NEWS

British sex survey shows popularity of monogamy

The Duke of Wellington takes leave of his mistress—was monogamy less common in the 19th century?

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Most British people are heterosexual, responsible about contraception, stick to one partner at a time, and don't have sex more than 10 times a month. They are also homophobic. Two thirds of men and over half of women believe that homosexual sex is wrong, according to a survey examining the sex life of British people published this week.

Researchers from St Mary's Hospital, London, and University College London Medical School designed the survey to answer questions about sexual behaviour that would help doctors predict the spread of HIV and target safe sex messages. The survey was conducted by Social and Community Planning Research, an independent institute whose researchers interviewed almost 20 000 people aged between 16 and 59.

The evidence suggests that health educators should consider shifting their attention from young single people, who are mostly responsible about sex, to older men who are widowed or divorced. Although young people aged between 16 and 24 reported having more sexual partners than older age groups, four fifths denied having had more than one partner at once and a third had been with the same partner for five years or more. Younger people are also more likely to use contraception, particularly condoms. Three quarters of young women and two thirds of young men reported having taken precautions the first time they had sex. About two thirds of them used a condom. A tenth reported having unprotected sex in the past year.

Men aged between 25 and 44 who are separated, divorced, or widowed are one of the most promiscuous groups. Nearly 40% reported having slept with two or more partners in the previous year.

Dr Anne Johnson, senior lecturer in epidemiology at University College London Medical School and an author of the study, said: "Although widowed, separated, and divorced men have more unsafe sexual practices, we mustn't be complacent about sex education for young people. There are far more single 16 to 24 year olds than there are widowed, separated, or divorced men." Another author, Kaye Wellings, senior research fellow at the London School of Hygiene and Tropical Medicine, added, "More than half of 16 to 24 year olds have already had two or more sexual partners.... One in five girls and one in four boys are sexually active before the age of 16."

The results challenge the 1948 Kinsey report into sexual behaviour in the US, which found that one in 10 men is gay and that many others have homosexual desires. Only one in 20 men surveyed had ever had a homosexual encounter, while only one in 90 had had a homosexual partner in the past year. The researchers suggest, therefore, that a homosexual encounter is often an isolated or passing event.

According to the researchers, most gay men are no more promiscuous than heterosexual men. In an article in the *Independent on Sunday* (23 January) they said, "By any reckoning, most homosexual men do not have an appetite for large numbers of partners." They concluded that promiscuity is linked not to sexual orientation but to a desire in a small minority for sexual diversity, both in numbers of partners and in the sexes.

The findings, however, do link risky sex lives with smoking and drinking. Smokers and drinkers, regardless of age, sex, and social class, have sex more often and with more partners than non-smokers and teetotallers.

The British national survey of sexual attitudes and lifestyles is the first large survey of a representative sample of British people. Anne Johnson said that only a third of those approached refused to take part, which shows that people are as willing to discuss their sex lives as they are their diet or income.

The project was funded by an independent charity, the Wellcome Trust, which stepped in when Mrs Thatcher's government refused to pay for the research in 1989. Kenneth Baker, then Chancellor of the Duchy of Lancaster, wrote in his memoirs that he and other ministers opposed the survey, claiming that it would show only that "Britain had become a more promiscuous society—which we knew."

Kaye Wellings says that the study shows the opposite. "We were surprised by the strength of commitment to monogamy both in principle and in practice," she said. "One reassuring factor is that although sexual behaviour is diverse, the ideal for most people is a one to one relationship with a single partner."—ALISON TONKS, *BMJ*

Sexual Attitudes and Lifestyles is published by Blackwell Scientific, price £29.50. The paperback edition, *Sexual Behaviour in Britain*, is published by Penguin, price £15.00.

Headlines

NHS Management Executive acts on casualty department delays: The chief executive of the NHS Management Executive, Sir Duncan Nichol, has reminded health service managers that hospitals in Britain should be able to respond promptly to short term fluctuations in the emergency workload. The objective, he says, must be that patients are given a bed in a suitable ward as soon as possible after their initial assessment and the decision to admit them.

Germany may ban smoking in public places: A bill introduced to the German parliament aims to ban smoking in all public buildings, on public transport, and in accessible institutions such as hospitals and schools and to limit smoking to specified areas in restaurants, offices, and other workplaces.

