Clinicians need better access to ethics advice, report says

Susan Mayor *London*

Health professionals should have access to ethics support at a local level and be able to ask for advice on ethical dilemmas 24 hours a day, a report from the Royal College of Physicians has recommended this week.

The report recommends that healthcare institutions should review their existing arrangements for providing support on ethics and develop and implement guidelines on how to recognise and handle advice on ethical issues.

This should be done by an identified lead individual working with others and with the full support of management. Centres at which complex dilemmas often occur should consider setting up a clinical ethics committee if they do not already have one.

The report is based on the findings of a working party that was set up to examine the need for local support for ethical judgment in clinical practice in response to the growing numbers of ethical uncertainties that health professionals reported facing on a daily basis. After reviewing a wide range of evidence, the working party warned, "Current provision of ethics support is uneven and often depends upon the enthusiasm of individuals." It recommended that ethics support was needed wherever health care is provided, with a local clinical ethics committee or arrangements for informal advice from seniors and peers, supplemented by national sources of advice (such as the BMA Ethics Unit).

Michael Parker, professor of bioethics and director of the Ethox centre at the University of Oxford, who drafted the report on behalf of the working party, said, "Health professionals are increasingly recognising the need for access to appropriate forms of ethics support and advice to help them with their day to day practice." He said that the call for greater access to advice on ethical issues came largely from health professionals themselves.

The report included the results of a survey of 1146 specialist registrars which found that a third said that they had received no ethics training. □

Ethics in Practice: Background and Recommendations for Enhanced Support is available from RCP Publications Department, tel 020 7935 1174. See www.rcplondon.ac.uk/pubs/books/ethics/ethicsinpractice.pdf.

Vaccines protect monkeys against Marburg and Ebola viruses

Janice Hopkins Tanne *New York*

Canadian and US scientists have developed safe and effective vaccines that completely protect non-human primates against the often lethal Marburg and Ebola haemorrhagic fever viruses. "They have high potential for use in humans," said Steven Jones of the National Microbiology Laboratory of the Public Health Agency of Canada in Winnipeg. The study was published online in *Nature Medicine* on 5 June 2005 (www.nature.com/naturemedicine, doi: 10.1038/nm1258).

Dr Jones and Heinz Feldmann of the Canadian group developed the live attenuated recombinant vaccine by replacing a surface protein in vesicular stomatitis virus, an animal pathogen, with a surface protein from either the Ebola or Marburg virus.

"A single injection produced completely protective immune responses. Monkeys get the same disease from these viruses that humans do, namely haemorrhagic fever. The mortality in humans is up to 90%," Dr Jones said.

No vaccines or treatments are approved for human use. The current Marburg outbreak in Angola has caused 355 deaths in 399 patients.

The Canadian scientists worked with mice and guinea pigs. They collaborated with Thomas Geisbert at the US Army Medical Research Institute of Infectious Diseases in Fort Detrick, Maryland, to test the vaccine in non-human primates.

Dr Geisbert's group injected six cynomolgus macaques with a single dose of the Ebola vaccine and another six monkeys with a single dose of the Marburg vaccine. None of the animals showed any signs of illness. Four weeks later, four animals in the Ebola vaccine group were challenged with an intramuscular dose of Ebola virus and remained well. The other two Ebola vaccinated animals were challenged with an intramuscular dose of Marburg virus and died.

A similar challenge in the animals immunised for the Marburg virus produced similar results.

Dr Geisbert said that the next steps were to "dose down" to find out how low a dose of the vaccine would protect. "We don't want to use any more than we have to, for safety issues and also for the cost of production," he explained. He also wanted to learn how soon animals were protected, perhaps as early as 10 to 14 days after immunisation. The faster that protection is achieved, the more useful it will be in protecting healthcare workers responding to an epidemic, he said.

Dr Geisbert said that one to two years of animal work were needed before the vaccine would be ready for phase I trials in humans.

FLORENCE PARNOUSSIAN/AFP/GETTY

Two health workers leave the isolation area for patients with Marburg virus in a hospital in Luanda, Angola. Scientists in Canada think a new vaccine has potential in humans