Doctors and company to be held liable for contraceptive failure

A court in Holland has ruled that 15 women who became pregnant despite using the contraceptive implant Implanon are entitled to be paid damages for their "unintentional pregnancy." But whether Organon, the Netherlands based company that marketed Implanon, or the individual doctors who inserted it are liable remains unanswered.

The court concluded that both should pay damages unless either can bring further evidence. The doctors need to prove that the product was faulty and that they inserted it properly, Organon that the doctors and not the product were at fault.

The decision covers 15 cases brought by the women against Organon and 13 brought against their doctors. Their pregnancies led to 10 births, four abortions, and one miscarriage. The amount of damages could be considerable, as it could include the cost of bringing up the children until the age of 18 years.

Tony Sheldon *Utrecht*

Autopsy supports claim that Schiavo was in a persistent vegetative state

The autopsy report on Terri Schiavo, the brain damaged woman at the centre of a "right to die" controversy in the United States, lends weight to the claim that she was in a persistent vegetative state and had irreversible brain damage.

The chief medical examiner for Florida's Pinellas and Pasco counties, Dr Jon Thogmartin, assisted by Dr Steven Nelson, medical examiner for three other counties, delivered their 39 page report on 15 June. Mrs Schiavo's death on 31 March ended a dispute that had involved the courts, Congress,

and the White House (*BMJ* 2005;330:687, 26 Mar).

The most salient finding at the autopsy was that her brain weighed 615 g, about half the expected weight for a woman of her age. She had marked global anoxic ischaemic encephalopathy, resulting in massive cerebral atrophy. Severe hypoxic damage and neuronal loss in the occipital lobes indicated cortical blindness. Her brain also showed severe hypoxic injury and neuronal loss and atrophy. There was no sign of traumatic injury.

Fred Charatan *Florida*

US stem cell research progresses despite limitations

Scientists in the United States, supported by private funds, are circumventing the so called "presidential" stem lines approved by President Bush in August 2001 for publicly funded research and are conducting further stem cell research.

The 22 stem cell lines are all thought to be unsuitable for human treatment, because they were grown on mouse feeder cells. These cells are required to prevent cells from automatically differentiating into other cell types (*BMJ* 2005;330:214).

However, US scientists are trying to do what they can with private funding. At a New York Academy of Sciences symposium earlier this month Gordon Keller, professor of gene and cell medicine at Mount Sinai School of Medicine in New York and president elect of the International Society for Stem Cell Research, reported on his research.

This showed that the mesoderm generating haematopoietic and vascular cells in mice differs from the mesoderm that gives rise to cardiac cells, indicating that cell fates or destinations are established very early in embryonic development. Professor Keller heads a stem cell centre in New York funded with \$10m (£5.5m; €8.2m) from the financier Leon Black.

Janice Hopkins Tanne *New York*

"Super surgeries" threaten general practice

Adrian O'Dowd *London*

Super sized surgeries and a confusingly large number of ways of accessing NHS care are threats that could "shake general practice to its core," GPs heard last week at an annual conference.

Doctors at the BMA's local medical committees conference in London voted overwhelmingly for a motion saying the government was misguided over the value it gave to the "super surgeries," which would bring several services such as dentistry, health visitors, and a pharmacy as well as general practice under one roof, and that they would not improve quality of care.

Dr John Dracass of the West Hampshire local medical committee proposed the motion and attacked plans by the Modernisation Agency, describing them as a "change in the provision of primary care that will shake general practice to its core and go a long way to destroy it."

"The proposal... is to crush singlehanded and small practices in favour of giant super surgeries of 10 or more doctors. The current 10 000 British practices would shrink to a miserable 1800."

The idea to restructure primary care into three tiers—walk-in centres, networks of larger practices, and single specialist units—was also rejected in the motion.

In a separate debate a guest speaker, Professor Chris Ham, health policy analyst at the University of Birmingham, warned the audience of 600 GPs that they had to get involved in changes to the NHS before the expected

white paper on primary care, which is due in the autumn.

"Super surgeries are short hand for much more integrated services," he said. "We need to walk towards that. Either we do it ourselves or other people come in and do it for us."

Standards of out of hours care were also criticised. Doctors voted overwhelmingly for a motion saying that patients' lives were being put at risk because of the government's failure to fund out of hours care properly and because many doctors last year chose to opt out of providing the service.

Dr Andrew Green, from the East Yorkshire local medical committee, said: "Rather than having proper local provision, we had a doctor arriving at 8 pm for an overnight shift, having travelled 12 hours from Budapest carrying a clinical bag and a packet of sandwiches. Safe out of hours [care] is worth paying for."

GPs also voted overwhelmingly for another motion calling on the BMA's General Practitioners Committee to investigate the extent of the threat posed to primary care by the private sector.

In his address to the conference the committee's chairman, Dr Hamish Meldrum, spoke of the government's "headlong rush to create more private sector provision of NHS care." He said, "Where is the evidence that it will improve rather than destabilise our present system of general practice?" (See editorial p1460) □

Professor Chris Ham says GPs need to move towards services that are more integrated