US television will rate violent episodes: The major television networks in the US have agreed to use independent monitors to review programmes for violent content. Cable networks also agreed to concentrate violent programmes at certain times in the evening and to start a system of rating violence. Congress has been threatening to regulate television violence after crime statistics showed that over 4000 children died after being shot with a handgun in 1993.

US seafood will be checked: The Food and Drug Administration in the US says that producers of seafood must check the quality of their product from the net to the table. Last year nearly 60 000 Americans suffered food poisoning and about 9000 died of it.

Guidance issued on cervical screening: The UK Department of Health is issuing new guidance to general practices reminding them of the correct way to take cervical smears and will ask family health services authorities to make professional training for practice nurses a priority. A new post of cervical screening coordinator in the NHS will be established. This action follows several cases of substandard screening.

NHS chief warns about job losses: Mr Alan Langlands, who will become the NHS's chief executive in April, said last week that there would be redundancies among managerial staff as regional health authorities are replaced by regional offices; as many as 2000 people could lose their jobs. A review of the Department of Health's functions could also mean a reduction in the number of civil servants.

Specialists face "straitjacket" in the Netherlands

A powerful committee of elder statesmen in the Netherlands has recommended scrapping the freelance status of medical specialists and bringing them under the control of hospital management. Specialists would lose the fee for service system whereby they act largely as free agents within the hospital and charge individual patients. The scheme was criticised when costs rose 22% in three years while there was only a 5·2% increase in the number of patients. Instead, specialists would be paid a basic wage related to their workload and responsibilities through a contract with their hospital.

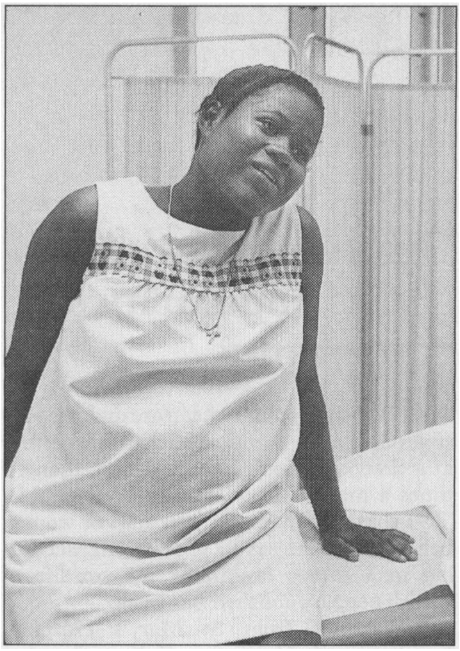
The health minister, Hans Simons, has welcomed the report, and the committee's chair, Barend Biesheuvel, a previous prime minister, hopes that it will end what has amounted almost to warfare between the government and specialists over rising costs. The Landelijke Specialisten Vereniging (the national association of specialists), however, says that the proposals are unacceptable.

Biesheuvel's committee on modernising curative care has spent over a year looking at the cost and efficiency of all health services, including those provided by general practitioners. It is seen as a last chance to put Simons's stagnating health reforms back on track.

Under the slogan "Shared care is better care" Biesheuvel proposes transforming hospitals into medical specialist companies. Specialists—doctors with up to six years' extra training in a particular specialty—would be employed on a basic wage of about £90 000 ($135 000) a year with extra pay for irregular hours and managerial responsibilities. In a move welcomed by specialists the report also proposes scrapping the system of buying goodwill, whereby new specialists have to pay an equivalent to their first year's salary to a hospital when they begin to practise there.

Committee members say that the proposal, which would take five years to introduce, could make two thirds of the 12 500 specialists in the Netherlands better off. It would also remove specialists from the political debate over the price and volume of care as these would be agreed between hospitals and insurance companies under the Dutch system of universal health insurance. But the chair of the Landelijke Specialisten Vereniging, Dr Fernant Palmen, said that specialists did not want to give up their right to negotiate direct with insurance companies. He fears that an employment contract with hospitals would put specialists in a straitjacket and leave them subordinate to management.

This week Simons discusses Biesheuvel's plans with specialists, general practitioners, and hospitals. Members of parliament, however, have called for the decision to be left to the new cabinet from May's general elections.—TONY SHELDON, freelance journalist, Utrecht



WILMER/FORMAT

Black pregnant women get less prenatal advice

Prenatal care discriminates against black women in US

Black pregnant women in the US get less advice on the effects of smoking and drinking alcohol in pregnancy than white women, says a paper published jointly by the National Center for Health Statistics, the University of North Carolina, and the University of Minnesota. The US ranks 25th among nations in its infant mortality, with almost 40 000 infants dying before their 1st birthday. The infants of black women are 2·4 times more likely to die than the infants of white women.

