UK peers warn of "genuine threat to academic medicine"

Linda Beecham, *BMJ*

A House of Lords committee has warned that there is a "genuine threat to academic medicine in the United Kingdom and therefore to health care as a whole."

In a report published last week the science and technology select committee says that unless the recommendations in the Richards report on clinical academic careers are implemented the position will get worse. Many of the actions proposed, it said, were cost free, while others would require additional resources.

Sir Rex Richards chaired an independent task force commissioned by the Committee of Vice Chancellors and Principals to look at the disincentives to a career in academic medicine. The

task force made 35 recommendations, including a range of mechanisms to protect time for research; to mitigate the disadvantages of academic medicine compared with purely clinical practice; and to improve coordinated management in university hospitals and medical schools. The task force confirmed many of the fears expressed in the select committee's report, *Medical Research and the NHS Reforms*, in 1995. Sir Rex and other representatives of academic medicine gave evidence to the Lords select committee in November 1997.

The select committee drew particular attention to the recommendation that the concept of university hospital NHS trusts

should be explored, together with the appointment of additional non-executive directors, nominated by the relevant university, to such trusts. The committee said that it welcomed the initiative by the NHS Executive and the Higher Education Funding Council for England to set up task forces to consider the best way to handle health services research in the next research assessment exercise.

It also welcomed the fact that senior staff of the NHS executive met regularly with the Committee of Vice Chancellors and Principals and that the chief medical officer, Sir Kenneth Calman, chaired an academic and research subgroup, which provided a forum for the academic and research community to discuss matters of concern. □

Clinical Academic Careers (1997-8; HL paper 47), is available from the Stationery Office, price £4.95.

Deaths from heroin overdose are preventable

Kamran Abbasi, *BMJ*

A thousand deaths from heroin overdose each year could be prevented in Britain if emergency resuscitation drugs were supplied to addicts and their close contacts, according to a report presented to the Royal College of Psychiatrists' winter meeting last week.

Professor John Strang, director of the National Addiction Centre at the Maudsley Hospital in London, suggested that premature deaths from drug overdoses account for the increased mortality among opiate addicts. A survey of heroin addicts in south London showed that over half of those undergoing treatment had overdosed in the past. These overdoses, however, were rarely suicide attempts.

Professor Strang's team plans to involve addicts, and a nominated partner, in therapeutic training programmes, which will teach basic resuscitation techniques and the correct way of administering naloxone. Up to now, drug user communities have relied on unproved and potentially dangerous methods of resuscitation, such as injecting salt, placing the person in a cold bath, and injecting adrenaline through the breast bone as demonstrated by John Travolta in the film *Pulp Fiction*.

In overdose, opiates cause pinpoint pupils, respiratory depression, and coma. Doctors in casualty departments regularly use naloxone, a specific antidote, to reverse the effects of a heroin overdose. As it is short acting, repeated injections and continuous infusions of naloxone are often needed. Now that naloxone is available as a nasal spray, Professor Strang's team hope to distribute it to heroin addicts as part of a pilot study.

Dr David Best, research coordinator at the National Addiction Centre, said: "So many overdoses occur in the presence of friends and partners. If naloxone was available in drug user communities, when somebody overdosed, friends could place the patient in the recovery position, administer naloxone, and call for an ambulance." □

Miners win historic battle for compensation

Clare Dyer, *legal correspondent, BMJ*

The British government faces an estimated £1bn (\$1.6bn) bill to compensate more than 100 000 former miners who contracted respiratory diseases, after a historic ruling in the High Court last week.

Thousands of former miners jammed telephone hotlines after the judgment by Mr Justice Turner in six test cases, which the judge described as the "tip of the iceberg." The ruling is the culmination of a long legal battle by the pit deputies union NACODS to pin the blame for emphysema, bronchitis, and other respiratory illnesses on the failure by British Coal and its predecessor, the National Coal Board, to control the levels of coal dust in mines. The payouts are expected to amount to the largest industrial injury compensation package in British legal history.

As British Coal is now defunct owing to privatisation, the government will have to pick up the tab. John Battle, the energy minister, said that the government would "deal promptly with valid claims." In a 470 page judg-

ment delivered after a trial lasting 119 days, Mr Justice Turner held British Coal and the National Coal Board negligent at common law and in breach of their duties under the Mines and Quarries Act.

He found "abundant evidence" that officials interpreted their duties as "requiring the production of coal first and the taking of precautions in respect of health second." He said British Coal had failed to take all reasonable steps to minimise the effects of dust by using known and available dust suppression techniques "from about 1949 to 1970 and to a lesser extent thereafter."

The judge awarded damages ranging from £3200 to £10 500 for pain and suffering and loss of amenity in the six cases, rejecting

two other cases because the men had not proved the link between their condition and coal dust. All but one of the six received reduced awards because their illnesses were deemed to have been caused partly by smoking. These sums make up only part of the compensation. Special damages—loss of earnings and medical and care costs—will be fixed next month by the court unless agreed with government lawyers beforehand.

In 1974 British Coal introduced a no fault scheme for pneumoconiosis, which has paid out £165m. It was only in 1993 that the government allowed miners to claim industrial injury benefit for bronchitis and emphysema within strict limits which were relaxed last year. □

One of the miners, Kenneth Williams, looking at his x ray