



The Netherlands is to investigate GPs' pay and practice expenses after a token protest in The Hague last week unexpectedly turned into a 1200 strong national demonstration. Almost one in six Dutch GPs took part in the rally, which called for a reduction in work pressures and better wages, with banners asking: "Your GP, for how much longer?" They demanded £345m (\$483m) to reduce a 70 hour working week, increase training places, and meet sharply rising practice costs. The cabinet recognises increased pressure but has promised only £5.5m next year to help evening and weekend working.

fibres. In June, 33 injections were made in and around the necrotic area of the heart muscle of a 72 year old man undergoing open heart surgery after having experienced several infarcts.

Alexander Dorozynski *Paris*

Genetically engineered sweetcorn may be in US food chain

Officials from the US Food and Drug Administration have said that thousands of tonnes of genetically engineered sweetcorn have made their way into the human food supply chain, even though the produce has been approved only for use in animal feed.

The genetically modified form of sweetcorn, known as Starlink, has a gene from *Bacillus thuringiensis* and contains a protein Cry9C, which is toxic to the corn borer pest. Cry9C is resistant to breakdown in simu-

lated stomach acid, but so far no cases of human illness have been reported.

Fred Charatan *Florida*

Abortion pill withdrawn in Germany after financial losses

Distribution of the abortion pill, mifepristone (Mifegyne), in Germany is to be stopped by the end of 2000.

The company that distributes the drug, Femagen in Bavaria, announced last week that it will stop distributing it to doctors and hospitals by the end of 2000 because of huge financial losses. Femagen orders the pill from the French producer Exelgyn.

This year 96% of all abortions in Germany have still been carried out by surgery, and Femagen handled only 600 prescriptions a month instead of the expected minimum of 2000. Annette Tuffs *Heidelberg*

UK is losing market share in pharmaceutical research

Richard Smith *BMJ*

The NHS is becoming a steadily less attractive place for pharmaceutical companies to conduct clinical trials. That was the message delivered last week by Tadataka Yamada, chairman of research and development for SmithKline Beecham, at a meeting on how to make research and development in London more attractive to funders.

Pharmaceutical clinical research has increased worldwide in the past decade, but Britain's market share has fallen, even though the absolute quantity has remained about the same. The industry spends about £150m (\$210m) on research in the NHS, but, warned Mr Yamada, the amount could fall if conditions did not improve. The companies are global, and research might easily be moved to countries that offer higher quality at lower costs.

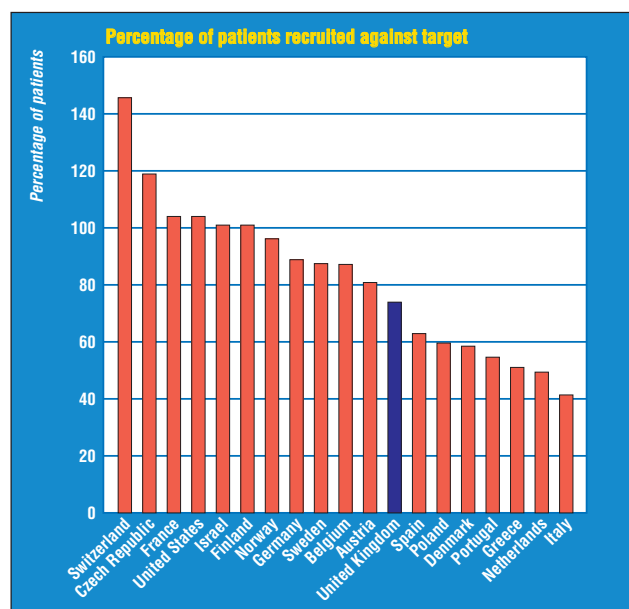
The biggest problem is with the timeliness and the quality of research. The processes of ethics and research committees approving research are slow and confused. Sometimes trials may be completed in other countries before they even begin in Britain. Every day matters to

pharmaceutical companies because they may be losing sales of millions of dollars a day.

Britain has a bad record in recruitment to trials, recruiting less than 80% of the patients promised. At least 13 countries have better records of recruitment, with six—including the Czech Republic, the United States, and France—recruiting 100% of the target or more. Another problem is the cleanliness of the data. GlaxoWellcome found 30 errors in every 100 pages of data, a far higher rate than in most other countries. Clinicians are hard pressed and poorly trained, and research management is weak.

The problems of poor quality are compounded by Britain's high costs. Only the United States tends to be more expensive than Britain, and it produces high quality research. Countries that produce as high or even higher quality research—such as Hungary, the Czech Republic, and Poland—have costs that may be half as much per patient. Mr Yamada also emphasised the lack of transparency in British costs, with big variations around the NHS in overheads charged.

These problems amount, said a report produced for the conference, to the hallmarks of a classic decline in an ailing British industry. Inherited strength is eroding. New competitors are offering greater choice, lower costs, and higher quality, and complacent and insular management is unaware of its declining market. □



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