The reason, it has been assumed, is that black women get less prenatal care. This study, published in the *American Journal of Public Health* (1994;**84**:82-8), shows that even when black women do get prenatal care they are given less counselling than white women. The study analysed the prenatal care of 8310 women who gave birth in 1988 and found that black women were given 20% less counselling to give up smoking and 30% less counselling to give up drinking alcohol.

The study analysed results from the national maternal and infant survey and looked at four goals of prenatal counselling: to stop smoking, to avoid drugs, to limit alcohol, and to breast feed. Only half of all the women recalled having been given advice on breast feeding, although there were no racial differences in the amount of counselling received.

The study measured what women recalled, not what doctors did or did not do. "Nonetheless, it is women's perception, not the providers' report of their practice, that is ultimately most likely to be linked to health behaviour changes," say the authors.

Dr Milton Kotelchuck, of the University of North Carolina and one of the authors of the paper, said: "I am disturbed to find that all prenatal care is not equal." He said that the lack of counselling could not be linked directly to the higher death rate among black infants. There were likely to be economic explanations, he said. But the study found that poorer women got more counselling about smoking and drugs while rich women got more information on alcohol and breast feeding. Public clinics did better than private practitioners in counselling women. —JOHN ROBERTS, physician and journalist, Baltimore

France battles out bioethics bill


HUTCHISON

French children—not all of them will have the right to know who their parents are

France moved another step closer to having legislation on bioethics when three bills on the subject were passed by the senate last week. The bills were first introduced by the National Ethics Committee 10 years ago and have been passing back and forth between the national assembly and the senate for the past two years. The assembly is expected to give its final seal of approval this spring.

After two weeks of debates senators have adopted legislation that is weaker than earlier proposals. It leaves more room than was expected for personal judgment by doctors and researchers.

The first bill, drafted by the Ministry of Justice, covers general issues. It bans eugenics and allows somatic genetic treatment but not the genetic manipulation of germ cells. It opposes any patenting of the human genome and says that techniques for identifying genes must be used only in criminal investigations. As a precaution against unethical practices in organ transplantation the bill says that organs must not be taken by the medical teams that will transplant them.

The second, and most controversial, bill—from the Ministry of Social Affairs and Health—covers medically assisted procreation and the conditions under which organs can be taken for transplantation. Wary of further delays in passing legislation, senators refused to define the "status of the embryo" because of the risk that the definition would conflict with France's 1974 law authorising abortion. Faced with the existence in France of some 20 000 frozen embryos, left over from in vitro fertilisation for medically assisted procreation, the senators gave themselves three years to consider the embryos' fate—whether they should be destroyed or whether some of them should be made available to infertile couples.

Senators opposed genetic testing before the implantation of embryos. Simone Veil, the social affairs and health minister, said that this was one of the most difficult parts of the legislation. "There is a major risk in selecting embryos to be implanted that only the 'best' are considered. You can imagine the eugenic drift. Conversely, in the case of a family where several children have been affected by a very severe genetic disease, can you refuse the possibility of avoiding another drama by performing genetic tests on the embryo?"

The senate decided that medical assisted procreation should be available only to infertile couples and to avoid the birth of a child with a particularly severe and incurable disease. It would be available only to a man and a woman who had lived together for at least two years. Women who donate eggs should be part of a couple and should have had a child previously. Both the donor and the recipient couples should agree to the procedure in writing. The senate rejected egg donation from cadavers and said that postmenopausal women were not eligible for medically assisted procreation, stating that "the couple must be of procreative age." Embryo donations will be authorised only exceptionally, by judicial decision and with the written consent of the embryo's biological parents.

Sperm and egg donations will remain anonymous. France will not grant children the right to know who their parents are. Madame Veil said that anonymity is the rule in most of Europe, except Sweden, and that "at this time the negative aspects inherent in the knowledge of the child's origin are greater than eventual advantages."

The senate also ruled that an organ can be taken from a cadaver if the person did not specifically oppose donation before his or her death. A condition specifying that explicit consent should be given if organs are taken not for transplantation but for research was amended from the earlier bill.

