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bmj.com Politicians should not be making healthcare decisions

Industry funded trials often have ghost authorship

Sally Hargreaves LONDON

Ghost authorship, whereby someone who has made a major contribution to a scientific article as an author is not acknowledged, is a widespread practice, says a study published this week.

In the clinical trials investigated in the study, three quarters of individuals who had made significant contributions to the final paper were not listed as authors (*PLoS Medicine* 2007;4:e19). In most cases these were statisticians working for the company sponsoring the trial.

“Ghost authorship is a form of research misappropriation, and we believe that this practice serves commercial purposes,” said the lead author of the study, Peter Gøtzsche, of the Nordic Cochrane Centre in Copenhagen.

“Authorship establishes accountability, responsibility, and credit for scientific articles. If authorship is misappropriated, readers may be misled, and the potential for manipulated analyses and conclusions may increase,” he added.

The researchers assessed all published, industry initiated randomised trials approved in 1994-5 by the scientific and ethical committees for Copenhagen and Frederiksberg in Denmark. They compared the full trial protocols, written before the trial started, with the primary scientific report that resulted from these trials and that was published in a peer reviewed journal. A total of 44 trials were included, of which 43 were initiated by drug firms and one by a local company.

Ghost authorship was considered to be present if individuals who wrote the trial protocol, did statistical analyses, or wrote the manuscript were not listed as authors of the publication or members of a study group or writing committee or were not mentioned in an acknowledgment.



YANNIS KONTOS

Award gives a voice to the unheard

Bryan Christie EDINBURGH

Seven years ago Abu Bakarr Kargbo had his hands hacked off by rebels during Sierra Leone's brutal civil war. Today he still lives with his wife and three children in an abandoned camp for amputees, hoping for a better future.

A series of photographs about his life as an amputee has won this year's Luis Valtueña International Humanitarian Photography Award, organised by Médecins du Monde UK. The series is the work of a Greek freelance photographer, Yannis Kontos.

The award was established 10 years ago as a tribute to four humanitarian workers who were murdered in conflicts in Rwanda and Bosnia-Herzegovina.

The exhibition is at the Institut Français d'Ecosse, 13 Randolph Crescent, Edinburgh, until 28 March.

Researchers found evidence of ghost authorship in three quarters (33) of the 44 trials. In 31 trials the ghost authors were statisticians. Eight publications acknowledged the assistance of statisticians, and four acknowledged the assistance of medical writers.

Journal editors increasingly demand full transparency before publication in terms of who wrote, paid for, and carried out studies. Many medical journals have introduced new

procedures to ensure this transparency.

Guidelines such as those drawn up by the International Committee on Medical Journal Editors have, however, been criticised for being ineffective, and they lack sufficient endorsement outside the largest journals.

Dr Gøtzsche said that “the prevalence of ghost writing could be considerably reduced, and transparency improved, if existing guidelines were followed.”

IN BRIEF

UN complains about police raid:

The United Nations secretary general, Ban Ki-moon, has complained to Sudan after a police raid on a relief compound in which five foreign staff were beaten with rifles and another was sexually assaulted. Last month several agencies withdrew from Sudan after an aid worker was raped, and others threatened to suspend operations if security didn't improve.

Stop providing unproved treatments, says association:

Some non-essential treatments for which there is no proof of clinical benefit, such as tonsil removal, hysterectomy for heavy menstrual bleeding, and varicose vein surgery, should no longer be available free on the NHS, said the Association of Directors of Public Health. The savings to the NHS could be used to make most prescriptions free instead, it said. See www.adph.org.uk

Unwanted pregnancies in United States cost \$5bn:

Direct medical costs of unintended pregnancies in the United States cost \$5bn (£2.6bn; €3.9bn) in 2002—made up of \$3.9bn for births, \$800m for induced abortions, and \$270m for fetal losses, says a paper in *Contraception* (doi: 10.1016/j.contraception.2006.11.009).

Israeli doctors resist HIV testing of surgeons:

The Israel Medical Association and health ministry have decided not to impose routine testing of surgeons for HIV, even though a senior heart surgeon at a major Tel Aviv medical centre discovered that he is a carrier. Thousands of patients he operated on in the past decade have received letters inviting them to be tested.

US university sets up unsponsored education site:

Doctors at Georgetown University in Washington, DC, have started a website offering 200 free continuing medical education courses, which are required if US doctors are to keep their licence. Most US continuing education is funded by drug firms, whereas www.PharmedOut.org is publicly funded.

