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Dutch reporting of euthanasia cases falls—despite legal reporting requirements

The Dutch health minister, Clémence Ross, has appealed to doctors' "medical professionalism" amid concerns that they are not fulfilling legal requirements to report euthanasia. Her appeal follows the fourth consecutive fall in the number of reported cases of euthanasia.

Last year's research, by Paul van der Maas, professor of social policy at Rotterdam's Erasmus Medical Centre, and Gerrit van der Wal, professor of social medicine at Amsterdam Free University Medical Centre, suggested that, although reporting was increasing, it had only reached 54% by 2001 (*BMJ* 2003;326:1164). The euthanasia law came into force in 2002 with the aim of improving reporting, but the total number of reported cases has continued to decline.

The latest figure—for 2003—from the regional committees of lawyers, doctors, and ethicists that judge euthanasia and assisted suicide cases shows 1815 reports. This compares with 1882 for the previous year, 2054 for 2001, and 2123 in 2000.

Ms Ross has expressed concerns, arguing it is "difficult to appreciate the declining numbers reported" because of "insufficient insight" into the total number of cases.

Tony Sheldon *Antwerp*

New guidelines aim to improve management of COPD

New guidelines issued jointly this week by the American Thoracic Society and the European Respiratory Society aim to improve provision of information on chronic obstructive pulmonary disease (COPD) to patients and to encourage healthcare professionals to optimise its prevention and treatment.

These are the first guidelines

Dead bodies do not pose health risk in natural disasters

Fears about the dangers that dead bodies pose to the survivors of natural disasters are mistaken—and may be compounding health problems in Haiti and the Dominican Republic (pictured above), the two Caribbean countries where recent flooding has caused hundreds of deaths.

"People are reacting to the misguided fear that bodies will spread disease," says Dr Jean-Luc Poncelet, who directs the Emergency Preparedness and Disaster Relief programme of the Pan American Health Organization. "This misconception is very common, and the same reaction has occurred in many other countries around the world."

His comments follow publication of a study that reviewed what dangers dead bodies pose to survivors of natural disasters.

Using the PubMed online databases of the US National Library of Medicine, Dr Oliver Morgan of the public and environmental health research unit at London School of Hygiene and Tropical Medicine searched for relevant literature on the infection risks for public safety workers and funeral workers as well as for guidelines for the management of the dead and prevention of infection. A small but important literature was also reviewed regarding the disposal of the dead and the contamination of groundwater by cemeteries (*Revista Panamericana de Salud Publica* 2004;15:307).

Scott Gottlieb *New York*

to be developed jointly by the two societies and have been produced in a web based format to make them accessible to patients and professionals throughout the world (www.thoracic.org/COPD/default.asp). They are evidence based updates of previous guidelines that the two societies developed separately in 1995. One part of the guidelines, for health professionals, is designed to improve awareness and early diagnosis of the disease and to promote the idea that it is treatable. A second part, for patients, aims to provide practical, accurate information on all aspects of the disease.

The new guidelines define COPD as "a preventable and treatable state characterised by

airflow limitation that is not fully reversible." This is a shift away from previous definitions, which represented the disease as a combination of chronic bronchitis, emphysema, and air flow limitation. The guidelines say that a diagnosis of COPD should be considered in any patient who has symptoms of cough, sputum production, or dyspnoea or a history of exposure to cigarette smoke or noxious particles or gases. Diagnosis requires spirometry. If the ratio of forced expiratory volume in one second to forced vital capacity after treatment with bronchodilators is less than 0.7, this confirms that air flow limitation is not fully reversible and indicates a diagnosis of COPD.

Susan Mayor *Orlando*

Daily aspirin reduces risk of breast cancer, study finds

Taking aspirin seven or more times a week reduces the risk of breast cancer by 28%, a study has found (*JAMA* 2004;291:2433). The drug reduced the risk of hormone receptor positive tumours but not hormone receptor negative tumours.

In an accompanying editorial, Dr Raymond DuBois of Vanderbilt University, Nashville, Tennessee, described the biochemical mechanism by which inhibition of cyclooxygenase by aspirin could result in lower concentrations of oestrogen (*JAMA* 2004;291:2488-9).

The retrospective, case controlled study looked at women who had new diagnoses of invasive breast cancer or breast cancer in situ from 1 August 1996 to 31 July 1997 in the Long Island breast cancer study project. The study examined the high rate of breast cancer in this mostly middle class area within 125 miles of New York city. Research had already identified local risk factors as lower parity, late age at first birth, little or no breast feeding, and a family history of breast cancer.

A total of 1508 women with breast cancer and 1556 control patients were interviewed. Most women were white. The women were asked if they had taken aspirin once a week for more than six months. If so, they were asked how often and how many tablets a week they took in the two to five years up to one year before their diagnosis of breast cancer. Women in the control group were asked about use up to one year before their interview. Both groups were asked about use of ibuprofen and also of paracetamol, an analgesic and antipyretic rather than a non-steroidal anti-inflammatory drug. The study did not look at dosages or whether the women used coated or uncoated aspirin.

The study reports that women who used aspirin regularly—seven or more times a week—had a 28% reduction in risk (odds ratio 0.72 (95% confidence interval 0.58 to 0.90)). Less frequent users had