The third bill, drafted by the Ministry of Higher Education and Research, amends stringent legislation (the Loi Informatique et Liberté) adopted in 1978 to protect people's privacy in the face of increasing computerisation of data. The law banned any use of such data, even to prevent disease. Senators overruled the higher education and research minister, François Fillon, and amended the old legislation to make data more easily available for biomedical research.

On the whole, the senate has made few changes to the proposals approved by the national assembly last year. Government officials are now keen that what they believe is their comprehensive legislation may serve as an example to other countries.—ALEXANDER DOROZYNSKI, medical journalist, Paris

Hospital accused of experiments on pregnant women

A major American medical centre has been accused of violating the rights of its pregnant patients. The Medical University of South Carolina was accused last week of testing pregnant patients for drug use without their consent, collecting confidential information and turning it over to police, and conducting illegal experiments on humans.

The programme of drug testing began in 1989 to try to stop women from using drugs such as cocaine and heroin during pregnancy. Local government and hospital officials hoped that the threat of prison would make addicts seek treatment. Since the programme began in 1989 more than 40 women have been arrested, and at least three women have been sent to prison for using drugs during pregnancy. Some women were arrested within a day of giving birth, says the Center for Reproductive Law and Policy, the group in New York that filed the complaint with the National Institutes of Health, which monitors experimentation on humans.

A spokesperson for the medical centre said that the project was "treatment," not experimentation. But some members of staff did compare outcomes before and after the programme began, and they published their data in the state's medical journal in 1990.

The complaint alleges that women were not told that when they sought prenatal care they were giving up their rights to confidentiality or that their medical records would be passed to police. The hospital said that all patients must sign a "standard" consent form that states: "I further consent to the testing of drugs, if deemed advisable by my physician." A hospital official told the press, "These cases are a burden to their families and the state. All we are trying to do is something positive for the growing problem here in South Carolina and around the country."

According to the article in the state medical journal, women were tested for drug misuse if, on admission for delivery, they had had little or no prenatal care, were in early labour, or had a history of drug misuse. Those in whom results were positive were told that they would be arrested if they did not seek treatment. The hospital says the programme has been a success because the number of women in whom results of tests for drugs have been positive has "diminished markedly" since 1989.

Federal rules require that all research on humans must be reviewed by institutional review boards and that patients' informed consent for such research must be obtained. In addition, patients have a right to refuse to participate in research and still receive medical treatment.—JOHN ROBERTS, physician and journalist, Baltimore

Upjohn deliberately suppressed knowledge, says QC

The American pharmaceutical company Upjohn knew almost 20 years ago that its sleeping pill Halcion (triazolam) might not be safe but "deliberately suppressed" the knowledge, a QC claimed in the High Court last week. During the years of secrecy Halcion—now banned in Britain—became the world's best selling sleeping pill, with worldwide sales of £237m ($355·5m) in 1991, said Geoffrey Shaw QC. "In short, they got away with it." Mr Shaw was making a preliminary speech outlining Professor Ian Oswald's defence to a libel claim by Upjohn, its British subsidiary, and its head of European Union affairs, Dr Roy Drucker.

The company and Dr Drucker are suing Professor Oswald, a former professor of psychiatry at Edinburgh University, and the BBC over allegations in a *Panorama* programme, "The Halcion Nightmare," broadcast in October 1991, that the company deliberately concealed the extent of adverse side effects in early clinical trials. Upjohn also claims damages against Professor Oswald over quotes in an article in the *New York Times* headed "Makers of Halcion hid pill's negative effects, critics say."

The BBC and Professor Oswald plead justification—that the allegations are true. They also claim that Upjohn had a "generally bad reputation" as a drug company. Professor Oswald is counterclaiming for libel damages against Upjohn over statements about him that the company made to the *New York Times*. He says that the company acted with malice in trying to discredit him.