More institutions tighten rules on industry gifts:

The Henry Ford Health System in Detroit has joined Stanford and Yale Universities and the Geffen School of Medicine at the University of California at Los Angeles in banning meals and gifts from drug companies.



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Antibiotics in second trimester may reduce risk of preterm birth

Barbara Kermode-Scott ALBERTA

Giving macrolides or clindamycin during the second trimester of pregnancy to women at risk of preterm births can lower the risk, a new systematic review and meta-analysis by Canadian researchers indicates. But the study also found that giving metronidazole in the second trimester is linked with a greater risk of preterm birth in the high risk population.

The study's authors, from the University of Montreal and Laval University, Quebec, say that delivery before 37 weeks' gestation complicates between 7% and 11% of all pregnancies, is the leading cause of perinatal morbidity and mortality, and is responsible for high healthcare costs (*Journal of Obstetrics and Gynaecology of Canada* 2007;29:35-44).

Anne-Maude Morency and Emmanuel Bujold undertook a systematic review and meta-analysis of randomised controlled trials that evaluated the effects of antibiotics administered during the second trimester on the rate of preterm delivery. Of the 61 articles yielded by their search, three original papers, investigating a total of 1807 women, examined the use of macrolides.

Women whose data were included in the analysis were all considered to be at risk of preterm delivery (for example, they tested positive for vaginal fetal fibronectin, had a urogenital mycoplasmal infection, or had had a preterm delivery before).

Dr Morency and Dr Bujold found that, in comparison with placebo, macrolides were associated with a lower rate of preterm births (odds ratio 0.72 (95% confidence interval

0.56 to 0.93)), as was clindamycin (odds ratio 0.68 (0.49 to 0.95)).

However, metronidazole was not linked with significant changes in the rate of preterm births (odds ratio 1.1 (0.95 to 1.29)). In fact, women who were given only mid-trimester metronidazole showed a higher rate of preterm delivery (odds ratio 1.31 (1.08 to 1.58)).

"There have been a lot of conflicting results about the role of antibiotics in preventing preterm birth," said Dr Bujold, an assistant professor in the department of obstetrics and gynaecology at Laval University.

"These findings will go a long way towards dispelling some of the confusion around the use of antibiotics during pregnancy and help open up new thinking about how certain antibiotics can be used to help prevent preterm birth," she said.

As many as 50% of spontaneous preterm births are related to infections, with *Mycoplasma* species being the most common microbial isolates from the amniotic cavity, said Dr Bujold.

Dr Bujold and Dr Morency say that more research is needed regarding their finding—they point out that uncertainty remains about how erythromycin and clindamycin should be administered, because of the different dosing regimens, different drug preparations, and different timing of administration in their analysis.

In light of their findings the authors conclude that metronidazole should be avoided during the second trimester of pregnancy in women at a high risk of preterm birth.

Bush proposes plan to expand health insurance

Janice Hopkins Tanne NEW YORK
In his state of the union address last week President George Bush proposed changes to the tax laws that would, he said, let more people buy individual health insurance policies. This would help to insure the 47 million Americans who now lack coverage, he said.

The president also proposed redirecting Medicaid funds away from hospitals that provide free care to uninsured patients to subsidies to help poor people buy health insurance. Big city hospitals that treat uninsured patients said that this proposal would result in their suffering financial cuts of \$30bn (£15bn; €23bn), which would particularly affect their emergency and outpatient departments.

Critics said that the tax changes would benefit richer people, while poorer people

would still not be able to afford health insurance. Furthermore, the proposed changes would undermine the existing system of health insurance through employers.

The secretary for health and human services, Mike Leavitt, asserted that the proposed policy would make health insurance more affordable for uninsured people and would help states expand their health insurance coverage for poor people and for children.

About half of Americans receive health insurance through their jobs. Typically they pay part of the cost (deducted from their pay), and their employers pay a part.

Bush's proposal would consider money spent on health insurance as taxable income, but would offer each family a new \$15 000 deduction for health insurance premiums

from its federal income tax. Single people would get \$7500.

People who get their health insurance through their jobs would face a choice. If they could buy health insurance more cheaply than what their employer pays (typically around \$11 500 for a family) then they would benefit: they would be able to deduct \$15 000 from their taxes but buy the insurance for less. Such people would probably drop out of their employer's health insurance plan.

