US courts challenge evidence from DNA fingerprinting

Controversy surrounding the US National Research Council's endorsement of forensic DNA tests is limiting their use as evidence in criminal cases in US state courts. Courts in California and Massachusetts and on the island of Guam have ruled that DNA fingerprinting still lacks a scientific consensus.

The worry is that a DNA test could give a positive result by chance because the exact genetics of the population are not known. On 8 September the United States Law Week reported that "ongoing debate about the impact of population substructure on the statistical validity of DNA 'matches' noted in a National Research Council report released in April—prompted the Massachusetts Supreme Judicial Court [on 20 July] to conclude there is a lack of general scientific acceptance concerning the method Cellmark Diagnostics laboratory and the Federal Bureau of Investigation use to calculate DNA profile frequencies." And two weeks ago Nature reported that the California Court of Appeals and the US District Court of Guam had also ruled "that the scientific uncertainty over the role of population substructure in calculating the chance of DNA matches is too great to pass the so-called Frye test, a measure of scientific acceptance needed for legal acceptability set out in a 1923 decision by the US Supreme Court." The appeals decision in California affected two cases—a murder (Howard) and an attempted rape (Barney)—in which blood and semen samples were the sources of DNA analysed by a crime laboratory. "Howard and Barney raise almost identical issues pertaining to the question whether there is general scientific acceptance of DNA analysis and the adequacy of the [Frye test] in each case," the court said.

The National Research Council's report "acknowledges there is a 'substantial controversy' concerning the present method of statistical analysis," the court said. The court noted that the report "does not, however, choose sides in the debate, but instead 'assumes for the sake of discussion that population substructure may exist.'"

The research council, an arm of the National Academy of Sciences, issued its report DNA Technology in Forensic Science on 14 April. That morning an article in the New York Times predicted that the council's study committee would conclude that DNA tests "should not be allowed in court in the future unless a more scientific basis is established." But the study committee's chairman, geneticist Victor McKusick of the Johns Hopkins Hospital in Baltimore, Maryland, held a press conference to denounce the newspaper's article and "confirm the general reliability of using DNA typing in forensic science."

The New York Times corrected its error the next day. But the damage had been done. An aid to Congressman Don Edwards, a Democrat in California, told the industry newsletter Biotechnology Newswatch that the article was "clearly overstated. Unfortunately, the response [by McKusick] was to underestimate the report's conclusion. The report is quite critical of the way DNA evidence has been handled up to now."

Indeed, the conclusion of the National Research Council's report is not clear. "DNA typing for personal identification is a powerful tool for criminal investigation and justice," it says. "At the same time, the technical aspects of DNA typing are vulnerable to error, and the interpretation of results requires appreciation of the principles of population genetics." One of the report's main recommendations is that "courts should require that laboratories providing DNA typing evidence have proper accreditation for each DNA typing method used." Another is that the Department of Health and Human Services should establish mandatory accreditation, in consultation with the Department of Justice.

Despite the controversy, prosecuting attorneys are confident that forensic DNA tests will be accepted in all US courts eventually, said Barry Fisher, who directs the crime laboratory for the Los Angeles Sheriff's Department. Several months before the report was issued the Federal Bureau of Investigation changed the way it calculated the odds that DNA typing would identify the wrong person (BMJ, 18 January, p 139). Fisher told the BMJ that the American Association of Crime Lab Directors—Laboratory Accreditation Board, which he chairs, would propose standards of accreditation for forensic DNA testing to its members at the end of this month.

Fisher said that the state's attorney general would appeal against the Barney-Howard ruling to the California Supreme Court. "There's a difference of opinion between academics and people in the trenches," Fisher said. He noted that estimates for a DNA match occurring by chance ranged from 1 in 10000 to as high as 1 in 738 million million. "I don't care," he said. "Even if it's 1 in 10000 that's more than enough."

DNA accepted in British courts

DNA profiling is widely accepted in Britain's criminal courts, although the Court of Appeal has not so far formally considered the technique. Criminal lawyers could not think of a case where a judge had thrown such evidence out. The danger, according to Peter Allridge of Cardiff Law School, writing in this month's Criminal Law Review, is that DNA profiling may be considered infallible and defence lawyers may regard the evidence as unchallengeable. "What appears to have happened is that the mere mention of DNA evidence for the prosecution has generated
Rome bans smoking: An Italian environmental protection agency is claiming that the government intends to ban smoking in public places in Rome. The ban will include bars, restaurants, and indoor markets and will take effect in three weeks' time.