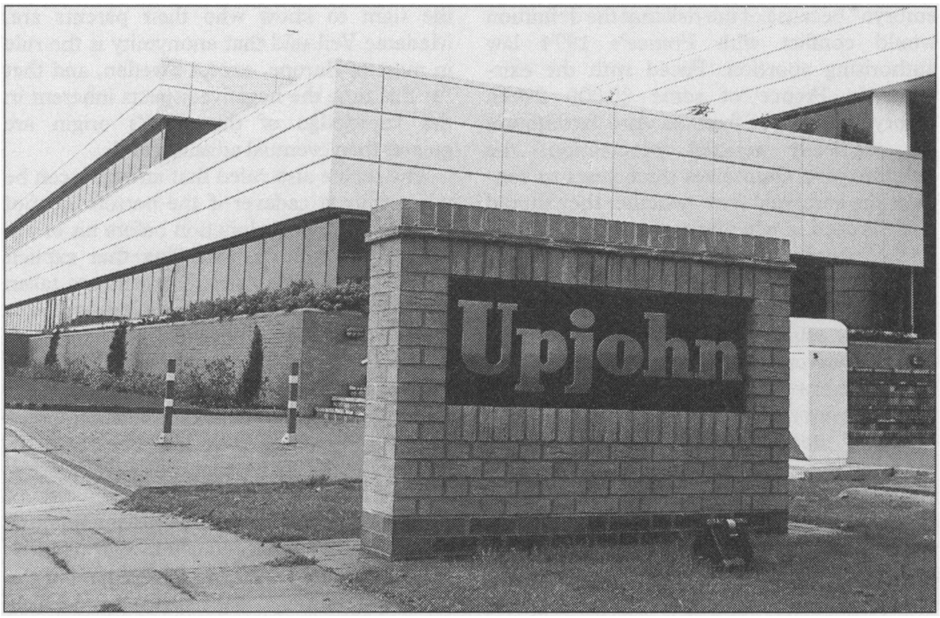
Reports of side effects such as amnesia, paranoia, and violent behaviour led to restrictions on the sale of Halcion in several countries. Its licence was withdrawn in Britain in 1991.

Mr Shaw told Mr Justice May that the question for the court was not whether the drug was safe but whether Upjohn had suppressed evidence that it might not be. One clinical trial had shown an 11% drop out rate among people taking Halcion, compared with 3·7% among those taking placebo and 2·9% among those taking another anti-insomnia drug. "This was known to Upjohn in 1974 but was deliberately suppressed," said Mr Shaw. It was kept secret from drug regulatory authorities until Professor Oswald discovered it through his own research, he added.

Outlining the BBC's defence, which largely mirrors Professor Oswald's, David Eady QC accused Upjohn of "recklessness tantamount to dishonesty" in failing fully to disclose adverse side effects in clinical trials. He said the "culture" at Upjohn, and perhaps other companies, fostered "a general desire to keep lids on where possible."

Mr Eady said that one question for the court was whether Upjohn failed to discharge the heavy duty of "full disclosure and utmost good faith" imposed on pharmaceutical companies by regulatory authorities. It left no room for suppression of potentially important results of clinical trials by the exercise of subjective judgment, which could lead to matters being "explained away."

The trial, which is expected to last up to four months at a cost of £3m ($4·5m), was adjourned until 31 January, when Upjohn's witnesses start giving evidence.—CLARE DYER, legal correspondent, *BMJ*



STUART DOUGLAS

Upjohn: the high court is hearing claims of recklessness

New Zealand cuts road accident toll

Road safety measures being introduced in New Zealand have reduced deaths on the road to the lowest total since 1979. Police estimate that the average speed of motor vehicles has reduced by 10% since the introduction of automatic roadside cameras that measure speed, and they say that speeds have dropped even on roads where no cameras have been installed.

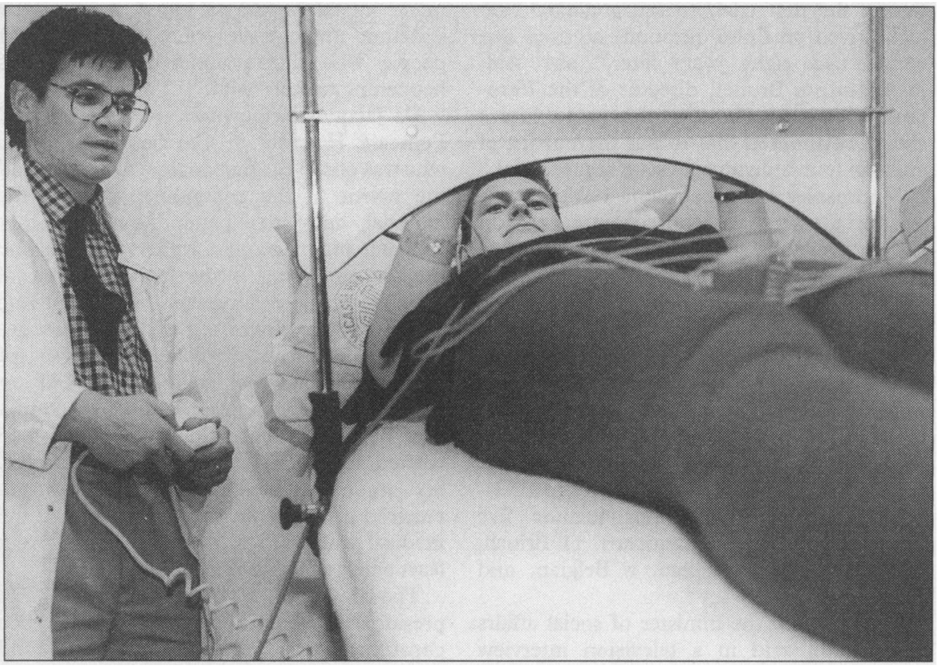
In 1993, 597 people died on New Zealand's roads, compared with 640 the previous year. The speed cameras and compulsory breath tests after accidents are said to explain the lower mortality. In October 1993, when speed cameras were first introduced, 28 000 motorists were photographed driving too quickly. Fines totalling $NZ1·5m (£0·5m or $0·75m) were issued, and the cameras paid for themselves within a month.