If a generous employer provided a plan worth more than \$15 000, then people would pay tax on the amount over \$15 000.

However, older people and people with existing health problems would be likely to stay with their employer provided health insurance because they would be unable

to buy health insurance in the marketplace or would face high premiums. That would leave employers with a pool of older, sicker workers. Health insurance companies would probably raise premiums paid by the workers and their employers. The upshot might well be that employers would stop offering health insurance as a job benefit—a trend that has been under way for years.

Comments on President Bush's plan have varied. The *Wall Street Journal* said, "Overall, the plan is a step in the right direction" (<http://online.wsj.com>, 24 Jan, "Bush health-care plan finds business backers").

Karen Davis, a health economist and head of the non-profit Commonwealth Fund, said that the plan "would fail to assist most of the uninsured." (See Observations, p 238.)

\$500m for poor countries' health systems will boost vaccination

John Zarocostas DAVOS, SWITZERLAND

Vaccination programmes prevented more than 2.3 million premature deaths between 2000 and the end of 2006, show figures released last week by the public-private Global Alliance for Vaccines and Immunisation (GAVI).

"The results show that the GAVI has proven concepts, and we're delivering the vaccines, saving lives, and getting coverage in the poorest, and some of the toughest, environments in the world," said Julian Lob-Levyt, executive secretary of the alliance.

Since its creation at the annual World Economic Forum meeting in Davos, Switzerland, in 2000, the alliance has committed over \$2.6bn (£1.3bn; €2bn) to support national immunisation programmes in more than 70 countries.

New projections of data from the World Health Organization, a member of the alliance, show that GAVI funding has protected 28 million children against diphtheria, tetanus, and pertussis.

This has increased the overall immunisation rate for these diseases to 77% of children in 2006, up from 63% in 1999.

Similarly, 138 million children have

received new and underused vaccines against hepatitis B, *Haemophilus influenzae* type b, and yellow fever, boosting greatly the coverage for these diseases, a spokesman for the alliance said. For example, the number of countries providing hepatitis B vaccine grew from just 15 in 1999 to 61 in 2006.

Mr Lob-Levyt said that key targets now were to get the rate of immunisation above 80% in most countries of the world, to introduce new vaccines, "and to get those prices down and affordable."

To further increase the global immunisation coverage, the alliance announced at last week's annual meeting of the World Economic Forum that it would invest a total of \$500m over the next five years to strengthen basic health systems in poor nations.

The alliance singled out weak healthcare infrastructure as the main barrier to providing immunisation.

The new funds, which will come in the form of flexible grants, are to be earmarked for activities such as recruiting and training health workers, building and enhancing systems to distribute vaccines and drugs, transporting healthcare workers and equip-

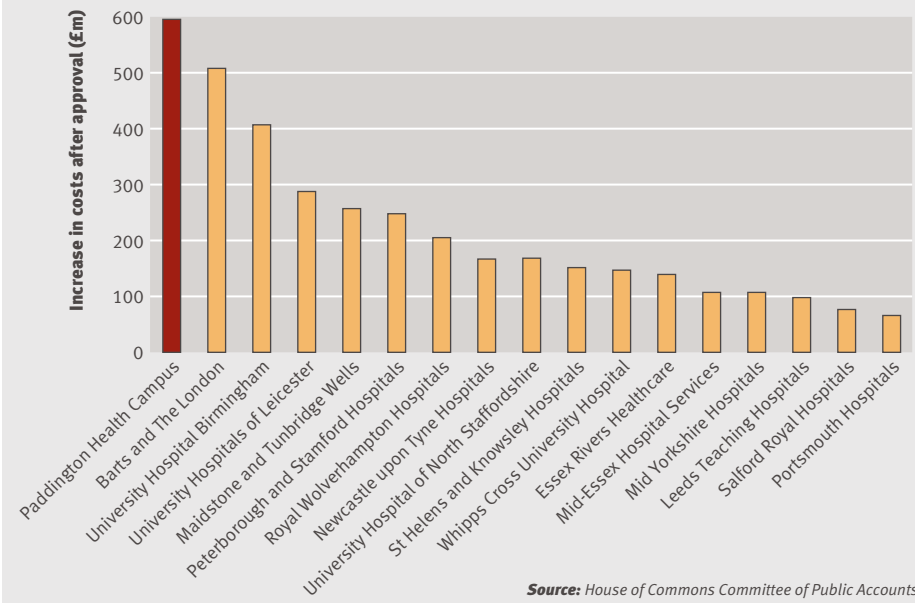


Bill Gates: "No child should be denied access to life saving immunisations"

ment, and purchasing basic medical supplies.