US public health system fails to attack diseases: A report from the National Academy of Science urges health officials to be aware of the potential for epidemics. The report says that public health surveillance systems are unable to detect threats from either new diseases such as AIDS or the re-emergence of tuberculosis.

British government relaxes adoption rules: Local authorities will no longer be allowed to impose upper age limits on adoptive parents under changes to the adoption law proposed by a government working party. Racially mixed adoptions will be allowed, while discretionary government Preference will still be given to the adoptive from either new diseases such as AIDS or the re-emergence of tuberculosis.

German controversy over dead mother's fetus: In an attempt to save her 14 week old fetus an 18 year old dental nurse is being artificially ventilated after a car accident. The case has aroused controversy in Germany since the accident on 5 October. Newspapers have accused doctors of being perverted in their judgment.

University staff's reduced pay rise: University staff in Britain, including medically qualified preclinical teachers, will receive a salary rise of 4.2%, backdated to April, with an extra discretionary 0.75% available for performance related pay. The payment is 2% less than an award agreed by employers but vetoed by ministers, who refused independent arbitration.

FDA prohibits 415 drug ingredients: The Food and Drug Administration will prohibit the sale of 415 ingredients contained in over the counter medicines because they have not been shown to be effective for their stated aims. Peppermint will no longer be available as a digestion aid.

More medical schools: New universities in Britain, such as Brighton and Plymouth, are considering establishing medical schools, the Times Higher Education Supplement reports. They are encouraged by the suggestion that the Department of Health might increase the quota of medical students by 10%.

Manufacturers fined for vitamin claims

A health food company last week became the third vitamin pill manufacturer to be fined for making exaggerated claims that their products could boost children's IQs. Larkhall Natural Health was fined £1000 and ordered to pay £35 000 prosecution costs after being found guilty on three charges under the Trade Descriptions Act over the packaging of its vitamin and mineral supplement, Tandem IQ. The controversy over the effects of supplements on children's IQs, which dates from a study in 1988 by Dr David Benton, a research psychologist at the University College of Wales at Swansea, was thrashed out over five days at Shrewsbury magistrates' court.

Shropshire trading standards department, which brought the case, alleged that the packaging of Tandem IQ, which showed two children reading, gave the impression that the product could improve the intelligence of all children, not just those who were poorly nourished. David Roberts, chief trading standards officer, said: "We're pleased with the outcome. It vindicates the view that the experts advising us took, that this was too general a claim. It acts as a warning to others to make sure they use scientific evidence carefully."

The stipendiary magistrate, Harry Hatchard, said he accepted that the company's packaging was not a deliberate hoax. Its chairman, Dr Robert Woodward, genuinely believed the product could enhance children's IQs. The company's offence lay in not taking sufficient care to limit the claims for its product. The magistrate said he was satisfied that there was reliable evidence that only children with a dietary deficiency were likely to benefit from vitamin and mineral supplements.

Tandem IQ and two similar products, Vitachieve and Boost IQ, became best-sellers after the TV science programme QED publicised Dr Benton's study. He had tested two groups of 12 year olds and then gave one placebo and the other pills containing a mixture of vitamin and mineral supplements. Those given the supplement gained seven IQ points on average.

The prosecution will cost Larkhall nearly £100 000. The company put its own costs—including the expense of flying in expert witnesses—at around £70 000. The other two manufacturers Seven Seas and Raw Power pleaded guilty earlier and were each fined £4000 for making false claims about their respective products, Boost IQ and Vitachieve.—CLARE Dyer, legal correspondent, BMJ
Labour's policy for London's health

The Labour party declared its policy for London's health services last week, supporting a shift of resources into primary health care and the development of community health centres. But Labour states that no hospitals should be closed until alternative services have been set up under the supervision of a special task force that will report to a new regional health authority for London.

In a statement of principles Mr David Blunkett, shadow health secretary, says that change must be managed carefully over an adequate timescale. He warns against hospital closures being based on financial gain from sales of prime sites. But he also wants to ensure that "vociferous advocates" of a particular hospital do not override the interests of local people.