Two new compulsory measures this year—cycle helmets and children's car seats—should also reduce deaths and injuries. Since 1 January helmets have been compulsory for cyclists and their passengers. The fine of $NZ35 (£11.60 or $17.74) which is payable by cyclists caught without helmets will be cancelled if the cyclist shows proof of having purchased a helmet (also costing around $NZ35) within two weeks. A recent survey showed that 39% of adults, 56% of teenagers, and 86% of primary school children already wear helmets when cycling.

From 1 April it will be illegal to transport a child under the age of 2 in a car if the child is not seated in an appropriate child restraint.

New Zealand has the best established scheme for renting infant car seats in the world, run by the Plunket Society, a semi-charitable children's organisation, which has more than 30 000 car seats available for hire.

A joint survey by the police and the Plunket Society last year of over 40 000 children travelling in cars showed that 73% of them were correctly restrained.—CHARLES ESSEX, community paediatrician, Auckland



ULRIKE PREUSS

Lots of young doctors are doing good research

Young scientists' group could improve working conditions

Young medical researchers in Britain have got together to call for better training, better research opportunities, a clearer career structure, and a higher profile for medical research. The Association of Young Medical Scientists, recently set up in response to growing concern about the difficulties faced by career academics and the threat to research from the government's NHS reforms, has already asked Kenneth Calman, the chief medical officer, to consider the special problems faced by academics in his review of specialist training.

Dr Richard Sandford, a molecular geneticist at Addenbrooke's Hospital in Cambridge and a member of the steering committee that formed the group, said that the Association of Young Medical Scientists (AYMS) aimed to raise the profile of medical research and give young scientists a new forum for presenting their work.

Dr Sandford said that researchers who were at the beginning of their careers had nobody to represent their interests in discussions on training, planning and funding research, part time training, or specialist accreditation. He also warned that many young doctors were put off a career in research because they were wrongly advised by their seniors or were given poor quality research projects to do with little prospect of publishable results. "People should not be coerced into doing poor quality research that they are not interested in just to get a consultancy; on the other hand, there is plenty of good research out there for people interested both in an academic career or to broaden their clinical training. Potential academics and young academics need someone representing their interests who can give them advice and encouragement," he said.

The group's first members are doctors and scientists who have been awarded senior fellowships from medical research charities such as the Medical Research Council, the Wellcome Trust, and the British Heart Foundation. All of them are under 45 years old. Richard Sandford said, "Our advocacy role will be available to everyone."—ALISON TONKS, *BMJ*

Treble funds for Australian medical research, says review

The Australian government's main health research body needs a strategic plan and a nearly threefold increase in funding if the country is to maintain its reputation for research, says an official report. The report on the National Health and Medical Research Council (NHMRC), commissioned by the federal government, says that "nowhere in the Australian health system have clear research priorities been articulated."

The review, by Professor John Bienenstock, the dean of health sciences at McMaster University in Ontario, Canada, finds that, while the council's $A112m (£56m or $84m) budget has helped Australia to achieve worldwide recognition, the "NHMRC is yet to develop a process which enables it to operate as a coherent and coordinated whole."

