Obstetricians must ask about domestic violence

Kamran Abbasi, *BMJ*

Obstetricians should routinely ask patients about domestic violence as up to 20% of women seen at antenatal clinics may have experienced severe physical, emotional, or sexual abuse.

A study group of the Royal College of Obstetricians and Gynaecologists has recommended that teaching about domestic violence should be an integral part of training for obstetricians, and their ability to address this delicate issue should be evaluated in examinations. The report, *Violence against women*, says: "In order to facilitate disclosure of sensitive information, all pregnant women should have one consultation with the lead professional involved in her pregnancy care which is not attended by the partner or by any family member."

Although there is a dearth of research data from Britain, American studies have suggested that women are at increased risk from domestic violence during pregnancy and the postpartum period, with violence being directed at the abdomen and breasts. Domestic violence results in increased rates of miscarriage, prematurity, low birth weight, chorioamnionitis, fetal injury, and fetal death. Fetal injuries have included broken bones and stab wounds.

Ironically, the modern approach to midwifery — with partners present in clinic and during labour, and obstetric notes held by patients — has reduced the opportunity for battered women to disclose their experiences to medical staff. As well as

private consultations, the study group recommends that maternity units should have a set of confidential notes separate from those held by the patient.

Obstetricians are advised to respect patients' confidentiality and to seek consent before sharing information about acts of violence. Consent is not needed, however, if the health professional feels that the health or safety of the patient is at real risk. In the latter instance especially, the nature of the disclosure must be clearly documented.

Dr Susan Bewley, director of obstetrics at St Thomas's and Guy's Hospitals Trust in London and a member of the study group, said: "The thought that men would attack pregnant women is horrifying. But pregnancy is a time of change, with sleepless nights and attention loss. Although domestic violence is a taboo subject, if you don't look and ask, you won't find a problem." □

Passive smoking is major threat

Rory Watson, *Brussels*

Passive smoking causes the same main detrimental health effects as active smoking and is responsible for the death of over 22 000 people each year in the European Union, according to a new authoritative study funded by the European Commission.

The research, carried out by a group of independent experts under the French Comité National Contre le Tabagisme, warned that about 80% of Europeans over 15 years of age are exposed to environmental tobacco smoke and inhale the equivalent of one or more actively smoked cigarettes a day.

The stark conclusion from the experts' work is that passive smoking is a major threat to public health in Europe, and the panel strongly urged governments of the European Union to take comprehensive measures to protect non-smokers. They recommend that smoking should be tolerated only in physically separated and independently ventilated areas, and they argue that the ultimate objective should be a total ban on smoking in all indoor public places. Such a measure, they maintain, would give non-smokers maximum protection.

Their findings indicate that passive smoking increases the risk of lung cancer and, as a result, leads to the death from the disease of an estimated 2000 non-smokers each year. The report, *Passive Smoking, The Health Impact*, suggests that passive smoking, which is also a risk factor for acute and chronic respiratory disease, middle ear infection, and decreased lung function in infants, children, and adolescents, kills a further 20 000 people annually from cardiovascular disease.

The report, which is part of the European Commission's anticancer programme, followed what the committee chairman, Gérard Dubois, termed "a whole misinformation campaign" by the tobacco industry, which culminated in a controversial campaign from Philip Morris in 1996 claiming that passive smoking was no more dangerous than certain daily habits such as eating biscuits. □

Living wills put on statutory footing

Clare Dyer, *legal correspondent, BMJ*

A new framework for taking decisions on behalf of mentally incompetent people is likely to be enacted in England and Wales, along lines originally recommended by the Law Commission in 1995.

The government, which has issued a new consultation paper, is taking up proposals left on the shelf by the previous (Conservative) government, amid controversy over whether they would lead to euthanasia. The proposals would put so-called living wills, or advance directives on medical treatment, already held to be enforceable by the courts, on a statutory footing.

The proposals would also allow people, while competent, to appoint relatives or friends as substitute decision makers, with the appointment taking effect if and when they become incompetent. Decisions could include consenting to or refusing medical treatment, as well as a range of ordinary day to day decisions, such as where to live.

The Lord Chancellor, Lord Irvine, was at pains to stress that the proposals would not legalise euthanasia. "An advance statement could not, for example, ask a doctor deliberately to end life. The blunt truth is that if a doctor took such action he would be exposed to a charge of murder."

Legislation would plug a gap in the law, under which no one, not even the courts, has power to take decisions on medical treatment for someone who is mentally incompetent. The court's powers are limited to declaring that doctors would not be acting unlawfully in taking a proposed course of action, as has happened in a series of "right to die" cases and others involving medical treatment. The declaration is based on the doctrine of "necessity": when no consent is possible, doctors may do whatever is necessary in the best interests of the patient.

The consultation paper, which seeks responses by the end of March, sets out a test for determining whether someone has the capacity to take a particular decision. It recommends that court approval should be needed for some procedures, including the donation of organs or bone marrow or sterilisation for contraceptive reasons.

On the day Lord Irvine

The Lord Chancellor, Lord Irvine

unveiled the consultation paper in the Lords, MPs overwhelmingly rejected a private member's bill aimed at allowing doctors to help patients in pain or distress to die. MPs voted against (by 234 votes to 89) a formal first reading for the Doctor Assisted Dying Bill. The bill would have allowed a person suffering distress from a terminal illness or incurable condition to obtain a doctor's help to end his or her life. □

Who Decides? Making Decisions on Behalf of Mentally Incapacitated Adults is available from the Stationery Office, price £12.70.