

GMC mishandled father's complaint

Clare Dyer *legal correspondent, BMJ*

The General Medical Council was guilty of "serious and disturbing failures" when it refused to investigate a father's complaint against a GP over the death of his son, a High Court judge said last week. Arpad Toth of Walingford, Oxfordshire, (father of 5 year old Wilfrid Toth, who died in 1993) and David Jarman, the GP against whom the complaint was made, were victims of these failures, said Mr Justice Lightman.

Mr Toth accused Dr Jarman of serious professional misconduct in failing to administer intravenous glucose to his son, who had glycogen storage disease, when he became hypoglycaemic. The judge quashed decisions by the screener, who acts as the initial filter for complaints, not to send Mr Toth's complaint against Dr Jarman to the Preliminary Proceedings Committee, the next stage towards a full hearing by the professional conduct committee.

The GMC admitted that the

screener's decision was legally flawed. It agreed to quash the decision and start the process again, but the case went to court when Dr Jarman intervened to argue that reviving the complaint would be unfair to him. The judgment lays down important guidance on the roles of the sifting mechanism for complaints, which are likely to make it harder for the GMC to reject complaints at the preliminary stages. The screener had decided that because there was a conflict of evidence between the father and the GP and because the standard of proof was beyond reasonable doubt, the case had no prospect of success.

The judge said that it was not part of the screener's role to take such a decision; the screener was only a preliminary filter.

The GMC proposes from 1 July, in the light of the forthcoming Human Rights Act, to let complainants see documents provided to the screener by the doctor. Confidential medical information whose release could cause substantial harm to the doctor or a third party will be released in an edited form or only if the complainant gives an undertaking to keep it confidential. The judge held that the GMC could release information on the doctor's health but could require complainants to give an undertaking of confidentiality. □

Canadians launch class action over *E coli* outbreak

David Spurgeon *Quebec*

Six law firms in Ontario, Canada, have filed for permission to launch a \$C300m (£135m; \$203m) class action suit on behalf of victims of Canada's worst incident of contamination of water by *Escherichia coli*, in which 14 people have died.

The defendants are the public utilities commission of the town of Walkerton, where the contamination took place; its manager Stan Koebel; the corporation of the municipality of Brockton; and the Bruce-Grey-Owen Sound health unit, the district health unit that Walker-

ton is in. The Ontario government will be added if the class action is approved by the Ontario Superior Court.

Lead plaintiffs Jamie Smith and Alana Dalton are each claiming \$C200m. Mr Smith was unable to continue to work as a teacher because of *E coli* infection and moved his family to avoid further exposure. Ms Dalton and her 3 year old son, Matthew Cronin, were both infected and also relocated.

Some 2000 of the town's 5000 residents became ill as a result of the outbreak. □



Acupuncture wins BMA approval

Mark Silvert *BMJ*

Acupuncture should become more widely available on the NHS and family doctors should be trained in some of its techniques, a BMA inquiry has concluded. The therapy has proved effective in treating back and dental pain, nausea and vomiting, and migraine, the BMA's Board of Science and Education has found after a two year study.

Acupuncture is one of the most frequently requested of the complementary therapies. Up to five million people may have consulted a therapist specialising in complementary or alternative medicine in the past year, the report says.

Welcoming the report, Dr Richard Halvorsen, a GP and press officer for the British Med-

ical Acupuncture Society, said: "It indicates a complete change in the way that the medical establishment views complementary therapies." The study was commissioned in 1998 to "investigate the scientific basis and efficacy of acupuncture and the quality of training and standards of competence in its practitioners." It reviewed literature and current research on acupuncture and examined safety aspects, including adverse effects.

Complication rates associated with acupuncture are "relatively low," the study found. They generally fall into one of three categories: physical injuries, infections, and other adverse reactions. Many of the physical injuries could be avoided by ensuring that acupunctur-

ists are fully trained in anatomy and physiology, with particular emphasis on teaching the location and depth of major organs. Inadequate or improper sterilisation techniques constitute a serious risk factor for infections, and this is recognised by professional acupuncture bodies and reflected in their codes of practice, states the report.

Transmission of infections can be avoided if all practitioners use only sterile disposable needles rather than reusable needles, which need sterilisation. Other adverse reactions include more minor events such as bleeding on withdrawal of the needle, bruising, and drowsiness. A survey of UK family doctors carried out as part of the study showed that nearly half had arranged acupuncture for patients and 58% had referred patients for some form of complementary or alternative medicine. The BMA is calling for a

national register of all acupuncturists who are medically or non-medically qualified and for a national surveillance system to report adverse events.

Dr Vivian Nathanson, head of health policy at the BMA, said: "We need to see more high quality research into the effectiveness of acupuncture. Greater use of acupuncture would save the NHS millions of pounds each year." However, she added that a consensus needed to be built on the minimum standards of training required for all potential acupuncture practitioners.

The BMA hopes that the National Institute for Clinical Excellence will consider the value of acupuncture as a next step and produce guidance for the NHS. □

Acupuncture: Efficacy, Safety, and Practice can be seen at the BMA's website (www.bma.org.uk).