

bmj.com news roundup

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Universities review subscriptions to journal “package deals” as costs rise

US university libraries are cancelling “package deal” subscriptions—in which they buy a “bundle” of academic journals and online journal access from the publisher Elsevier—on the grounds that they are too expensive.

Harvard University in Boston, Massachusetts, recently announced that from 1 January 2004 it was stopping its subscription with Elsevier for a bundled package of journals. Instead, the library will purchase journals on a title by title basis.

The decision followed more than a year of negotiations between Harvard and other members of the Northeast Research Libraries Consortium and Elsevier to agree more flexible licensing terms for subscribing to journals. Elsevier offers its journals in what are termed “big deals”—contracts in which libraries pay for a package of journals and online access to a publisher’s journals for several years, with restrictions on early cancellation. Harvard found that some of the journals in the package were rarely used—more than 20% of Elsevier titles were used less than twice a month, and 10% were used less than once a month.

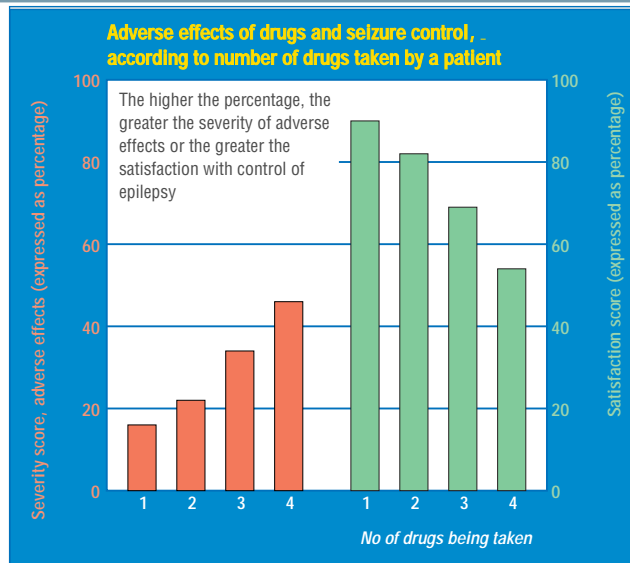
Cornell University Library, in Ithaca, New York, decided last month not to renew its subscription with Elsevier for a bundled package of more than 900 journals.

Susan Mayor *London*

Competing interests: The BMJ Publishing Group is a small to medium sized publisher that profits from the current market but is threatened by the large publishers.

GMC faces challenge over withdrawing treatment

The General Medical Council faces an unprecedented chal-



Half of UK patients taking drugs for epilepsy continue to have seizures

Almost half of patients taking drugs for epilepsy continue to have seizures, a survey of patients in the United Kingdom has shown.

Better medical care might improve the lives of people with epilepsy by achieving better seizure control, say the authors of the study in the journal *Seizure*, published online ahead of print (www.harcourt-international.com/journals/seiz/).

The study, which looked at frequency patterns of seizure among users of epilepsy drugs, was based on the experiences—reported in a questionnaire—of a sample of 1652 patients from across the United Kingdom. The participants were drawn from a postal questionnaire, distributed by GPs, of 3455 unselected patients on anti-epileptic drugs. Almost one in three patients (32%) had epilepsy that the researchers then classified as severe; in the rest the condition was classified as mild.

Patients were taking between one and seven drugs (a mean of 1.4). Among those taking three drugs, there were 56 different combinations, which included 16 different drugs.

“We found a clear increase in the severity of adverse effects with increasing number of agents used. This underlines the desirability of monotherapy, particularly as adverse effects are a major component in the diminishment of quality of life in people with epilepsy,” say the authors, from the Institute of Neurology, London.

Roger Dobson *Abergavenny*

lenge in the High Court in London next month to its guidelines for doctors on withholding and withdrawing life prolonging treatment.

A man with cerebellar ataxia claims that the guidance, published in 2002 after extensive consultation, is unlawful and effectively allows doctors to perform euthanasia.

Leslie Burke, 43, from Lancaster, is capable of making his own decisions, but he fears that doctors may decide at a point when he is no longer competent that his life is not worth liv-

ing and discontinue artificial feeding.

The GMC’s guidelines cover the circumstances in which doctors may withhold or withdraw artificial nutrition and hydration when patients are mentally incompetent.

In English law the doctrine of necessity allows doctors to make decisions on treatment in the patient’s best interests if the patient is a mentally incompetent adult. The courts have held that artificial nutrition and hydration count as treatment.

Ten years ago, in the case of

Tony Bland, a survivor of the Hillsborough football ground disaster, the House of Lords held that where a patient is in a permanent vegetative state doctors should seek a court declaration that artificial feeding is no longer in the patient’s best interests. The guidelines are intended to cover other conditions.

A decision to withhold or withdraw feeding or hydration may be made only after a full assessment of the patient’s requirements and the possible means of providing nutrition and hydration, after a full consultation with the healthcare team and the people close to the patient, and after a second opinion from a senior clinician who is not already directly involved in the patient’s care.

Clare Dyer *legal correspondent, BMJ*

New Zealand moves to ban direct advertising of drugs

New Zealand’s health minister, Annette King, will seek final approval from the cabinet later this month for the adoption of common standards with Australia on drug marketing, as a way of instituting a ban on advertising prescription only drugs directly to consumers.

New Zealand medical and consumer groups have cautiously welcomed the move as likely to result in the adoption of the Australian standard, which bans such advertising of prescription drugs but allows general campaigns raising awareness of disease.

After a pre-Christmas cabinet meeting, a brief press release by Ms King said that she had been authorised to “seek to reach agreement with Australia in March 2004” on a common standard on drug promotion (3 January, p 8). A spokesman for Ms King said final details on the plan would be put to the cabinet on 26 January.

The decision comes after the signing of a treaty in mid-December by the Australian and New Zealand governments to create a single agency regulating the registration and promotion