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UK body calls on UN to allow therapeutic cloning

The Royal Society, the United Kingdom's national academy of science, has called on the United Nations to pass a resolution that bans reproductive cloning but allows carefully regulated therapeutic cloning.

The sixth committee of the United Nations, which agrees legal issues, met this week (after the *BMJ* went to press) to consider two proposals on human cloning.

The first proposal, from Costa Rica, also supported by the United States, recommends a complete ban on both reproductive and therapeutic cloning. A second proposal, from Belgium, is suggesting a ban on reproductive cloning but would allow UN member countries to make their own decisions on therapeutic cloning. The committee was due to vote on which of the two proposals should be adopted by the United Nations. If adopted, it would then apply to all member countries.

The Royal Society is recommending support for the Belgian proposal, which would allow therapeutic cloning.

Susan Mayor *London*

Surgeon found liable for not warning of partial paralysis risk

Britain's highest court, the House of Lords, made new law last week when it took the rare step of departing from long established legal principles to hold a consultant neurosurgeon liable for a patient's paralysis even though on normal principles his negligent failure to warn her of the risk had not caused her injury.

By a 3 to 2 majority the law lords ruled that surgeon Fari Afshar must compensate a travel journalist, Carole Chester, for negligently failing to warn her of a 1-2% unavoidable risk of partial paralysis, even though she would not have declined surgery had she known of the risk.

Malaria vaccine shows encouraging results in children

A malaria vaccine has shown encouraging results in children, according to a phase II study published last week (*Lancet* 2004;364:1411-20).

The study investigated the efficacy of a malaria vaccine, RTS,S/AS02A, directed against the *Plasmodium falciparum* sporozoite, the form of the malaria parasite that is injected into the human bloodstream by mosquitoes. The study was conducted on two cohorts of children aged 1-4 years living in Mozambique. Each cohort was divided into two groups, and the members of each group were randomly allocated to three doses of the malaria vaccine given intramuscularly or to control vaccines, including pneumococcal and hepatitis B vaccines.

The risk of developing at least one episode of clinical malaria was reduced by 29.9% (95% confidence interval 11.0% to 44.8%) during the six months of follow up among children given the malaria vaccine compared with children given control vaccines; 57.7% fewer children developed severe malaria (16.2% to 80.6%).

Susan Mayor *London*

The judge who originally heard the case in the High Court accepted Ms Chester's claim that, had she been warned, she would have gone away and sought a second or even third opinion and would not have had the operation on that occasion. Had she decided to have it later, the risk of developing cauda equina syndrome, as she did, would have been just as small and therefore it was unlikely it would have happened, the judge said. The surgeon's failure to warn therefore caused her injury.

The ruling was upheld by the Court of Appeal. Last week the House of Lords rejected the doctor's appeal; Lords Bingham and Hoffmann dissented.

Ms Chester is claiming £500 000 (\$0.9m; €0.7m) damages, although the amount of her compensation still has to be determined.

Clare Dyer *legal correspondent, BMJ*

Most GPs unaware of their duties under new act

General practitioners may be surprised to know they will need to comply with the Freedom of Information Act when it becomes law in England and Wales on 1 January 2005.

That was the message from the BMA's representative to a parliamentary select committee monitoring how effectively the new act is being introduced.

Dr John Grenville, a member of the BMA's General Practitioners Committee, made the statement while giving evidence last week to the House of Commons Constitutional Affairs Committee.

"I think those who had read the Labour manifesto in 1997 probably thought this was about

open government rather than GPs having to give information," he said. "I do not think they followed it very closely—until they began to be told that it did apply to them and that they did have to do something."

Under the act, which was passed in 2000 but whose implementation has been delayed, members of the public have a right to all types of information held by a public authority. For patients this right would be in addition to existing rights under the 1998 Data Protection Act to see their own medical records. The act could, for example, cover information on how much money a surgery receives from a primary care trust or organisation.

Lynn Eaton *London*

Indian doctors debate incentives for organ donors

New investigations in India of alleged trade in human kidneys have sparked a debate among doctors about whether the law on transplantation of organs should be changed to allow incentives to donors.

This month police in New Delhi probed the alleged role of public and private hospitals in the kidney trade. At the same time doctors warned that the number of renal transplants is dropping because hospitals are refusing cases involving donors not related to patients.

About 150 000 patients are diagnosed with end stage kidney disease in India each year. But the number of kidney transplants has fallen from an estimated 3600 in the year 2002 to 2800 in 2003, and 2000 so far this year, said Devinder Rana, president of the Delhi Nephrology Society.

Doctors say that dishonest recipients and donors have exploited a loophole in India's Human Organ Transplantation Act, which came into law ten years ago. The act outlaws trade in human organs. Government approved authorisation committees are required to screen all other donors to ascertain that they are not donating organs for material gain.