Australia spends less on medical research as a proportion of its gross domestic product than most other countries in the Organisation for Economic Cooperation and Development, and the shortfall is compounded by the low level of support from the private sector. Professor Bienenstock is urging the government to honour its promise to increase funding from 1·4% to 2% of total spending on health. With the federal government due to spend $A16bn (£8bn or $12bn) on health in 1993-4, the 2% target would almost treble spending from $A112m to $A320m (£160m or $240m).

The chairman of the NHMRC's medical research committee, Professor Ian McCloskey, is confident that funding will be boosted. "Our expectation is that the NHMRC's research budget will be doubled by the year 2000 and that the balance of that commitment will be met by making sure research infrastructure in universities, hospitals and research institutes is given necessary added investment."—CHRISTOPHER ZINN, Australian correspondent, *Guardian*

Court awards record settlement for worker with RSI

Union leaders are forecasting thousands of claims for compensation for repetitive strain injury from keyboard workers after last week's record £79 900 ($119 850) settlement for a typist who had worked for the Inland Revenue. The payment, to Kathleen Harris, aged 47, outstrips the previous record of £59 000 ($88 500) for a similar case.

The settlement comes three months after Judge John Prosser rejected a High Court claim by Rafiq Mughai, who had worked as a subeditor for Reuters. Judge Prosser declared that repetitive strain injury had "no place in the medical books." The case attracted headlines but did not set a precedent for future cases. Indeed, 24 hours after the ruling, solicitors for Sarah Munson, a former subeditor on the *Portsmouth News*, accepted a settlement of £11 731 ($17 596), and trade unions won a total of £118 000 ($177 000) for members in 30 cases in October and November last year.

The existence of repetitive strain injury, or work related upper limb disorders, other than well recognised conditions such as tenosynovitis and carpal tunnel syndrome is hotly debated by the medical profession. In a judgment last July in nine test cases from a total of 100 brought by assembly line workers for the turkey processors Bernard Matthews, Judge David Mellor said that the five days of medical evidence he had heard on the subject "would be worthy of medieval theology."

He awarded six of the nine plaintiffs sums ranging between £644 ($966) and £5949 ($8923) because they had suffered "greater pain than the norm" through Matthews's failure in its duty as an employer, without deciding whether repetitive strain injury existed. "While I do not rule out the existence of some wider diffuse condition, I do not find it proved to exist," he said.

Mrs Harris, who worked for the Inland Revenue for 15 years, earning £11 000 ($16 500), is now registered as disabled. She was expected to average around four keystrokes a second, working a seven and a half hour day with half an hour for lunch and no other breaks. She is now in permanent pain from lateral epicondylitis in her right arm.—CLARE DYER, legal correspondent, *BMJ*

France split on pardons over tainted blood

France's scientific community is divided over whether President François Mitterand should pardon Dr Michael Garetta and Dr Jean Pierre Allain, who were sentenced to prison last year for allowing the distribution in 1985 of blood products that were contaminated with HIV. About 100 French doctors and scientists petitioned the president last week, asking for pardons for the two men. Coincidentally, 33 Nobel prize winners wrote to the president last week asking him to pardon Dr Allain. So far about 400 people have died in France after being given blood products contaminated with HIV.

Dr Françoise Barré-Sinoussi, who with Professor Luc Montagnier and Professor Jean-Claude Chermann discovered HIV, initiated the petition. She worked with Dr Allain in 1984-5 and said that at that time he was preoccupied with the problems of infected blood. "I was deeply shocked, during the first trial, to see a doctor who had strived on those questions accused and condemned eight years later," she said. Jean-Baptiste Brunet, director of the European AIDS surveillance centre, said, "I have always considered that to put the burden of guilt on four individuals was a real scandal."

Montganier and Chermann, however, did not sign the petition. Montagnier was abroad and not available for comment, but Chermann said, "A scientist must be responsible . . . by his acts and his words. . . . Dr Allain is a scientist . . . and he knew that the products were contaminated."

The petition by the Nobel prize winners was initiated by Professor Max Perutz of Cambridge, who knew Dr Allain personally. He canvassed fellow Nobel prize winners. Nearly all, he said, agreed to write to President Mitterand. Signatories include five French laureates, 12 Americans, 11 British, two Germans, an Italian, a Belgian, and a Canadian.

Simone Veil, the minister of social affairs and health, said in a television interview that "justice has spoken. . . . It's up to the president to judge, in his soul and conscience." She added that "if scientists had made mistakes and admitted it . . . the situation might have been less painful to people who didn't understand what was happening to their child."