"Vaccines are a miraculous thing . . . When you save lives, that has an incredible value in and of itself," Bill Gates, chairman of the Bill and Melinda Gates Foundation, told reporters during the release of the new findings at the annual World Economic Forum.

"No child should be denied access to life saving immunisations," he said.

INCREASE IN COSTS (BY END OF 2005) OF NHS CAPITAL INVESTMENT SCHEMES AFTER APPROVAL OF OUTLINE BUSINESS CASE


MPs criticise organisers of £0.9bn PFI scheme for failing to consult doctors

Lynn Eaton LONDON

Failure to consult doctors and nurses at an early stage was partly to blame for the demise of a plan for an £894m (€1.4bn; \$1.7bn) privately funded hospital in west London, MPs have ruled.

The ambitious private finance initiative (PFI) plan to unite three hospitals—Royal Brompton Hospital, Harefield Hospital, and St Mary's, Paddington—into one state of the art campus foundered when, five years into the project, capital costs were set to rise exponentially.

The plan originally submitted to the Department of Health in 2000 was for a £411m scheme (at 2005 prices). But the proposed final cost by 2005 was £894m. By then, when the department pulled the plug on the project, £15m had already been spent.

In a damning report Edward Leigh MP, chairman of the House of Commons Committee of Public Accounts, said, "The collapse of the ambitious Paddington Health Campus project after five years was the direct result of appalling planning and forecasting of costs by the NHS trust partners; rows between them over the way forward; and uncertainty over the Department of Health's degree of support for the scheme, which was lukewarm at best.

"The department, in effect, left this £900m construction project to local NHS staff, who

were rapidly out of their depth and floundering. Their amateurism and incompetence in this field compounded the consequences of bad decisions made at the outset."

Among the report's numerous criticisms was the project's failure to consult with medical and nursing staff before submitting initial plans to the Department of Health. Once this consultation did take place it soon became apparent that not enough land was available to develop the campus on the St Mary's site.

"the scheme was simply too ambitious for the capacities of those responsible"

There was also lack of agreement on the number of beds needed, which ranged between 835 and 1200 over the five year planning period.

This should have been agreed at the outset, said the committee.

The campus partners were, says the report, "imprudent" in submitting their report in 2000, which was "manifestly ambitious."

"Overall, the scheme was simply too ambitious for the capacities of those responsible for delivering it," says the report.

The committee went on to criticise not just the Paddington scheme but other privately financed hospital building schemes that have gone over budget, and it hit out at the Department of Health for failing to monitor these schemes adequately.

The Paddington Health Campus Scheme: Ninth Report of Session 2006-07 is accessible at www.parliament.uk.

Thousands ask Novartis to drop its drug patent case

Sally Hargreaves LONDON

As the Indian High Court this week postponed the hearing of the legal challenge by the Swiss drug company Novartis against the Indian government over its refusal to grant the company a patent on imatinib (Glivec), nearly a quarter of a million people from more than 150 countries signed an international petition calling for Novartis to back down.

Unni Karunakara, from the charity Médecins Sans Frontières, said at a press briefing this week in New Delhi: "Over 80% of the medicines we use to treat AIDS patients come from India, and access to affordable and new drugs for HIV is now becoming imperative as drug resistance grows . . . Sixty seven per cent of India's generic drug exports go to the developing world. We cannot stand by and let Novartis turn off the tap."

Leena Menghaney, a lawyer for the charity, said: "The court case was adjourned today until 15 February to give the Indian government more time to prepare its defence.

"This comes amid growing public and patient opposition to the Novartis challenge. Patient groups have written to the Indian government this week calling for the best legal defence, and the Indian government has taken this very seriously. Many patient groups feel that their right to health under the Constitution of India is now under attack."

India has been able to produce cheap generic versions of drugs patented in other countries because until 2005 the country did not grant pharmaceutical patents.

Patients should be

Roger Dobson ABERGAVENNY

More kidney transplantations, care that is planned better, and more people having dialysis are among the priorities of England's new national clinical director for renal services.

