

## Surrogate mothers should be paid expenses only

John Warden, *parliamentary correspondent, BMJ*

Steps to avoid the growth of commercial surrogacy in Britain are to be taken by the government on the basis of a report published last week by a team set up by health ministers. It proposes that any payments made to a surrogate mother should cover expenses only and that agencies involved should be registered and subject to a code of practice.

Up to 100 babies a year are born to surrogate mothers, and there is evidence of women earning £10 000 to £15 000 (\$16 000 to \$24 000) by "renting" their wombs. The more lucrative the practice, the more women may be attracted to it, the report says. There is now a risk of women becoming professional surrogates and viewing surrogacy as a form of employment.

The review team, headed by Margaret Brazier, professor of law at the University of Manchester, notes that in Britain bodily parts may be donated only as a gift for which no payments are allowed. The judgment is that the good to the

recipient does not justify trade in bodily parts.

Surrogacy should be informed by the same values. Surrogates should be recompensed only for the expenses (including loss of earnings) that are occasioned by the pregnancy and birth—such as maternity clothing, domestic help, legal fees, travel, medical expenses, and subsistence. Failure to comply with a statutory limit on payments would result in the courts refusing a parental order for the child to be handed over to the commissioning parents.

Changing attitudes within the medical profession have added to the respectability of surrogacy, the report states. In 1984 medical opinion veered against professional involvement. By 1990 the BMA had altered its stance, and in 1996 it set out guidance to health professionals endorsing surrogacy as an acceptable option of last resort.

"Doctors may often now be willing to advise generally on surrogacy arrangements and



Kim Cotton runs a surrogacy agency

assist in establishing a pregnancy. They do not (and might well fall foul of the 1985 Act if they did) assist couples to establish a surrogacy arrangement," the report adds.

The review team suggests a code of practice to ensure that the welfare of the child is paramount based on guidelines already developed by the BMA and in consultation with professional bodies. The government intends to issue a consultation document by the end of the year. □

*Surrogacy Review* is published by the Stationery Office, price £10.30.

## Spain launches patients' drugs database

Xavier Bosch, *Barcelona*

Patients in Spain are to have the details of their medical prescriptions recorded on a national computer network in an effort to control drug consumption and to combat fraud. Spain's drugs bill is one of the highest in Europe.

It will enable the Spanish health insurance organisation (INSALUD) to identify which doctors are the highest prescribers and which patients the biggest consumers. The new system, which is thought to be unique in western Europe, is being launched next month in the 10 regions whose public health is managed by the insurance organisation. These regions cover half the population of Spain.

The insurance organisation will be able to discover from its network the drug details of any consumer and the prescribing habits of any primary care doctor. Mauricio Fernandez, deputy manager of the organisation's computing section, said: "As the body responsible for dispensing drugs, the administration has to be aware of those citizens who are exceptionally high consumers and those doctors who are exceptionally high prescribers."

Critics, including many doctors, have complained that the system will violate patients' privacy, because anyone with access to the system will be able to deduce a patient's medical history from the drugs he or she is taking. □

## GPs are angry over pay for primary care groups

Linda Beecham, *BMJ*

Representatives of GPs in England are angry at the levels of pay that the Department of Health has agreed for doctors who sit on the boards of primary care groups (PCGs).

According to the health circular issued this week, GP chairs of boards will be paid between £13 225 (\$21 160) and £15 125 for two to four days a week plus £3000 to £6000 to pay a locum or other doctors who take over the work in the practice. Board members will be paid an allowance of £2700 to £4000 and receive compensation of £3000 for working two to two and a half days a month.

Last week's meeting of the General Practitioners Committee (GPC) approved the chairman's decision to write urgently to all GPs in England explaining the

implications of the circular, particularly the fact that none of the payments will be superannuable. Payments for project work for PCGs will be made on a different basis; GPs will be treated as employees and the pay will be superannuable. In addition, more detailed guidance will be sent to local medical committees.

The General Practitioners Committee's negotiators had asked for higher levels of pay; they were unsuccessful but were able to persuade health minister Alan Milburn that if he wanted GPs to participate there would have to be arrangements for cover. In June the minister agreed that GPs should have the right to decide whether they would be in the majority on the boards of PCGs and whether they wished to hold the chair. But the depart-

ment has made it clear that if GPs boycotted the boards they could be replaced by nurses, social workers, and lay people.

Dr Tony Calland, who chairs the GPC primary care development subcommittee, told the committee that it would be unwise to place the general medical services cash limited budget in the hands of those who are not GPs: "The health improvement programmes will be the engine which will drive the way that GPs practise in the future, and this will require a substantial and forceful input from GPs."

He said that the white paper envisaged GPs taking a central role in constructing the NHS of the future. The time commitment would have been enormous. The new circular envisaged a more contracted role, with the chair and members taking on a "strategic and thinker" role in a non-executive capacity in the same way as non-executive members of health authorities or trust boards. □

### Correction

**Suspended consultant surgeon challenges official inquiry:** In the second paragraph of this story (10 October, p 970) it was incorrectly stated that the clinical panel that reported on Christopher Ingoldby was headed by Professor Liam Donaldson. As the then director of the NHS Executive Northern and Yorkshire Regional Office, Professor Donaldson set up the panel; it was headed by Bill Darling, chairman of Gateshead and Greater Tyneside Health Authority.