Dr Jacques Leibowitch, of the Raymond Poincaré Hospital in Garches, near Paris, who was one of the first doctors to understand the extent of the contamination, told the national daily newspaper *Le Figaro* that "signing such a request while victims of the tragedy are dying is the demonstration of extraordinary indecency." Edmond-Luc Henry, vice president of the Association des Hémophiles (the French association of haemophilic patients), was "shocked but not surprised." He was aware of the petition that was being circulated in France and had written to Professor Barré-Sinoussi to give his arguments against it. "We've never received a reply," he said. "There is, in the medical profession, a corporatist spirit that at least partly explains such things."

The Elysée Palace made no comment. The presidential pardon, inscribed in the French constitution, is inherited from monarchy and gives the president the right to pardon.—ALEXANDER DOROZYNSKI, medical journalist, Paris

Focus: Westminster

The ghost of Gladstone stirs: a whiff of scandal in the air

The British government spent the first weeks of 1994 trying to distance itself from scandals, real or rumoured, on its own doorstep. A potent mix of shady sex, shaky marriages, and sharp deals brought in its wake the resignation of two ministers and a ministerial aide, one suicide, and a reappraisal of the government's "back to basics" philosophy.

When the froth subsided it was seen to be a very British crisis with little of substance behind it. Just as the medical establishment used to pillory doctors more for sleeping with their patients than for killing them through neglect, so British politicians are forced to resign over marital indiscretions but not for misjudgments that waste huge sums of taxpayers' money. To appreciate the relative values, compare the column inches devoted to the extramarital affair of the former health minister, Tim Yeo, and the modest coverage of £30m lost on failed NHS projects in Wessex and the West Midlands.

Fortunately, this week's sequel in the form of a report on *The Proper Conduct of Public Business* restores the balance. The report is from the Commons public accounts committee and was largely inspired by its investigation into the Wessex and West Midlands cases. The public accounts committee is the most venerable of Commons select committees, having been set up by Gladstone 130 years ago to ensure that exchequer funds were spent only as intended.

Often they are not, but never before has the public accounts committee felt obliged to issue a general warning about the potential for fraud, corruption, and waste in the public estate. The committee's chairman, former Labour treasury minister Robert Sheldon, detects a whiff of scandal in the air. The report specifies in particular the failures in the NHS as well as other spectacular defaults by, for example, the National Rivers Authority and the Welsh Development Agency. The point the committee is making is that by hiving off so many functions to quangos—among which it numbers NHS trusts—the government has weakened traditional budgetary controls, and is even putting at risk Britain's worldwide reputation as the least corrupt of countries.

The trend has constitutional implications. In place of clear accountability through Whitehall departments, large amounts of public money are now being handed down to quasi autonomous agencies run by managers with freedom to make their own rules. In all there are about 2000 new style quangos, creating a vast grey area between the public and private sectors, not least in the NHS. It is this world of purchasers and providers, contracts, shared ventures, and golden handshakes that worries the public accounts committee. The ethos of the new NHS is that it is not a business but it should be run like a business. Corporate methods bring corporate risks: in Wessex a failed computer project, in the West Midlands a botched attempt to privatise the supplies system. In London, falling land values failed to fund the cost of the new Chelsea and Westminster Hospital, which became the public sector equivalent of the bankrupt Canary Wharf. In each case, money was wasted that should have gone into patient care.

Ministers retort that these mistakes predate the NHS reforms of 1991. But they did coincide with a phase when the NHS was changing from an administered to a managed service—and that is the crux of the committee's concern. Equally it is futile to suppose that the reformed NHS is immune from further scandals. Next month the public accounts committee will hear evidence of new financial shortcomings in the West Midlands. And there is a disconcerting air of secrecy about salaries of up to £130 000 ($195 000) paid to chief executives of NHS trusts, while applicants were hardly falling over themselves to fill the vacancy for a chief executive of the entire NHS on a civil service salary scale of under £90 000 ($135 000).

Two weeks ago the Department of Health issued new codes of conduct and accountability for all NHS chairpersons and their boards (22 January, p 225). These codes set out the "public service values" of integrity and openness that are to be expected from now on. Perhaps they will meet the anxieties of the public accounts committee and they may serve as models of probity for the rest of the public sector. Who knows, they may even lay the ghost of Gladstone.—JOHN WARDEN