

position of having to follow "always try" protocols which they do not support; their only alternative is the exercise of unlicensed discretion. It is thus as much to regulate that inappropriate exercise of discretion as to prevent futile resuscitation attempts, that guidelines are to be welcomed.

We suggest that the algorithm drawn up by Marsden and colleagues could form the useful basis of a discussion by a group ideally working under the joint auspices of the UK and European Resuscitation Councils. In facing difficult situations ambulance staff deserve the clarity of instruction that definitive guidelines would bring.

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- 1 Marsden AK, Ng GA, Dalzell K, Cobbe SM. When is it futile for ambulance personnel to initiate cardiopulmonary resuscitation? *BMJ* 1995;311:49-51 (1 July.)
- 2 Weston CFM, Burnell CI, Jones SD. Failure of ambulance crew to initiate cardiopulmonary resuscitation. *Resuscitation* 1995; 29:41-6.

Pig sticking injuries are no joke

EDITOR,—Tim Owen makes the serious allegation of fraud about an article published in the *BMJ*, which he does not even reference.¹ I assume that he is referring to an editorial I wrote that recommended safe hunting practices.² This was based on a case series of 20 injuries caused by pigs published in the *Medical Journal of Australia*,³ and Owen should have viewed the published pictures of a gangrenous bowel, sucking chest wound, and scrotal injury before making statements about scientific validity.

Perhaps Owen has not been responsible for treating people with severe injuries caused by pigs, and I doubt if he has conducted postmortem examinations on young people gored to death by feral animals. I have, and during six years in Papua New Guinea I learnt that pigs turn rapidly when injured and that a careless villager who hunts with only one spear is at grave risk. I used every possible opportunity to persuade young men to go pig hunting adequately armed. I found that telling humorous tales of pig sticking in medieval Britain was an effective way of conveying serious health education messages to them. Clearly Owen

remembers the article: I hope that should he ever go hunting wild animals he also remembers to keep both barrels of his shotgun fully loaded.

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- 1 Owen T. Handling scientific fraud. *BMJ* 1995;311:262. (22 July.)
- 2 Garner P. Avoiding injuries caused by pigs. *BMJ* 1989;298:848.
- 3 Barss P, Ennis S. Injuries caused by pigs in Papua New Guinea. *Med J Aust* 1988;149:649-56.

New measures can help to measure economic "externalities"

EDITOR,—Peter Draper and Hugo Crombie ask whether the health sector can make a useful contribution to macroeconomic policy.¹ This marks an important divergence from the school of thinking that health matters should be treated in economic terms entirely as consumption with no (monetised) return on expenditure.

An economic framework which understands how health outcomes themselves feed back into the process of sustainable wealth creation offers a starting point. For the purpose of discussion, we have, for example, created a pilot index of sustainable economic welfare for the United Kingdom.² Starting from a standard measure of personal consumption, the index makes a series of adjustments for factors which relate to human welfare and environmental sustainability. While the index does not purport to establish a single number as "true" welfare, it does allow an important assessment of relative performance over time.

Applied to the British economy, the index shows a striking difference to trends in gross national product, the most cited macroeconomic indicator of progress. Gross national product per capita was 2.3 times greater in real terms in 1990 than it was in 1950, with an average year on year growth rate of 2.1%. In contrast, there was virtually no overall growth in the index per capita over the same period. In 1990 the index was just 3% higher than it was in 1950, with an average growth rate of 0.1%. The difference between gross national product and the index per capita was particularly great from the mid-1970s onwards. Whereas, over the first half of the study (1950-74) sustainable economic welfare rose broadly in line with gross national product, in the past 15 years it has fallen dramatically—

declining at an average rate of almost 5% a year over the 1980s.

The reason seems to be a rising toll of social and environmental costs that are increasingly reflected as real losses in terms of welfare. The "externalities" ignored by macroeconomics are coming home to roost. In short, for all its sophistication, macroeconomic policy still does little more than assume that if one key indicator of economic output (gross national product) goes up, sustainable welfare will improve. Health professionals have much to offer in the development of new indicators that can contribute to a more sophisticated debate on the part of economists and policymakers.

