In brief

Spanish court dismisses drug company case: A Madrid court this week dismissed the demand for "rectification" brought against one of Spain's independent drug bulletins, *Butlletí Groc*, by Merck Sharp & Dohme. The bulletin had claimed in an article that the company had committed scientific fraud in a trial of its cyclo-oxygenase-2 (COX 2) inhibitor rofecoxib (Vioxx) (24 January, p 188).

Czech Republic to outlaw caged beds in mental hospitals: A new law will ban the use of caged beds in institutions such as mental hospitals and old age homes in the Czech Republic by the end of this year. A recent report criticised their widespread use in the country, though some psychiatrists defend the practice (*BMJ* 2003;327:1249).

Drug companies start trial of "male pill": A clinical trial of the so called "male pill," a hormonal fertility control method for men, has been launched in 14 European centres in a joint initiative between pharmaceutical companies Organon and Schering.

Scientists oppose restrictions on assisted reproduction: Nobel laureates Renato Dulbecco and Rita Levi Montalcini and former health minister Umberto Veronesi are backing an appeal by scientists against a new law on assisted reproduction that is waiting for final approval by the lower chamber of the Italian parliament. The law forbids sperm and egg donation, embryo freezing, and prenatal diagnosis; limits to three the number of oocytes that can be fertilised; and makes it mandatory to implant all the embryos created (3 January, p 9).

Conflict of interest is common among drug researchers: Almost four out of 10 studies investigating drug treatments had authors with a conflict of interest, according to an analysis of the *New England Journal of Medicine* and *JAMA*. All original manuscripts published during 2001 were analysed. Nearly 39% of studies investigating drug treatments had authors with a conflict of interest (*Journal of Internal Medicine* 2004:19:1).

Shortage of sperm donors predicted when anonymity goes

Clare Dyer *legal correspondent, BMJ*

Fertility specialists are warning that the already short supply of donor eggs and sperm in the United Kingdom could drop further after last week's announcement that donors are to lose their right to anonymity in 2005.

The Department of Health announced that children conceived as a result of donated sperm, eggs, and embryos will in future be able to access information about their genetic origins once they reach the age of 18 years.

At present, those born from donated gametes can, at the age of 18, ask if they are related to someone they intend to marry and can be given basic information including the donor's height and eye colour.

Under the plans, donors' offspring would have the same rights as adopted children to trace a biological parent. Donors will still have no legal or financial responsibility for the child, and the changes, expected to come into force on 1 April 2005, will not apply to donations made before then.

Suzi Leather, chair of the HFEA

Health minister Melanie Johnson, announcing the changes at the annual conference of the Human Fertilisation and Embryology Authority (HFEA), said: "I firmly believe donor-conceived people have a right to information about their genetic origins that is currently denied them, including the identity of their donor."

She said that in Sweden the supply of donors had initially dropped when anonymity was removed but recovered later. The government plans an awareness campaign to try to encourage more donors to come forward.

The move coincides with a review of the Human Fertilisation and Embryology Act 1991 in line with changes in society and technological advances. One change mooted is to give lesbian couples and single women the same access to infertility treatment as heterosexual couples have, by abolishing the requirement for clinics to take account of the need of the child for a father. □

Journal rejects article after objections from marketing department

Owen Dyer *London*

A leading nephrology journal has rejected a guest editorial questioning the efficacy of epoetin in end stage renal disease, despite favourable peer reviews, apparently because it feared losing advertising. In a letter to the author of the proposed editorial, the executive editor of the California based journal *Transplantation and Dialysis* said he had been "overruled by our marketing department."

The editorial was written by Dennis Cotter, president of the non-profit making Medical Technology and Practice Patterns Institute. In it, he argued that the US National Kidney Foundation's existing guidelines on end stage renal disease rely on flawed logic in claiming a survival benefit associated with higher packed cell volume (haematocrit) achieved through epoetin treatment.

Joseph Herman, editor of the journal, told Mr Cotter in a letter that: "I have now heard back from a third reviewer of your EPO editorial, who also recommended that it be published…. Unfortunately, I have been overruled by our marketing department with regard to publishing your editorial.

"As you accurately surmised, the publication of your editorial would, in fact, not be accepted in some quarters… and apparently went beyond what our marketing department was willing to accommodate. Please know that I gave it my best shot, as I firmly believe that opposing points of view should be provided a forum, especially in a medical environment, and especially after those points of view survive the peer review process. I truly am sorry."

Mr Cotter's editorial said the evidence cited in support of a survival benefit "is subject to a fundamental error that confuses the relationship between treatment response and outcomes with a causal effect of the treatment."

His editorial also pointed out that, despite a steady increase in the target packed cell volumes and epoetin doses over the past decade in the United States, mortality from end stage renal disease has remained steady. He wrote: "A 2002 Cochrane Review of randomised trials of epoetin concurred with the European guidelines concluding that the benefits associated with higher hematocrit levels are outweighed by the risk of increased hypertension and mortality."

The editorial was submitted in response to a call from the Centers for Medicare and Medicaid Services for public help in review of its policy on epoetin use among patients with end stage renal disease. It was concerned that "Medicare spending on EPO may be higher than necessary without resulting in optimal patient benefit." Medicare spent over $7.6bn (£4.2bn; €6.1bn) on epoetin between 1991 and 2002.

Arthur Caplan, chair of the Department of Medical Ethics at the University of Pennsylvania, said: "It is completely unethical for a marketing or business related part of a journal to have any say over the content of a journal."

Mr Hermann said: "I absolutely refuse to comment. This whole issue is being blown out of proportion." □

Dr Cotter's editorial can be accessed at www.mtppi.org