.

Focus: Washington

Senator's bellicosity kindles bigotry

Since the first cases were reported in gay men in 1981 AIDS has been labelled by many Americans as a gay disease. The religious right has called it God's

punishment for unnatural acts. During his eight year term President Reagan avoided using the word AIDS, and he failed to reach out to patients with AIDS, even when his Hollywood friend Rock Hudson contracted it. But at the end of the 1980s an Indiana teenager, Ryan White, touched America's heart.

The boy had contracted HIV through a blood transfusion, and during his final illness he preached tolerance and compassion for all those with the disease. In fact, his attitude translated into law. The Ryan White Comprehensive AIDS Resource Emergency Act of 1990 has provided £1.2 bn to clinics and hospitals to treat poor people infected with HIV, and AIDS. So far the fund has been popular among both Democrats and Republicans. That is, until a couple of weeks ago.

The senior senator from North Carolina, Republican Jesse Helms, said he would try to block the Ryan White appropriation this year because the money served homosexuals "deliberately engaging in unnatural acts"

whose disease was caused by "disgusting, revolting conduct." The surprise was not that Senator Helms made his speech: just a few months ago he demanded an end to US aid to poor nations, saying it was "like pouring money down a rat hole."

What was interesting was the reaction. Colleagues and columnists decried his bigotry. But, even as they did so, they revealed a covert bigotry that Helms may have reignited. A physician writing to one newspaper condemned Helms for ignoring children with AIDS. Other writers focused on heterosexual patients and those who contracted AIDS from blood products.

For years, the term "innocent victims" has pervaded public discourse about AIDS, and last week the phrase was revived even among Helms's antagonists. (No one uses the term when speaking about cancer or heart disease.) It was left to President Clinton to call for simple compassion. In a short extemporaneous speech at Georgetown University in Washington, Clinton used Helms's statement as an example of a "politic of hatred....Gay people who have AIDS are still our sons, our brothers, our cousins, our citizens."

After a few days the media were starting to review the "facts" that Helms claimed. For example, in asking whether AIDS in America was a "gay disease," the *New York Times* reported data from the Centers for Disease Control showing that most patients

were not gay (43.3% compared with 26.9% intravenous drug users, 10.3% through heterosexual contact, 6.3% other (mainly through blood products), 1.3% children, and 11.9% not reported).

Helms also demanded "equity" in the amount of research money spent, claiming that spending on AIDS research outran that on conditions that kill many more Americans each year. In terms of spending per patient, his statement seems true. The American Heart Association estimated that the government spent £22 977 on research for each person who died from AIDS in 1993, compared with £2318 for each one who died of cancer, £545 for each who died of heart disease, and £457 for each who died of stroke. But in terms of total spending the numbers are different. Federal spending (including clinical care) in 1995 will reach £3.75bn for HIV/AIDS, £10.9 bn for cancer, and £23.8bn for heart disease.

No one in Washington believes Helms will be able to stop the money that provides treatment for the 200 000 uninsured patients with HIV infection. But his bellicosity is expected to slow down the appropriation until the end of the year. Perhaps worse, his relabelling of AIDS as a "gay disease" may further alienate patients with AIDS from America's mainstream conscience.—JOHN ROBERTS, North American editor, *BMJ*