

tinely to all patients who have had a heart attack and discharge summaries being issued to GPs within seven days of patients leaving hospital.

Bryan Christie *Edinburgh*

Coronary Heart Disease, Heart Attack: Secondary Prevention is accessible at www.clinicalstandards.org

Unsuitable hepatitis C testing kit is being used in India

Hepatitis C virus is emerging as a major public health challenge in India, specialists said at a conference in New Delhi last week.

"Seroprevalence of hepatitis C virus in the Indian population is around 1.5-2%," said Dr Subrata Kumar Panda of the All India Institute of Medical Sciences.

Every year between 1.5 million and two million Indians die from chronic liver disease. "If you take all chronic liver disease cases in India, nearly 15% are due to hepatitis C virus and 45% are due to hepatitis B virus," added Dr Panda.

Across India as a whole, genotype 3 is the most common genotype, making up 40% of cases, but the spread of the virus is not uniform. "In north India 60% are type 3," says Dr Vidya Arankalle, of the National Institute of Virology, Pune.

Specialists are critical of the kits most commonly being used in India, which are manufactured largely in the United States and based on genotype 1. "We get high false positivity from these kits," said Dr Shiv Kumar Sarin, head of gastroenterology at the Gobind Balabh Pant Hospital, Delhi.

Rohit Sharma *Mumbai*

Obesity drug approved as problem grows across the world

The National Institute for Clinical Excellence, the government's medicines watchdog, has advised

the NHS in England and Wales that the antiobesity drug sibutramine (Reductil) should be available on prescription.

It has recommended that sibutramine be part of an overall treatment plan for obese patients. It should be available for people aged 18-65 years who have made serious attempts to lose weight through dieting, exercise, or other behaviour changes, who have a body mass index (kg/m²) of 27.0 or more and who have other significant diseases, such as type 2 diabetes. It should also be made available for anyone with a body mass



AP PHOTO/REG BAKER

index of more than 30.0, regardless of other risk factors.

Approval of the drug comes amid growing concern about the increase in the number of obese people. A new report this week, which said that 1 in 4 American children are either overweight or obese, warned that children from other major nations are beginning to weigh too much as well.

The study, by researchers at the University of North Carolina at Chapel Hill, said that 16% of young Russians and 7% of Chinese children are now overweight or fat (*International Journal of Epidemiology* 2001;30:1129)

Roger Dobson *Abergavenny*

Doctor struck off after patient dies from detoxification treatment

Owen Dyer *London*

An anaesthetist in England was struck off the medical register by the General Medical Council last week after a heroin addict died while under his care undergoing a controversial treatment in which the doctor had an undisclosed financial interest.

Dr Gary Gerson was found guilty of serious professional misconduct in his treatment of Brendan Woolhead, aged 34, a long time heroin addict who underwent a course of ultra-rapid opiate detoxification at the London Welbeck Hospital.

The controversial technique involves a cocktail of drugs, including the opiate antagonist naltrexone, and a general anaesthetic to keep the patient unconscious during the first hours of withdrawal. Fifteen different drugs were believed to have been administered to Mr Woolhead before he had a seizure and heart failure.

A toxicologist who examined the body also found evidence that he had taken more opiates after beginning the treatment.

In addition to his role at the London Welbeck Hospital, Dr Gerson was a director of Medetox, a company which sought to commercialise the ultra-rapid opiate detoxification treatment. The GMC's professional conduct committee found that the company used "intensive marketing techniques" to attract opiate addicts and made false claims that the treatment had been proved to be pain free and safe.

The committee found that Mr Woolhead was not given sufficient information to make an informed choice about his treatment and that Dr Gerson did not disclose his own financial interest in Medetox. The contractual agreement that Mr Woolhead signed "put financial incentives above patient interests and compromised patient safety."

Mr Woolhead was booked for treatment before being assessed. The committee found that when Dr Gerson did see him, he failed to elicit information about his medical history, notably the fact that he had developed brain damage in the IRA bombing of a bus in London in 1996.

Mr Woolhead, who had been

seriously injured in the blast, was an Irishman who had been wrongly accused by several newspapers of being implicated in the explosion. He had won more than £200 000 (\$300 000) in libel damages as a result, some of which he put towards the £4700 treatment, for which payment was demanded in advance.

After establishing that the treatment would begin the following morning, Dr Gerson let Mr Woolhead return to his hotel, despite the probability that he would take opiates in the intervening period. When he returned in the morning, he was given a blood test, but treatment began before the test results were available.

Thirty hours after the start of the treatment, Mr Woolhead had a cardiac arrest. Proper resuscitation equipment was lacking, the committee found, and Dr Gerson failed to exert all possible efforts to save his life. The anaesthetist, who was not present or represented, was culpable of a "wholesale breach" of good practice principles and was struck off the medical register.

In the early 1980s Dr Gerson was unsuccessfully sued in a leading medicolegal case on informed consent, *Chatterton v Gerson*. In the first attempt to import the US doctrine of informed consent into English law, he was sued for battery for failing to warn a patient that a pain relieving injection could lead to numbness in her leg and impaired mobility. The court held that because the patient had been told the nature of the operation, she had given a real consent. □

Correction

Meeting calls for a national body to respond to research misconduct

In this news article by Richard Smith (20 October, p 889) we gave Ian Kennedy's title as professor of medical law and ethics at King's College, London. It should have said that he is professor of health law, ethics, and policy at the School of Public Policy, University College London. We apologise to Professor Kennedy for this mistake.