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Hospitals improve on “door to needle” time

More than three quarters of patients having a heart attack are given thrombolytic drugs within 30 minutes of reaching a hospital, according to results from an audit of hospitals in England and Wales published last week.

The third public report of the myocardial infarction national audit project (MINAP)—a regular audit assessing the care of patients taken to hospital after a myocardial infarction—showed that most hospitals were now reaching the “30-minute door-to-needle” goal for giving patients thrombolytic drugs.

When the project started, in 2000, few hospitals reached the goal that 75% of eligible patients should receive thrombolytic drugs within 30 minutes of arriving at hospital. In the first six months of 2001, fewer than 50% of patients received treatment in 30 minutes. However, new data for the first three months of 2004 showed sustained improvement, with a national average of 81% of patients achieving the 30 minute thrombolysis goal.

Susan Mayor *London*

How the NHS Manages Heart Attacks: Third Public Report of the Myocardial Infarction National Audit Project (MINAP) is available at www.rcplondon.ac.uk

Psychiatrist suspended for undermining patients’ trust in treatment

A consultant child psychiatrist who sent letters to GPs questioning other psychiatrists’ competence, and who forwarded copies to their patients, has been suspended for 12 months by the General Medical Council for serious professional misconduct.

Dr Patrick Cosgrove was one of the pioneers of the use of methylphenidate (Ritalin) to treat attention deficit hyperactivity disorder (ADHD). The Citi-

Dutch government demands reimbursement for charity worker’s ransom

The Dutch Foreign Ministry is suing the medical aid organisation Médecins Sans Frontières (MSF) for €1m (£0.7m; \$1.2m) that it claims it merely “advanced” to secure the release of kidnapped aid worker Arjan Erkel in April.

The aid organisation is refusing to pay, however, saying it was not party to any deal and arguing that governments must take responsibility for protecting aid workers.

Erkel, a Dutch citizen, was kidnapped by armed gunmen in the Russian Caucasian republic of Dagestan in August 2002. He was released this year after 20 months in captivity. The government and MSF give differing accounts of how the release of Erkel was achieved.

MSF claims that it was given almost no warning by the Dutch government that an arrangement had been negotiated for Erkel’s release. The organisation’s priority was to ensure that his release went ahead so it agreed that the government should proceed. MSF says that it made no financial commitments, however.

The Dutch government says that its embassy in Moscow was told that Erkel would be released if a ransom was paid by MSF within 24 hours. It claims that MSF could not raise the money so it asked the foreign ministry for an advance, which it provided.

Foreign ministry spokesman Bernard Bot has now accused MSF of not being a “serious organisation” that would “respect agreements made.”

Tony Sheldon *Utrecht*

zens’ Commission on Human Rights and Overload Network, the Scottish based advocacy group for patients with the condition, have both complained to the GMC about Dr Cosgrove, saying he was too ready to prescribe off label drugs.

But Professor Norman Mackay, chairman of the Professional Conduct Committee, said: “Throughout the course of this inquiry there has been no criticism of Dr Cosgrove’s prescribing practice... Instead this case has been centred around Dr Cosgrove’s monitoring of those patients whom he diagnosed as

suffering from ADHD and the letters he subsequently sent to other practitioners.”

Finding Dr Cosgrove guilty of serious professional misconduct, Professor Mackay said he had contravened the GMC’s code of practice, which states that: “You must not undermine patients’ trust in the care or treatment they receive, or in the judgement of those treating them, by making malicious or unfounded criticisms of colleagues... The nature of this correspondence goes far beyond what amounts to robust criticism.”

Owen Dyer *London*

“Arrogant doctors” not to blame for variability in drug prescribing

The national cancer director, Professor Mike Richards, defended doctors against the charge that their “arrogance” was to blame for the variability in cancer drug prescribing, when he appeared before the Public Accounts Select Committee last week.

Gerry Steinberg, Labour MP for the City of Durham, said that, in his view, doctors were “very arrogant” and that variability in prescribing was due to the fact that they thought they “knew best.”

But Professor Richards denied the charge. “The culture among doctors has changed from one of paternalism to working in partnership with patients,” he said.

Professor Richards conceded that differences in new drug prescribing between England’s 34 cancer networks were unacceptable, but said that doctors’ prescribing habits was just one factor that accounted for the variability (19 June, p 1453).

He also predicted improvements in mortality from cancer. “I think there will be further improvements in mortality and survival rates. I am confident because of the reduction in smoking prevalence and the introduction of bowel cancer screening,” he said.

Bruno Rushforth *BMJ*

Bill clarifies gap in law over living wills

The long awaited Mental Capacity Bill, which had its first reading in the House of Commons last week, sets up a statutory framework for advance refusals of medical treatment and for substitute decision making for people who are unable to take decisions for themselves.

The measures, which will apply in England and Wales, will plug a gap in the law whereby nobody, not even the courts, has