Labour attributes London's health crisis to consistent underfunding and suspects the government of using Sir Bernard Tomlinson's report on health care in London to implement further cuts and closures. It wants the creation of new NHS trusts and general practitioner fundholders to be suspended and key specialist hospitals removed from the vagaries of competition.

Labour also proposes greater integration of medical training with the capital's academic institutions, possibly leading to the establishment of a London medical science park.

JOHN WARDEN, parliamentary correspondent, BMJ

Untreated sewage brings hepatitis to Hong Kong

A dramatic rise in the incidence of hepatitis A and gastrointestinal disorders in Hong Kong in the first half of this year has been linked to the daily discharge of two million tonnes of mainly untreated sewage and waste water into the colony's heavily polluted coastal waters. A report published jointly this month by three environmental action groups claims that 2242 cases of hepatitis A were reported to the public health department in the first six months of this year—70% above the total of 1297 for the whole of last year. Water Pollution in Hong Kong: A Time to Act states that "the population is at greater risk of...general stomach disorders, as well as eye infections, ear infections and skin rashes."

Mr Henry Morritt, campaigns coordinator for Friends of the Earth Hong Kong, said, "There are indications that the numbers of cases of hepatitis B are also increasing, but we do not have hard figures to back that up. Hepatitis A is transmitted through sewage in the coastal waters, and because so much of it is now being dumped untreated in the bays the marine ecosystem is suffering heavier contamination. Shellfish are a particular problem because they become contaminated and people eat a lot of shellfish in Hong Kong."

Half of Hong Kong's daily sewage and waste water stream is untreated, and a further 40% undergoes only primary treatment to remove solids. "Just 10% receives proper treatment," according to Ms Joanna Ruxton, marine conservation officer for the World Wide Fund for Nature in the colony. "People are increasingly concerned. It became a big issue recently when the colony's sewage strategy was shelved, and we decided to collate all the existing information on water pollution into one report. It's been well received and we understand the authorities are taking it very seriously," added Ms Ruxton.

It is estimated that it would cost $3.2 bn (HK$23 bn) to provide Hong Kong with a centralised treatment system for sewage and waste water. The new governor, Chris Patten, recently allocated HK$3 bn for the project, although overall financing remains uncertain. Mr Morritt explained: "Because the public expenditure figures are so large it does require a great deal of thought, but the colony is reaching a crisis point."

In addition to heavy organic pollution in the colony's coastal waters, figures show increasingly serious heavy metal contamination in sediment layers in the bays. Much of this stems from Hong Kong's many thousands of small metalworking factories, which discharge their untreated, toxic wastes directly into storm drains. Activists claim that heavy metal pollution will pose another serious health threat.

The Hong Kong Environmental Protection Department's own statistics show bottom sediment readings in Kowloon Bay at 8800 mg/kg for copper, 680 mg/kg for chromium, 9.6 mg/kg for cadmium, and 620 mg/kg for zinc. The sediment contamination that the authorities use as a benchmark for action is recorded at 65, 80, 1.5, and 200 mg/kg respectively. "The level of heavy metal and toxic pollution in some of the bays is another real health worry. Hong Kong has been developing for 40 years and that's how long these pollutants have been building up in the bottom sediments," said Mr Morritt. "At the moment there is a great deal of dredging going on for land reclamation and the sediments are being disturbed. These dangerous pollutants are being spread throughout the marine ecosystems."—FRED LENIHAN, freelance journalist, Bangkok

Drug companies pay for research in Canada

The latest evidence of the flourishing partnership between university research and the pharmaceutical industry is the announcement that Canada's first Centre for Molecular Medicine and Therapeutics will be established at the University of British Columbia with the aid of a Can$15 million grant from Merck Frosst Canada Incorporated. The grant is the largest for extramural research Merck has ever made worldwide, and the biggest made by any drug firm to research based in a Canadian university.

The new centre will be dedicated to understanding the genetic causes of disease and developing clinical strategies and new drugs. Scientists will interact with the more than 4000 scientists in Merck's laboratories around the world.

The director will be a specialist in Huntington's disease, Dr Michael Hayden, professor of medical genetics at the University of British Columbia. He is also director of the Canadian Genetic Diseases Network, a consortium of Canada's leading genetics researchers linked with universities and industry.