Donal O'Donoghue, a consultant renal physician who takes up his three days a week post immediately, also wants to see more seamless care, so that patients with kidney disease do not have to see a range of different professionals for their problems in areas such as blood pressure, diabetes, and cholesterol concentrations.

Publishers hire PR heavyweight to defend themselves against threat of open access

Owen Dyer LONDON

A new public relations campaign to be launched by the American Association of Publishers will equate open access to scientific journal articles with government censorship.

Email messages leaked to the journal *Nature* describe a meeting last summer, arranged by the association's professional and scholarly publishing division. The meeting was between employees of the publishing houses Elsevier and Wiley and the American Chemical Society and the public relations consultant Eric Dezenhall (*Nature*, www.nature.com, doi: 10.1038/445347a).

Mr Dezenhall, author of several novels and of *Nail 'Em! Confronting High-Profile Attacks on Celebrities and Businesses*, specialises in "marketplace defence" and has been described by an industry publication as the "pit bull of PR."

Mr Dezenhall described his proposed public relations strategy in a memo. He advocated "bypassing mass 'consumer' audiences in favour of reaching a more elite group of decision makers," arguing

that "it's hard to fight an adversary that manages to be both elusive and in possession of a better message: free information."

He encouraged his clients to "develop simple messages," such as "public access equals government censorship," "scientific journals preserve the quality/pedigree of science," and "government [is] seeking to nationalise science and be a publisher." Mr Dezenhall suggested teaming up with groups opposed to the expanding roles of government, such as the Competitive Enterprise Institute.

A leaked email from Wiley's director of corporate communications, Susan Spilka, said that Mr Dezenhall had criticised the publishers' response to open access campaigns as too defensive and too nuanced. "Media messaging is not the same as intellectual debate," she noted.

Ms Spilka declined to comment on the email but said that the industry needed to counter the "soundbites" of advocates of open access, which she described as appealing but simplistic.

Mr Dezenhall's company,

Dezenhall Resources, never comments on its clients or contracts, but the American Association of Publishers has confirmed that it has engaged Mr Dezenhall's services. The leaked emails suggest that Mr Dezenhall estimated the campaign's cost at between \$300 000 (£150 000; €230 000) and \$500 000.

The publishers' move comes at a time when commercial scientific publishers are under pressure from Congress to provide free access to articles covering research that is funded by US taxpayers through the National Institutes of Health.

Mark Patterson, director of publishing at the open access Public Library of Science, said, "The AAP's [American Association of Publishers'] action is an indication of how strong the open access movement has become. There has been huge progress towards open access over the past year in particular," he said, and he predicted that "comprehensive open access is now inevitable."

Brian Crawford, a senior vice president at the American Chemical Society and a member of the association's

executive chair, showed the *BMJ* a letter he had sent to members of the association's scholarly publishing division saying that the leaked news of Mr Dezenhall's hiring had led to "gross misinterpretation of our motives and methods."

The letter said, "Scholarly publishers have been slow to recognise that the misleading soundbite messages and aggressive lobbying tactics of those who wish to influence government and public policy have been orchestrated and funded by organisations wishing to advance their own agenda."

More than 12 000 academics have signed a petition urging the European Commission to publish publicly funded research free of charge on the internet. The question of open access is to be debated at a commission conference next month.

Signatories include the Nobel laureates for medicine Harold Varmus and Rich Roberts. The UK Medical Research Council signed as an institution, as did the Wellcome Trust, which allows money for open access publication in its research grants.

able to have dialysis closer to home

Dr O'Donoghue, who retains his clinical appointment at Salford Royal NHS Foundation Trust, said that seamless care was a key priority. "The vast majority of patients with kidney disease have stage three disease, and only a minority will benefit from secondary care. Even for those where secondary referral is appropriate, a lot of the care plan can be delivered in primary care," he said.

"It is important to recognise that chronic kidney disease is one of the vascular diseases. We want to move to a situation where we don't have patients going for diabetes care one week,

blood pressure the next, kidney the week after, and lipids the next week. There is no reason why nurse practitioners in primary care—who already see people with high blood pressure and diabetes—may not acquire the skills to manage kidney aspects of patients they are already seeing."

"I also want to increase haemodialysis capacity, so that people can get it locally without long travelling times. An increased transplant rate is also a key target."

He is keen too on seeing more renal research in England.



