

In brief

Lack of hearts reaches crisis

point: Canada's shortage of hearts for transplantation has reached crisis proportions, says the Canadian Cardiovascular Society. Dr Heather Ross, a transplant specialist at Toronto General Hospital, says in the web version of the *Canadian Medical Association Journal* that country-wide only 5% to 10% of people who may benefit from transplants receive them. See http://cma.ca/cmaj_today/2001/12_17.htm

Couple can select embryos to save son's life:

A UK couple has been given permission to select embryos for in vitro fertilisation in an attempt to have a baby that could save their son's life. Other patients who think that they might benefit from the technique will have to apply to the authority for permission and will be considered on a case by case basis. Licences will be issued only under strict conditions. For a copy of the advice see www.hfea.gov.uk

Scottish hospitals overspend:

Scottish hospitals overspent their budgets by £53.9m (\$75.5m; €89m) in 2000-1, almost double the deficit in the previous year. Eight out of Scotland's 28 health trusts ended the year in deficit. The debts were wiped out in September by an extra allocation of £79m, but a report from Audit Scotland warns that many trusts will be "challenged by new and continuing pressures on budgets."

Consultants "not dinosaurs":

Consultants are instigators of innovative treatments and services that will benefit their patients, not dinosaurs resistant to change, a recent BMA report has said. *Pioneers in Patient Care: Consultants Leading Change*. www.bma.org.uk/public/webdocs.nsf/webdocs/vw/ppc_contents?OpenDocument

Correction

Breast cancer drug "surpasses" tamoxifen

In this news article by Alex Vass (15 December, p 1387) we gave the trade name of the cancer drug anastrozole as Aridex. The trade name is in fact Arimidex. We apologise for the error.

Adverse reactions to drugs increase

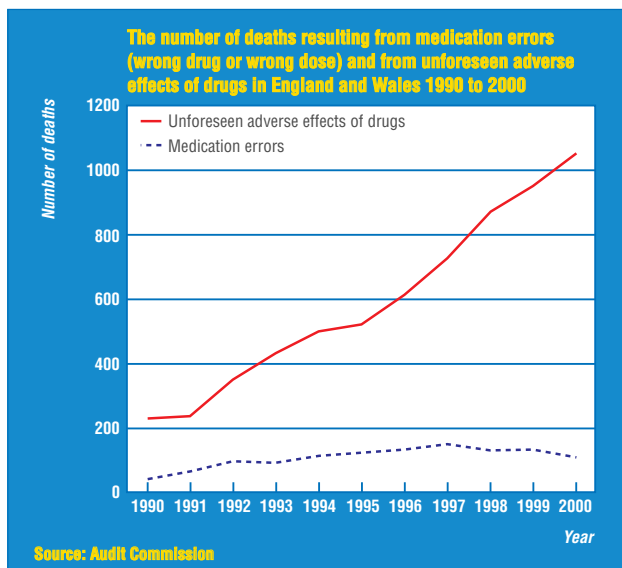
Lynn Eaton *BMJ*

The number of patients who die in England and Wales after errors in drug prescribing or from an adverse drug reaction is showing a marked upward trend, the Audit Commission has warned.

The commission estimated that just under 11% of patients on hospital medical wards experience an adverse event, such as being given the wrong drug or having an adverse reaction to a drug.

Such an event, although not fatal, can lead on average to an additional stay in hospital of 8.5 days, costing the NHS as much as £1.1bn (\$1.5bn; €1.8bn).

"The problem is that nobody really knows the extent of the problem," said the report's author, Nick Mapstone. Only one hospital that was visited had a comprehen-



sive system of reporting errors.

Errors included giving patients with cancer temazepam when they should have received tamoxifen; giving a contraceptive steroid instead of an antipsychotic injection; and prescribing an anticancer medicine

at 1000 times the correct dose. The commission estimated that nearly half these events were preventable. □

A Spoonful of Sugar is available from Audit Commission Publications, PO Box 99, Wetherby LS23 7JA.

WHO calls for closer monitoring of commercial interests

Rohit Sharma *Mumbai*

Commercial interests are posing such an increasing threat to the integrity of clinical trials necessary for developing new drugs that new regulations are needed to safeguard them from corruption, according to Dr Jonathan Quick, director of essential drugs and medical policy at the World Health Organization.

In an editorial in the current *Bulletin of the World Health Organization*, Dr Quick says "researchers who publish or communicate results unfriendly to the sponsors have faced intimidation, attempts to discredit them professionally, and legal threats to recover 'lost sales.'"

"If clinical trials become a commercial venture, self-interest overrides public interest and desire overrides science, then the social contract which allows research on human advances in return for medical advances is broken," said Dr Quick.

Dr Quick suggested drawing up a declaration on the rights and obligations of clinical investi-

gators and on how to manage the entire clinical trials evidence base, along the lines of the Helsinki Declaration adopted in 1964 by the World Medical Association to protect human subjects in medical research.

This could supplement the proposal from the editors of 13 medical journals in September 2001, he said. The proposal suggested that sponsors should guarantee the intellectual independence of investigators, trial details should be entered in a registry available to third parties, and legal action could be taken against investigators only where fraud was suspected.

Meanwhile the UK Association of University Teachers wants an independent commission set up to ensure that commercial companies cannot interfere with academics' research. It describes Nottingham University's decision to accept £3.8m (\$5.3m; €6.3m) from British American Tobacco as "the worst decision of the year." □

Surgeon cleared of manslaughter

Clare Dyer *legal correspondent, BMJ*

A UK consultant surgeon accused of the manslaughter of a teenager who died on the operating table was found not guilty just before Christmas after only 50 minutes' deliberation by the jury.

Kenneth Woodburn, a consultant vascular surgeon with the Royal Cornwall Hospitals NHS Trust, was accused of having caused the death of Kelly Dent through gross negligence after her heart was punctured during an operation to insert a Hickman catheter.

The jury at Exeter crown Court reached their verdict after the judge, Mr Justice Toulson, told them in his summing up: "To treat as criminal negligence conduct of which the average doctor would say 'there but for the grace of God go I' would carry the extent of the criminal law too far and put further pressure on doctors working in sometimes difficult conditions." □