Prime minister Brian Mulroney's government has strongly encouraged research by the pharmaceutical industry. In 1987 it
The companies responded by the government endorsing that doubling expenditures by the drug companies. The industry increased its research and development investments to about Can $400 million. Last June the government introduced Bill C-91, which follows the GATT proposals.

British Columbia’s government is expected to pay for the new centre’s building, and hopes that this will lead to establishment of a pharmaceutical industry on the west coast. So far, most of the industry is centred around Toronto and Montreal.

Merck Frosst Canada said that it will only go ahead with the new centre if Bill C-91 is passed into legislation. But the bill is strongly opposed to generic drug manufacturers, who claim that it will lead to a rise in drug prices.

Nicholas Leluk of the generics’ Canadian Drug Manufacturers Association maintains that prices of new drugs are now higher than before as a result of Bill C-22. But the Prices and Medicines Review Board, set up to monitor prices after Bill C-22, claims that between 1987 and 1990 prices of existing patented drugs remained consistently below its guidelines and the Consumer Price Index.

Leluk points out that provincial health ministries face rising drug costs—close to $900 million this year in the case of Ontario. There the rise has been close to 20% annually, in Alberta 18%, and in Quebec 17.5%. Provincial health ministers have set up a task force to study how to reduce costs.—DAVID SPURGEON, medical journalist, Canada

**Unicef gets ceasefire in former Yugoslavia**

Unicef have received a firm promise from all the political leaders in the former Yugoslavia for a one week ceasefire beginning on 1 November. The ceasefire will allow convoys to reach up to one million children, bringing them winter clothes, blankets, medicines, and vaccines. “We have talked to every political leader in this conflict,” said Edith Simmons, Unicef’s liaison officer in former Yugoslavia. “We have got a military undertaking that they will stand down for a week of tranquility for the children. We believe that it will work where other ceasefires have not because we have looked these people in the eyes and asked them how much they care about their children. If someone shoots—the whole world will see it. We have told them that the winter is democratic. It will kill the children from all sides.”

Unicef are putting out adverts 12 times a day on Croat and Serbian television—promoting the week of tranquility. “If it fails then there will be scenes like the siege of Leningrad—with hundreds of thousands of children and elderly dying” said Edith Simmons. “The television cameras will be there to record it and the world will find it unbearable to watch.”

There are now over 150000 refugees in Bosnia-Herzegovina—most of them women and children, according to Unicef’s latest figures. Unicef estimates that over 317000 children, pregnant women, and nursing mothers in Bosnia-Herzegovina are likely to need supplementary feeding. The numbers are higher in Serbia and Croatia, where crowded collective shelters increase the risk of epidemics, which are now more likely with the onset of winter. Sarajevo is trying to restore its electricity and water supplies. Hospitals in most of the former Yugoslavia are already short of basic drugs, vaccines, and medical equipment. A quarter of all the working space of hospitals and health centres has been destroyed.

Unicef says that 1417 children have been killed and 29169 wounded in Bosnia-Herzegovina since the war started. Unicef predicts that if the ceasefire is unsuccessful children will be dying of starvation within three weeks.
The world awaits to see how the military value children

The agency estimates that 900,000 children have been traumatised by the war. "I visited children who had been living in cellars for six months. They had gone without fresh fruit and had not been to school for six months," said Edith Simmons. "I interviewed one child who had been sitting on his mother's lap on a bus that was attacked by snipers. His mother was shot dead trying to protect him."

To help children come to terms with their experiences Unicef has set up workshops for local psychologists, teachers and for parents to learn "first aid trauma." "We ask the children to draw a picture of their village before and after the war or write an essay on what they would do if they were president," explained Ms Simmons. "These children are confused. They cannot understand why their friends and neighbours have turned against them. They are all terrified of grenades. Many have seen their fathers killed. Adults prefer to think that children haven't taken these things in—but there is a need for children to talk about their experiences. It is hard for adults to hear it. You feel so ashamed."—LUIZA DILLNER, BMJ

New guidance for whistleblowers

The right of NHS staff to freedom of speech about health service issues and the care of patients is formally recognised in draft guidance issued last week by the Department of Health. It proposes "fair and effective" local procedures through ascending levels of management up to chairman, with disclosure to the media as a last resort. By emphasising that no penalties should be imposed on staff who raise genuine concerns, the guidance answers allegations that NHS employers are trying to silence whistleblowers.

