

Antioxidants in wine and tea

Dr Plouvier (December 1998 *JRSM*, p. 661) suggests that red wine is cardioprotective because it contains the antioxidant proanthocyanidin. He also mentions that a similar molecule has been identified in green tea and may be relevant to the low rate of cardiovascular disease in Japan.

In China, tea has been used as a crude medicine for 4000 years¹. That the green tea, of which the Chinese consume a great deal, is rich in antioxidants may explain the low incidence of coronary artery disease in China. Ho *et al.*² studied 12 different types of Chinese teas, including six green teas, four semifermented teas and two black teas. They found that, in general, green tea extracts showed stronger antioxidant activity than the semifermented and black tea extracts, mainly because of the higher content of (-)-epigallocatechin gallate.

Jankun *et al.*³ discussed why drinking green tea might prevent cancer. Tea is drunk in three forms—black (78%), green (20%) and oolong (2%). Green tea contains many polyphenols mostly as flavonols, commonly known as catechins, including epigallocatechin-3 gallate, epigallocatechin and epicatechin-3 gallate. The brewing of black tea oxidizes the catechins, destroying any beneficial effects^{3,4}.

Thus these research studies lend credence to the age-old beliefs that green tea and red wine are both good for the heart. They owe their cardioprotective property to their antioxidant effect. Green tea is mainly consumed in Asian countries, whereas black tea is mainly consumed in the western countries.⁴ So here is some food for thought.

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Specialist palliative care and general practice

Dr Fordham and colleagues (November 1998 *JRSM*, pp 568-572) draw attention to the overlap between the management of advanced terminal illness in general practice and services provided by specialist palliative care teams. It is helpful to distinguish between what is called the 'palliative care approach' and 'specialist palliative care'¹. The palliative care approach has underpinned care in general practice for many years; specialist palliative care is now available for

those patients in whom advanced disease is accompanied by complex physical and psychosocial needs. General practitioners now use palliative medicine specialists for the investigation and management of complex situations just as they would other specialist medical or surgical services, and have identified a preference for and availability of 24 specialist home care teams².

Although palliative care services have developed primarily for cancer patients, research evidence indicates that patients with other terminal illnesses have physical and psychosocial needs that are at least as severe as those of cancer patients³. Palliative care specialists have identified issues that have limited service development such as the less clearly defined terminal phase of illnesses other than cancer and the difficulties in assessing prognosis. These factors are further complicated by the prospect of sudden death⁴. Further research is needed to define these needs to ensure appropriate service development.

It is inaccurate to suggest that training programmes in palliative medicine are predominantly hospital based. About half of those entering higher professional training hold MRCGP (Bradley K, personal communication) and only a quarter of most training programmes is spent in hospital palliative medicine.

Specialist palliative medicine, with general practice in collaboration, needs to take a lead in evaluating and disseminating advances in clinical care and service development, in order to improve the care of all dying patients.

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Ethics of human reproductive cloning

Professor Gillon (January 1999 *JRSM*, pp. 3-12), in his excellent discussion of the ethics of human reproductive cloning, describes the argument that 'the alternative for those children is not to exist at all', as one to which no plausible counter-argument has been proposed. This would therefore not only encourage cloning, but would also seem to place a moral obligation on us all to bring into existence the