

cannot afford, but most providers are not required to take care of them.

The researchers interviewed 55 frontline non-medical staff in 13 clinics and three admissions areas. "Seventy-one percent (39 of the 55) staff interviewed reported that they did not independently turn patients away," says the article. "Although we found no written policies stating that patients are never to be turned away (not counting emergency room policies), a number of clerks believed otherwise."

"The data suggest that decisions about access are the product of a network of unwritten rules and understandings and the preferences of staff as they interface with a group of individuals who are attempting to become or remain clients of a reluctant bureaucracy. If this approach is widespread, then concerns arise about whether patients who are getting care are, in fact, those with the highest need, or, rather, those best able to negotiate within such a system," the study concludes.

David Spurgeon *Quebec*

Medical students with good science A levels less likely to drop out

Medical students who have a parent who is a doctor, who live on rather than off campus, or who did well in science subjects at A level were less likely to drop out during their first year at university, a new study shows.

The study's authors, from the University of Warwick, looked at data on 51 810 first year students at 21 medical schools between 1980 and 1992 (*Medical Education* 2004;38:492-503).

Students who scored high grades in biology, chemistry, or physics were less likely to drop out of medical school than other students, while those who scored well in other subjects were more likely to transfer out of medicine.

Men were more likely to quit than women, with men 8% more likely to drop out than women, but social class and school background had little effect on the dropout rate.

Across the 13 intakes the average dropout rate was 3.8%, but the authors found that a range of factors could influence the rate. Students living off campus had a dropout rate that was 40% higher than students living on campus. More than one in seven medical students had a parent who was a medical doctor, and these students were 20% less likely to drop out.

Roger Dobson *Abergavenny*

Fourteen cases of euthanasia to be referred to French police

Fourteen of eighteen suspected cases of euthanasia at the University Hospital in Besançon, in eastern France, are euthanasia in the eyes of the law, according to a medical expert's report delivered to the city's prosecutor in January and made public last week.

After a local health authority in April 2002 found evidence of possible euthanasia in the deaths of the patients in the intensive care unit between 1998 and 2001 the case was handed over to the Besançon prosecutor for a preliminary analysis by a medical expert.

"Of the 18 cases examined by the expert—all of which were hopeless cases, where it was decided to abandon treatment—fourteen were, in the eyes of the law, euthanasia," Jean-Yves Coquillat, the prosecutor, told *L'Express* magazine, which, along with the newspaper *La Croix*, broke the story on 10 May (www.lexpress.com). "Four were 'direct' euthanasia—to use the doctors' term—caused by injecting either curare [cisatracurium] or potassium," he said. The injections of cisatracurium caused paralysis of the respiratory muscles, while the potassium chloride resulted in immediate cardiac arrest.

Death was more or less immediate in those four cases. The 10 other patients were injected with a strong mixture of midazolam, a sedative, and fentanyl, a painkiller, which causes respiratory depression, which can lead to death.

Brad Spurgeon *Paris*

Move to sell statins over the counter raises concerns

Liza Gibson *London*

Doctors' leaders and consumer bodies have raised concerns about the UK government's decision to allow the cholesterol lowering agent, simvastatin, to become available without prescription in pharmacies.

The reclassification, announced last week by the Department of Health to increase patients' choice and to help reduce coronary heart disease, will be the world's first for a statin. About 1.8 million people in England are prescribed statins, costing the NHS around £700m (\$1200m; €1000m) a year. Some £309m is spent on simvastatin alone.

The over the counter product, to be called Zocor Heart-Pro (10 mg), will be aimed at people with a moderate risk of developing coronary heart disease (having a chance of developing it of between 1 in 10 and 1 in 7). The department says that, under present guidelines, patients who have a 30% chance of a heart attack in the next 10 years are eligible for statins on prescription.

Before the over the counter product can be sold the pharmacist must undertake a risk assessment of the person. Patients considered at moderate risk would include men aged 55 years or more, or men aged between 45 and 54 years and women aged over 55 who have one or more risk factors (for example, a family history of coronary heart disease or being a smoker, overweight, or of South Asian ethnicity).

Although a cholesterol test would not be obligatory before

the product could be bought, Johnson & Johnson MSD, the company that will be marketing it, expects that most patients will have one. It plans to market a test to complement the product.

While pharmacists' groups and the British Heart Foundation backed the reclassification, others have not been so supportive. Dr John Chisholm, chairman of the BMA's General Practitioner Committee, was concerned that patients would not have a thorough risk assessment, that the dose may be too low, and that there was potential for side effects.

"If a drug treatment is worth taking it should be provided equitably and available to all patients at NHS expense and on the basis of need, not their ability to pay," he said. The King's Fund, a charitable health research foundation, said it was another example of "creeping charges" in the NHS.

The Consumers' Association said no specific clinical trials had proved that selling the product over the counter was effective in the target population. It also said that the real reason behind the switch was that simvastatin lost its patent protection in May 2003.

The over the counter product is to be launched in the summer. Meanwhile, Merck is planning to refile an application in the United States in the next 12 months to switch lovastatin to an over the counter drug. The US Food and Drug Administration rejected its first application in 2000 (*BMJ* 2000;321:198). □



Before simvastatin (pictured) is sold to a patient over the counter, the pharmacist will have to do a risk assessment