The guidance states that all NHS staff have the right and duty to raise with their employing authority or trust any matter of concern they may have about health service issues. Stating that the interests of patients are paramount, the guidance says that employees have a duty to draw to the attention of managers any matter they consider to be damaging to patient interests and to put forward suggestions for improvement.

Each NHS employer should draw up policies and procedures locally to enable the rights and duties of staff to be fully and fairly met. Under no circumstances are employees to be penalised for using the procedures. If grievances cannot be resolved informally they can be formally referred all the way up to the chairman of the health authority or NHS trust.

The main constraints relate to confidentiality. Unauthorised disclosure of personal information about any patient will always warrant disciplinary action. Under common law employees also have an implied duty of confidence and fidelity to their employer. A breach of this duty may also result in disciplinary action whether or not there is a clause to that effect in a contract of employment.

As a last resort an employee may "contemplate the possibility of disclosing to the media a matter of genuine concern"—but should first consider the possible consequences of such an action. Any unauthorised disclosure of matters relevant to the employer's responsibilities might represent a serious breach of contract. Employees are advised to seek advice from their professional or representative bodies.

The guidance states that all staff must retain the right to consult their professional organisation or trade union. Comments on the guidance are invited by 13 November to Peter Hall, NHS Management Executive, Room 234, Quarry House, Quarry Hill, Leeds LS2 7UE.—JOHN WARDEN, parliamentary correspondent, BMJ

Technologies need to be tested

Doctors would not prescribe a drug that had not been tested but they offer other health interventions that have never been rigorously evaluated. With limited money and a nation's health at stake this haphazard approach is no longer good enough, says a report from the NHS Research and Development Division.

In future, says the report, all new health technologies offered to the NHS should first be evaluated to see if they make people healthier at reasonable cost. The term health technology is used to describe both "hardware" such as drugs and equipment and "software" such as health education, clinical policies, and human skills. The report states, "if an approach is beneficial, cost effective, and affordable for particular patients it should be widely available to them. If not, then it should be abandoned."

But some technologies require high capital outlay and show their real value much later. The initial expense of providing oxygen concentrators at home for people with chronic bronchitis might seem too high if researchers did not wait to see the long term benefits. To avoid throwing out such valuable interventions a thorough system of assessment is needed.

Firstly, all possible outcomes of introducing a new technology should be considered. These may include clinical, administrative, financial, and social implications. For example, the widespread introduction of day surgery has required many changes for surgical units and more work for relatives and district nurses—all outcomes that need to be assessed.

When randomised trials are impossible or inappropriate, large observational studies can provide useful data. Once the data have been collected they can be used by other researchers (particularly before protocols for further study are drawn up) and, in accessible forms, by clinicians, purchasers, politicians, and patients.

To assimilate data of high quality the NHS should appoint special staff, says the report. The advisory team proposes that a proper career structure for health technology assessment is created, along with specialist centres for collecting data. Someone wanting to know about a new treatment for schizophrenia, for example, should be able to contact a centre where all relevant domestic and international psychiatric research (both published and unpublished) has been subjected to meta-analysis and stored in an electronic database.

Such databases already exist for certain diseases, including breast cancer and perinatal problems. Dr Iain Chalmers, chairman of the Advisory Group on Health Technologies, which prepared the report, asserts that "there is an appetite for this sort of information, not only among doctors." For example, many NHS purchasers have already used the database of the National Perinatal Epidemiology Unit in deciding how to spend their budgets. Dr Chalmers was director of that unit for 14 years and has just taken up directorship of the new Cochrane Centre, where he will help to set up and disseminate a register of controlled trials.
British court orders caesarean section

An emergency caesarean section was carried out at a London hospital last week after the High Court overrode the mother’s objections on religious grounds. In the first case of its kind to reach court in Britain, Sir Stephen Brown, president of the court’s family division, granted a London health authority a declaration that the operation would not be unlawful, despite the mother’s refusal.

In a 23 minute court application, Sir Stephen was told that the 30 year old mother, Mrs S, had been in labour for two days. The fetus was full term, in transverse lie, with an elbow projecting through the cervix. The only means of saving the lives of the mother and her unborn child was to carry out a caesarean, and it was a case of “minutes rather than hours,” Sir Stephen was told. The operation was carried out, but the baby died. The mother is recovering.

