

## UN considers sanctions against Sudanese government for obstructing aid

Dr Lee Jong-wook, director general of the World Health Organization, has described the situation in Darfur, western Sudan, as a potential "health catastrophe," after a visit to the war-ravaged region, warning that hundreds of thousands could die of famine and disease unless urgent action is taken.

The UN Security Council is debating sanctions against Khartoum for obstruction of aid efforts and the US Congress introduced a resolution declaring the crisis a "genocide." These moves follow high profile missions by the UN secretary general, Kofi Annan, who said the crisis "bordered on ethnic cleansing" and by the US secretary of state, Colin Powell, who complained Sudan's government was "in denial."

Peter Moszynski *London*

International aid charities in the United Kingdom launched a joint appeal for public help this week. Details are accessible at [www.dec.org.uk](http://www.dec.org.uk)

## Doctors' group publishes archive of doctors registered in Nazi era

A Berlin doctors' group has published an archive of all doctors registered in Germany between 1933 and the 1950s for use by historians, institutions, and members of the public who want to find out more about the fate of doctors who were persecuted during the Nazi period.

The task required the transfer of the paper files of 97 087 doctors to three DVDs. The move was initiated by the Berlin Association of Statutory Health Insurance Physicians (Kassenärztliche Vereinigung (KV) Berlin) and financed by two medical charities, the Ludwig Sievers Foundation and the Hans Neuffer Foundation.

The president of the association, Manfred Richter-Reichhelm, said that the archive would enable relatives and friends of Jewish or other persecuted doctors to find out more about their fate.

Annette Tuffs *Heidelberg*

Private inquiries should be made to the German Federal Archive (tel 00 49 1888 7777 00; [www.bundesarchiv.de](http://www.bundesarchiv.de)).

## Draft guidance on clinical trials recognises needs of non-commercial research

Academic researchers are cautiously welcoming new draft guidance on clinical trials published recently by the European Commission.

They are pleased that, for the first time, guidance makes specific mention of the particular value and needs of non-commercial clinical trials.

The new guidance is a redraft of the original European Union clinical trials directive (2001/20/EC), which was set up to harmonise approval and monitoring of commercially sponsored clinical research in different EU countries.

Stephen Evans, professor of pharmacoepidemiology at the London School of Hygiene and Tropical Medicine, said: "The [new] draft provides member states with sensible flexibility in many areas of detail. It is not the prescriptive, one-size-fits-all diktat that many had feared."

The new draft directive from the European Commission recognises, for the first time, the value of clinical trials not carried out by drug companies in the investigation of medicinal products for human use. It also acknowledges that some of the requirements for non-commercial research may be different from those for trials of new drugs funded by drug companies.

Susan Mayor *London*

The draft proposal for a directive on good clinical practice for trials is at <http://pharmacos.eudra.org/F2/pharmacos/news/DirectiveGCP20040614.pdf>

## Inquiry into death of boy from induced illness recommends tightening of child protection rules

Clare Dyer *legal correspondent, BMJ*

Wide-ranging improvements to child protection procedures are necessary if children deliberately harmed by a parent are not to slip through the net, an inquiry into the death of a 7 year old boy from induced illness concluded last week.

The review of the case of Michael Dickinson seems to be the first detailed investigation in Britain of a death through Munchausen syndrome by proxy, now officially labelled fabricated or induced illness. Given the controversy surrounding the diagnosis, whose very existence is disputed by some media commentators, the report received surprisingly little media coverage.

The case review was done by members of the Cumbria inter-agency child protection committee, chaired by Robert Postlethwaite, a consultant paediatric nephrologist from Royal Manchester Children's Hospital and coeditor of a book on abuse through Munchausen syndrome by proxy.

The review found failures in communication between the various agencies responsible for child protection, with the result that no one saw the full picture.

Michael Dickinson died in October 2000 of complications caused by pneumonia after several months in hospital on a life support system. His mother, Michelle Dickinson, from Seascale, Cumbria, tricked doctors into prescribing him antiepilepsy drugs, which she administered in large doses over a four year period.

He was eventually unable to go to school and had food and drugs administered through a nasogastric tube. When he was admitted to hospital as an emergency patient, it became apparent that the tube had doubled back on itself so medicines and food were passing into the windpipe and lungs rather than the stomach.

Michelle Dickinson, aged 33, is currently serving a 16 year sentence for child cruelty.

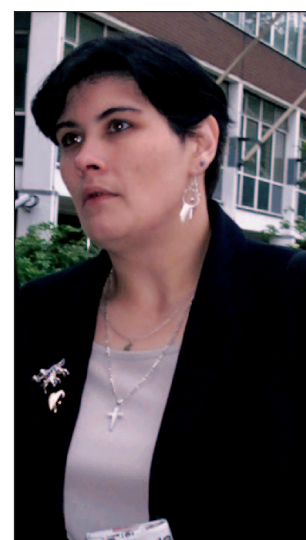
The report identifies numerous occasions on which doctors, social workers, and other profes-

sionals failed to communicate and properly tackle concerns about Michael.

It makes 34 recommendations, including:

- Improving guidance on when child protection meetings may be held in the absence of parents, putting more emphasis on the child's rights
- Training "eminent" professionals to be more prepared to listen to the concerns of junior staff and training juniors to be more assertive in voicing concerns to those in authority.
- Training professionals to listen more carefully to children
- Monitoring repeat prescriptions and repeat attenders at general practices
- Introducing intensive "two on one" nursing for patients with suspected fabricated and induced illness in hospital and allowing "covert surveillance"
- Training professionals to voice concerns explicitly and on record, avoiding "ambiguous circumlocution."

Dr Rob Walker, medical director for West Cumbria primary care trust, said: "The computer systems to highlight frequent attenders are in place. But this needs to be handled sensitively and carefully, as we do not want to stop parents seeking help and advice when their child is genuinely ill." □



Michelle Dickinson is serving a 16 year sentence for child cruelty