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- 1 Draper P, Crombie H. Health and economic policy. *BMJ* 1995;311:1-2. (1 July.)
- 2 Jackson T, Marks N. *Measuring sustainable economic welfare: a pilot index for the UK*. London: New Economics Foundation and Stockholm Environment Institute, 1994.

BMJ should declare its own conflict of interest

EDITOR,—I have noticed that you encourage the declaration of conflict of interest and source of funding of authors of papers published in the *BMJ*. I am concerned, however, that the *BMJ* fails to declare its own conflict of interest created by carrying advertisements for pharmaceutical products when, in the same edition, papers are published on related topics.

On 26 November 1994 there was a large, glossy, two page spread for co-amoxiclav in the same edition as a review article on the diagnosis and management of sinusitis in which amoxicillin (with or without clavulanic acid) is recommended; on 7 January 1995 there was a two page advertisement for filgrastim only a few pages from a review article on bone marrow transplantation in which the authors indicate that such agents are useful to reduce neutropenia; on 8 April 1995 tinzaparin was advertised a few pages away from an article on recent advances in orthopaedic and trauma surgery, a serious complication of which is the development of deep venous thrombosis. These examples are from editions of the *BMJ* taken at random from the shelf of a hospital library, but similar examples may be found in virtually every edition.

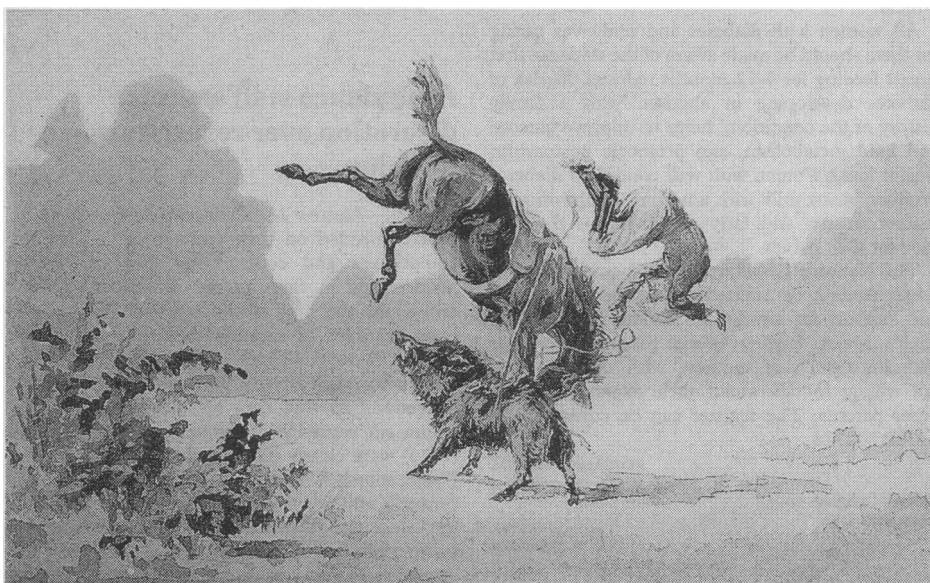
I do not wish to imply that the authors of these articles were in any way biased towards any particular product, but I fear that the *BMJ* may be unduly influencing readers by coincidentally publishing such advertisements. Advertising is obviously a major source of income for the journal (£4368 a week for a two page display advertisement) and presumably is a cost effective way for pharmaceutical companies to influence the prescribing habits of doctors. I am concerned that the journal may be, unwittingly perhaps, aiding the industry in applying that influence.

The *BMJ* has a notable tradition, particularly in recent years, for being a little smug and rather holier-than-thou. Perhaps, before preaching at potential authors, it should take a look at its own standards, get its own house in order, and declare its own interest when carrying advertisements.

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** The longstanding policy of the *BMJ* is that the advertising department does not know which papers are going to appear in the journal and the editorial department does not know which



How pig sticking injuries occur