Dr Donal O'Donoghue



Nivard Langa waits for treatment in a tuberculosis clinic in Durban, South Africa

Doctors argue over detention of patients with XDR-TB

Peter Moszynski LONDON

The World Health Organization has issued new guidance on the treatment of patients with extensively drug resistant tuberculosis (XDR-TB), after it was suggested that people may need to be involuntarily detained to prevent a virtually untreatable disease from emerging.

Writing in the latest edition of *PLoS Medicine* (2007;4:e50, doi: 10.1371/journal.pmed.0040050), Jerome Singh, from South Africa's Centre for the Aids Programme of Research, recommends that the South Afri-

can government follow the example of New York state in the 1990s, where forced confinement was used to contain an outbreak of multiple drug resistant tuberculosis.

The outbreak of XDR-TB in South Africa (*BMJ*2006;333:566, 16 Sep) has so far caused 74 deaths, predominantly among people with AIDS. Its virulent nature and mortality of nearly 100% is starting to cause panic in southern Africa. Doctors in the region fear that it threatens to overwhelm Africa's fragile health systems, which already face the world's highest AIDS burden.

Dr Singh writes: "XDR-TB represents a major threat to public health. If the only way to manage it is to forcibly confine then it needs to be done. Ultimately in such crises, the interests of public health must prevail over the rights of the individual."

But Peter Davies, a cardiothoracic consultant at the Cardiothoracic Centre (NHS) Trust, Liverpool, and at University Hospital Aintree and secretary of the advocacy group TB Alert, disagreed. He said, "We're not in the business of locking up patients," and he emphasised that resistance to treatment was generally the fault of health systems rather than patients.

Professor Davies said, "Drug resistance is not unprecedented—there's no need to get into a flap about it. The one good aspect of the scare is that it will hopefully kickstart finance for new TB drug research. With sufficient funding we could probably get a treatment for XDR-TB within five years, but at the rate we're currently going we're not going to be there in 20 [years]."

WHO insists that XDR-TB should be given the same priority as avian flu and severe acute respiratory syndrome, and it recommends that any form of involuntary confinement "must be viewed as a last resort, and justified only after all voluntary measures to isolate such a patient have failed."

WHO recommends: "Governments must ensure, as their top priority, that every patient has access to high quality TB diagnosis and treatment for TB and drug-resistant forms of TB."

However, it adds: "If a patient wilfully refuses treatment and, as a result, is a danger to the public, the serious threat posed by XDR-TB means that limiting that individual's human rights may be necessary to protect the wider public. Therefore, interference with freedom of movement... could be considered legitimate."

Dutch court acquits suicide counsellor of breaking the law

Tony Sheldon UTRECHT

In a controversial ruling a Dutch court has acquitted a "suicide counsellor" of helping a 54 year old woman kill herself, judging that he had not actively initiated or directed her death. The counsellor's advice on the quantity of drugs to be taken to be certain of death was judged to be within legal boundaries.

Ton Vink, a 53 year old philosopher, is attached to the Horizon Foundation, an organisation that offers help to people who choose to commit suicide. The woman rang him first in August 2003,

10 months before she committed suicide.

The two had several contacts, through letters and telephone, to discuss suicide. In January she faxed him a letter listing her "supply" of drugs, with which she intended to kill herself.

He later wrote confirming her plans to use dextropropoxyphene, flurazepam, and temazepam. He pointed out that the doses she planned were significantly higher than was recommended by websites which advise people about suicide, adding that this would "increase your sense of security."

The prosecution argued that this was not general information but amounted to offering concrete instructions to address the woman's special situation. It demanded an eight month prison sentence, five conditional.

But Mr Vink's lawyer argued that this wording was a confirmation of the woman's intention to use more drugs.

The court ruled that the woman had taken higher doses of drugs on her own initiative and that Mr Vink should be given the benefit of the doubt. It judged that he had not actively guided or

And the Oscar goes to ... Salvarsan

Roger Dobson ABERGAVENNY

At last, recognition for the unsung heroes of the movies. Film actors, directors, and producers have their Oscars, BAFTAs, and other awards, but until now no one has thought to applaud the roles of antibacterial drugs in cinema.

The authors of a new study list nearly 70 movies where antibacterial drugs are classed as playing major, supporting, or just rub-on roles (*Revista Española de Quimioterapia* 2006;19:397-402).

