

*In brief***Pathology in crisis since Alder**

**Hey:** Paediatric pathology services are in crisis, with unfilled consultant posts and few trainees, says a recent report by a working group comprising several royal colleges and parent groups. The group calls for a major shake up of services to regain the confidence of the public in the aftermath of the Alder Hey Hospital organ retention scandal. *The Future of Paediatric Pathology Services* is available at [www.rcpch.ac.uk/publications](http://www.rcpch.ac.uk/publications)

**Dutch doctors vote for industrial action:**

The Netherlands' 7000 GPs have voted for a mass suspension of night and evening shifts on 1 July, followed by regional actions affecting all work out of hours, including weekend work. Members of the national association of GPs agreed the action in an attempt to increase out of hours payments. Last year Dutch GPs went on strike for the first time ever.

**CHI criticises two trusts:**

Overcrowded conditions in the accident and emergency departments at East Kent Hospitals NHS Trust are compromising patient care, according to a report from the Commission for Health Improvement. Also, Bromley Hospitals NHS Trust is criticised for long waits in its emergency departments and, in a separate report, for poor infection control measures. The reports can be accessed at [www.chi.nhs.uk](http://www.chi.nhs.uk)

**Black elected:** The Royal College of Physicians elected Professor Carol Black as its new president last week—the first time in the college's 450 year history that fellows were allowed to send in a postal vote. Professor Black, who has been clinical vice president of the college for the past three years, took 1803 of the 4193 votes cast by single transferable vote for 11 candidates. Forty per cent of the ballot papers were returned.

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## Indian group seeks ban on use of electroconvulsive therapy without anaesthesia

Ganapati Mudur *New Delhi*

A voluntary medical organisation in India has urged the Indian Supreme Court to ban the use of electroconvulsive therapy without anaesthesia in mentally ill patients, a practice that some Indian psychiatrists say is sometimes unavoidable.

The request, which also seeks to make informed consent mandatory in all electroconvulsive therapy procedures, comes after nearly a decade of concern among doctors that electroconvulsive therapy is overused in India and often administered without anaesthesia.

"All we're asking for is that all psychiatrists should follow good practice guidelines," said Dr Achal Bhagat, a senior consultant psychiatrist at the Apollo Hospital in New Delhi, and director of Sarthak, the organisation that has approached the court.

A nationwide survey on the practice of electroconvulsive therapy in India, conducted in the early 1990s, showed that 55% of psychiatrists who used the procedure did so without administering anaesthesia. Although

new surveys have not been done, doctors say there is sufficient anecdotal evidence that electroconvulsive therapy continues to be overused and administered without anaesthesia.

"There are cases where psychiatrists appear not to have followed established guidelines of providing alternative treatment options before taking a decision to provide electroconvulsive therapy," said Dr Bhagat.

Volunteers for Sarthak say they have encountered patients who have received minor and even severe injuries while receiving electroconvulsive therapy without anaesthesia. Advocates of electroconvulsive therapy argue that its practice in India should be viewed in the country's social and economic context.

"An overnight ban on electroconvulsive therapy without anaesthesia will not benefit patients," says Dr B Nanjundaiah Gangadhar, professor of psychiatry at the National Institute of Mental Health and Neurosciences, Bangalore.

Practitioners are often forced

to administer electroconvulsive therapy without anaesthesia because they lack anaesthesia facilities. Several mental institutions in the country are not attached to hospitals and do not have anaesthetists on call.

"When a patient needs electroconvulsive therapy in an emergency, it may sometimes be better to provide affordable treatment than to risk losing the patient," says Dr Chitaranjan Andrade, professor of psychopharmacology at the institute.

Electroconvulsive therapy is widely accepted by patients and relatives in India, and psychiatrists have received requests from patients for the procedure. "The onset of benefits is sometimes faster, and for patients it is more economical," says Gangadhar.

Doctors campaigning against electroconvulsive therapy without anaesthesia say the lack of infrastructure is an unacceptable excuse. "Even small towns in India today have the facilities for anaesthesia," said Dr Bhagat.

He said studies that have established the safety of electroconvulsive therapy have been based on the use of anaesthesia and the relatively superior "brief pulse" devices. "Here we have electroconvulsive therapy procedures delivered through traditional sine wave machines and without anaesthesia." □

## Bush to drop medical records privacy clause

Fred Charatan *Florida*

In a controversial move the Bush administration has said that US doctors and hospitals should not have to obtain patients' consent before using or disclosing medical information for the purpose of treatment or reimbursement—a move that flies in the face of legislation passed two years ago.

The privacy protection rules are part of the Health Insurance Portability and Accountability Act, passed by Congress in 1996. President Clinton issued the rules, the first comprehensive federal standards for medical privacy, in December 2000, calling them "the most sweeping privacy protections ever written."

Tommy Thompson, secretary of the Department of Health and Human Services, said he wanted to remove the consent requirements because he believed that they could delay care.

Hospitals and insurance companies praised Bush's proposal. Karen Ignagni, president of the American Association of Health

Plans, which represents more than 1000 health maintenance organisations and preferred provider organisations, said the discarded rules could have "unduly restricted the flow of vital medical information between physicians, hospitals, and health plans and access to quality and affordable health care."

But consumer advocates and Democratic members of Congress denounced the proposal as a threat to privacy. Janlori Goldman, coordinator of the Consumer Coalition for Health Privacy, an alliance of more than 100 patients' rights groups, said the administration was proposing "a destructive change."

Senator Edward M Kennedy, Democratic spokesman on health care, said that he was "very concerned," because he believed that "an individual should have to give permission before medical information is disclosed." □



Health and Human Services secretary Tommy Thompson

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