

Mumbai's King Edward Memorial Hospital last August.

The proponents of the treatment, which used a proprietary "reverse differentiation" technology developed by TriStem Corporation, said it would transform peripheral white blood cells into pluripotent stem cells. TriStem's chief scientist, Dr Ilham Saleh Abuljadayel, took white blood cells from each patient and returned "transformed" cells for infusion into the patients.

The hospital's ethics committee suspended the study after it discovered that Dr Abuljadayel had contacted the patients and posted details of the study and the patients' photographs on TriStem's website.

Ganapati Mudur *New Delhi*

## Dutch euthanasia law should apply to patients "suffering through living," report says

Doctors can help patients who ask for help to die even though they may not be ill but "suffering through living," concludes a three year inquiry commissioned by the Royal Dutch Medical Association.

The conclusion has reopened a fierce debate over what constitutes grounds for requesting euthanasia, as it contradicts a landmark Supreme Court decision that a patient must have a "classifiable physical or mental condition." The 2002 ruling upheld a guilty verdict on a GP for helping his 86 year old patient die, even though he was not technically ill but obsessed with his physical decline and hopeless existence (*BMJ* 2003;326:71).

The Dutch euthanasia law does not specifically state that a patient must have a physical or mental condition, only that a patient must be "suffering hopelessly and unbearably."

However, the new report recommends caution, saying that doctors currently lack sufficient expertise and that their roles remain unclear. It recommends drawing up protocols by which to judge "suffering through

living" cases and collecting and analysing further data. In the meantime it recommends an "extra phase" to treatment, where therapeutic and social solutions can first be sought.

Tony Sheldon *Utrecht*

The report can be seen on the website of the Royal Dutch Medical Association, [www.knmg.nl](http://www.knmg.nl)

## Articles criticising nevirapine trial may endanger babies' lives

Three articles published by the Associated Press in mid-December criticising the conduct of a trial of the antiretroviral drug nevirapine in Uganda are threatening to undermine its use in newborn babies in developing countries, according to South African experts.

A single dose of the drug given to mothers while in labour and to their babies at the time of birth is known to greatly reduce transmission of HIV from mother to child.

The articles suggested that record keeping in the trial was shoddy and that single use of the drug led to resistance to it in patients in the long term.

The African National Congress, which has long been opposed to greater availability of antiretrovirals, seized on the press accounts to charge, in the 17 December issue of *ANC Today*, that Africans are being "used as guinea pigs."

However, the grassroots Treatment Action Campaign in South Africa rejected that assessment. "There is not a single reported life threatening adverse event associated with this regimen, which is widely used in the developing world."

Dr Ashraf Coovadia, head of the paediatric HIV clinic at Johannesburg's Coronation Mother and Child Hospital, said: "If we pull the plug on nevirapine, many, many more babies will die."

The US Institute of Medicine of the National Academies is to conduct a full review of the trial. Its report is due in March.

Bob Roehr *Washington, DC*

## Equality in the 1990s would have saved 900 000 black Americans

Janice Hopkins Tanne *New York*

Eliminating racial inequality in health care in the United States would have saved the lives of almost 900 000 black people from 1991 to 2000, says a report published in the *American Journal of Public Health* (2004;94:2078-81). Equality of care would have saved five times the number of lives saved by new technologies and treatments, the investigators say.

The study used information from the National Center for Health Statistics to look at the effect on mortality of improved medical technology and treatments and the effect of eliminating differences in health care between black and white Americans.

From 1991 to 2000, age adjusted mortality declined by an average of 0.7% a year. The study assumed that the decline in mortality was due entirely to improvements in medical care through better drugs, devices, and treatments. The investigators calculated that improvements in care prevented 176 633 deaths.

However, if the death rate among black Americans was the same as that among white people, 886 202 deaths would have been prevented—more than five times as many as were saved by improvements in care.

"I was impressed by the size of the difference. I didn't expect it to be that big ... I always knew the mortality rate of black babies was twice that of whites. I didn't know that mortality in middle-

aged African Americans was twice as high as whites," said Dr Steven Woolf, one of the report's authors and professor of family medicine, preventive medicine, and community health at Virginia Commonwealth University.

Age adjusted mortality among the white male and female populations was an average of 29% and 24% lower, respectively, than that among the black male and female populations. Mortality among black infants and black adults aged 25 to 54 was more than double that among the corresponding white groups.

A co-author, David Satcher, a black American who is a former US surgeon general and is currently director of the National Center for Primary Care at the Morehouse School of Medicine, Atlanta, said that access to care was a big factor. Black and Hispanic Americans are more likely to be uninsured or underinsured and underserved.

The authors noted the limitations of their study, including the assumption that racial disparities could be easily eliminated. The study also assumed that the overall decline in mortality was due entirely to improvements in medical care, rather than assuming that some of the decline may have been the result of factors such as environmental and lifestyle changes.

Dr Woolf said "We need to re-engineer the system, to cope with increasing disparities in access to health care." □



Health officials talk about the impact of HIV and heart disease on black people during a briefing at the Centers for Disease Control and Prevention, Atlanta