

In brief

Hong Kong flu virus re-emerges: Chickens carrying the H5 bird flu virus have been found again in Hong Kong's fresh produce markets, fuelling fears of a repeat of the bird flu outbreak that killed six people in 1997 and led to the slaughter of the entire chicken population. The virus has also been found in ducks, geese, and swans, which suggests a more virulent strain of the virus.

UK tissue donations fall: Donations of human tissues and organs have fallen dramatically in Britain since the Bristol and Alder Hey scandals, with major implications for medical research, says Cancer Research UK. From July to December 1999 there were more than 200 tissue donations to the UK Children's Cancer Study Group's tumour bank, but that dropped to 120 in the following six month period.

Pain features highly in public's concerns: The National Institute for Clinical Excellence (NICE) has published the first report of its Citizens Council, set up to reflect public opinion on NICE's guidance. Severity of pain, long term effects of a disease, and the chances of a good clinical outcome are rated as important factors in deciding drug treatments. See www.nice.org.uk

Anxiety product banned: Medicines containing kava, a herbal ingredient for relieving anxiety and tension, are to be banned in the United Kingdom from 13 January, after concerns that the product can cause liver toxicity. There have been 70 known cases worldwide. Among these, four patients died and seven needed a liver transplant. The US Food and Drug Administration is still investigating kava's continued use in the United States.

Smallpox plan questioned: Two US hospitals have refused to go along with the Bush smallpox mass vaccination programme. Grady Memorial Hospital in Atlanta says it is not a safe vaccine, and Virginia Commonwealth University in Richmond said there was no imminent threat of smallpox. Most New York hospitals have said that they would go along with the president's plan.

Family finds hospital willing to give experimental CJD treatment

Owen Dyer *London*

A teenager suffering from variant CJD, the human form of mad cow disease, is to have unprecedented treatment with a drug injected into his brain after the high court in Belfast gave the go-ahead.

Jonathan Simms, 18, from Belfast, is expected to have the treatment with pentosan polysulphate within weeks after a Northern Ireland hospital agreed that it could be carried out in its operating theatres.

His family, which is desperate for him to have the pioneering treatment in a last attempt to slow down the progress of the disease, was forced back to court after winning a ruling in the English high court the previous week. The hospital wanted the Northern Ireland high court's approval because the English ruling has no effect in the province, which is a separate legal jurisdiction.

Jonathan's family was one of two fighting for the treatment for their teenage children who have variant Creutzfeldt-Jakob disease (vCJD). They won permission in London's High Court to proceed with an experimental treatment not tried before in humans. But, although a neurosurgeon has agreed to do the procedure, the NHS trust for



Jonathan Simms is to receive controversial treatment

which he works immediately announced that it would not provide the necessary facilities.

The case was heard in camera, with the names of the neurosurgeon, the trust, and one of the patients protected by injunction. The judge, Dame Elizabeth Butler-Sloss, had power to permit the treatment but could not compel any hospital to provide it. In summing up, she sharply criticised the trust for refusing to announce its decision in advance. "It would be an unbelievably cruel blow" to the fami-

lies, she said, "to have the High Court say yes and the hospital trust say no." The court case, she said, would become "an unacceptable academic exercise."

At the time of going to press, the Department of Health was looking for an alternative hospital for the other patient, an unnamed 16 year old girl. Both patients have already outlived the typical life expectancy of patients with vCJD.

The proposed treatment, pentosan polysulphate, is widely used in North America for the treatment of interstitial cystitis but is unlicensed in Britain.

Although it has never been used to treat vCJD, experiments in Japan showed that injecting the chemical into brains of rats infected with scrapie, a closely related disease, can slow the accumulation of prions. Pentosan polysulphate was rejected as a possible CJD treatment by Britain's Committee on Safety of Medicines and the CJD Therapy Advisory Group, though both organisations are now reconsidering their advice.

Expert witnesses were largely in agreement about the potential risks and benefits of the treatment, which involves inserting a catheter into the brain. A conservative dose of pentosan polysulphate will be steadily increased. The risk of brain haemorrhage is believed to be under 5%. Chances of a cure are probably nil, however, and even a substantial slowing of progression will be unlikely. □

GP contract delayed, but negotiations continue

Jocelyn Clark *BMJ*

The announcement of the new GP contract for primary care doctors in the United Kingdom is to be delayed by at least six weeks, threatening the planned implementation in April 2003.

January roadshows set up by the BMA to inform members of the proposed deal will be cancelled and probably not rescheduled until February or March. If a final contract package is not negotiated by 20 February 2003 the committee plans to propose

alternatives to a new general medical services contract.

But the delay is beyond the BMA's control, according to the association's General Practitioners Committee negotiators.

Committee chairman Dr John Chisholm has expressed frustration that financial and legislative issues have not yet been resolved with the Department of Health. Financial data on practices' current resources, such as allowances and staff costs, have not been made available. Department statisticians were said to have collected most data, but analyses are still pending.

Plans to announce the contract on 10 January 2003 have been postponed until 21 February. Dr Chisholm said that the delay means that what the committee had hoped for in April

2003 will be much less than expected, with many of the changes and implementations predicted to take place later in the year.

But in response to the suggestion that the Department of Health was stalling or negotiating in bad faith, or at least lacking will to get the deal done, Dr Chisholm conceded it to be "more of a cock up than a conspiracy."

A department spokesman stated that the government was "fully committed to the new general medical services contract negotiations process and to the implementation of a new contract as soon as is practicable, assuming agreement can be reached. . . . We have absolutely no wish whatsoever to delay any agreement being reached on the GP contract." (See page 12.) □