The authors, from the department of preventive medicine at the University of Salamanca, write, "There are movies in which antibacterial agents form part of the central plot, while in others they are merely an important part of the plot. In still others, [the agent's] presence is isolated, and in these it plays an ambient or anecdotal role."

In the study the authors identified the presence of antibacterials in the treatment and prevention of diseases in popular movies over the past century. They say that the greatest movie about drug treatment is *Dr Ehrlich's Magic Bullet* (1940), a film about the life of the German scientist Paul Ehrlich and the discovery of arsphenamine, which was marketed under the trade name of Salvarsan from 1910 as a treatment for syphilis.

After its film debut Salvarsan made a number of other appearances, including in *Out of Africa* (1985), in which the novelist Karen Dinesen Blixen returns to her native Denmark to receive treatment for syphilis, and *Miss Evers' Boys* (1997), about the 1932 Tuskegee syphilis study. Salvarsan's replacement, Neosalvarsan, had a key role in *Captain Corelli's Mandolin* (2001).

But although arsphenamine takes the

directed the woman's suicide and that his actions, therefore, remained within the permissible boundaries for helping suicide. These actions include talking, giving information, and offering moral support.

Assisted suicide remains an offence in the Netherlands. Only doctors are allowed a defence if they act within closely defined criteria, including the specification that the patient must be competent and must have a medically classifiable condition.

Concerns have been expressed that the judgment loosens the law on assisted suicide by making it clear how people other than doctors



Oscar, the award for lifetime achievement seems to have been won by the sulphonamides, which feature in a huge number of films.

"They were widely used during World War II and their use is also seen in many films. When watching them, one senses that tons of sulphonamides were distributed for prophylactic and therapeutic purposes," say the authors.

Credits for the sulphonamides include *Destination Tokyo* (1943), *Bataan* (1943), *Saving Private Ryan* (1998), *Guns of Navarone* (1961), *The Story of Dr Wassell* (1944), *Merrill's Marauders* (1962), *None but the Brave* (1965), *Exodus* (1960), and *Kelly's Heroes* (1970).

Penicillin is the other big player in films.

could help someone commit suicide without breaking the law. Theo Boer, professor of ethics at Utrecht's Protestant Theological University, said that the judge could not convict Mr Vink because in the letter of the law he had done nothing wrong.

He believed that the judge's decision represented a loophole that should be closed: "The verdict may in effect mark a further liberalisation of the Dutch practice. The state should have the . . . obligation to dissuade its citizens from choosing to commit suicide."

Last year the founder of the Horizon Foundation, Jan Hilarius, was sent to prison for helping a 25 year old woman kill herself (*BMJ* 2006;333:514).

Ontario to screen for colorectal cancer

David Spurgeon QUEBEC

Ontario has announced that it will become the first Canadian province to set up a province-wide screening programme for the early detection of colorectal cancer. This type of cancer has the second highest death toll of cancers in Canada.

The Ontario government says its scheme is the first such screening programme in North America to use the faecal occult blood test. Other countries that already have such a programme are Australia, Italy, France, Finland, and Israel. The United Kingdom started rolling out its programme in selected areas last June.

The province, which calls this blood test "the only method of colorectal cancer screening that has been proven in randomised controlled trials to reduce deaths from colorectal cancer," will make test kits widely available through doctors' surgeries, walk-in clinics, the healthcare helpline Telehealth Ontario, and pharmacies. The test kits are used at home. Small amounts of faeces are applied to a cardboard slide. The test detects trace amounts of blood in the faeces that may indicate the presence of cancer.

About 2% of people who complete the test and who have an average risk for the disease will show positive results and will need to be referred for a colonoscopy for further investigation. Cancer organisations recommend that everyone aged 50 or older with no symptoms and no family history of the disease should be screened. Those with a family history have a higher risk and should speak to their doctor about screening.

Ontario's health and long term care minister, George Smitherman, said that colorectal cancer that is detected in its early stages has a 90% chance of being successfully treated. In 2006 an estimated 7500 Ontarians were given a diagnosis of colorectal cancer, and 3100 died from the disease. Currently a fifth of people aged 50 or over are screened for it, by any method. The new screening programme, which will target Ontario residents with a family history of the disease and everyone aged 50 to 74, will cost the Ontario government C\$194m (£84m; €127m; \$164m) over the next five years.

The Ontario division of the Canadian Cancer Society has been advocating the adoption of a screening programme for years, said Peter Goodhand, its chief executive officer. He calls the new programme "a real success."