Medical lawyers believe the case should go to appeal, since—as Sir Stephen, England’s senior family judge, conceded—there is no authority in English law for a competent patient’s refusal of treatment to be overridden, even if the result is certain death. In addition, earlier cases have established that a fetus has no rights under English law.

Sir Stephen said there was “some American authority” which suggested that a declaration should be made in the circumstances of the case. However, the case he cited, that of Angela Carder, established that mothers should be forced to undergo caesareans against their will only in “extremely rare” and “truly exceptional” cases. The case, the first to go to a fully argued appeal, is widely credited with having stemmed the tide of caesareans ordered by American courts, which were numbered in dozens.

Margaret Puxon, a QC and former obstetrician, said that the decision would probably be overruled by the Court of Appeal if Mrs S appealed. Allan Levy QC, who has appeared in most of the leading cases on consent to treatment, said: “I hope it goes to appeal—it’s too important not to. It should go to the House of Lords.”

Angela Carder, a patient at George Washington University Medical Center in Washington, DC, was dying of cancer and 26 weeks into her pregnancy when the hospital won a court order permitting a caesarean against her will and over the objections of her family and the doctors caring for her. Mother and baby died. The appeal court ruled that the order should never have been granted. After the appeal Ms Carder’s parents sued the hospital and won undisclosed damages in an out of court settlement and an agreement from the hospital that it would set up an in house ethics committee to safeguard pregnant women’s rights and would “virtually never” take such cases to court in future.

Mr Levy said it seemed that Mrs S could also bring a civil action, for assault, if the Appeal Court ruled that the High Court declaration was wrongly made. But the damages would be likely to be minimal, he added.—CLARE DIKER, legal correspondent, BMJ

Nurses still feel overworked and underpaid

Many nurses believe that working above their normal hours is an inevitable part of their job but fear that it makes them unable to provide patients with the kind of care they need. A survey of 3000 qualified nurses, by the Institute of Manpower Studies, finds that they are still struggling to complete essential tasks, paperwork, and other duties. Less than half of the respondents thought that they were paid fairly considering their level of responsibility. Two thirds of nurses thought that career prospects were becoming less attractive, and almost half said that they could earn more money for less work if they left the profession.

Despite these findings the proportion leaving nursing has fallen to under 7% from 11% in 1986-7. The report says, “Most nurses have spouses, and in most cases their nursing jobs will be seen as more secure than jobs outside the health care sector.” When asked about job satisfaction only 9% were negative about nursing. Three quarters of the nurses were working in the NHS and most were working in acute specialties.

Since the early 1980s the number of nurses employed by general practitioners has risen from nearly 4000 in 1984 to over 13,000 in 1990. The increase has been due to the greater emphasis on health promotion activities encouraged by the 1990 general practitioner contract, the introduction of general practice fundholding, and the proposals in The Health of the Nation. One in six practice nurses had changed their employment in the past six months, most moving from an NHS hospital post. Practice nurses were most satisfied with their work. One nurse commented, “Before being employed as a practice nurse I worked as a district nurse. I moved because of the management and lack of flexibility in what nurses were allowed to do. I am now treated with more respect and am encouraged to train to develop other nursing skills.”

The survey was submitted to the nurses’ review body to back up its claims for an 8-7% pay rise. The college’s secretary, Ms Christine Hancock, commented, “There is clearly a high level of unpaid, unchosen overtime being worked.” She believed that the survey confirmed anecdotal evidence of growing pressures on nurses.—LINDA BEECHAM, BMJ

Motivation, Morale and Mobility: A Profile of Qualified Nurses in the 1990s is published by the Institute of Manpower Studies, Mansell Building, Falmer, Brighton BN1 9RF, price £15.

Royal Society calls for career changes for scientists

Poor conditions and career prospects for researchers were the commonest issues raised by the more than 300 people and organisations who responded to the Royal Society’s 20 month inquiry into the science base in Britain published this month. “As professional scientists we believe that an inadequate number are being trained for the next generation . . . the majority of lively, young people, with the necessary intellectual gifts, seek training in other careers from an early age, and we have difficulty in persuading young science graduates to embark on a research
Indian courts clamp down on private medical schools

In the past few months India's highest courts have condemned the spreading privatisation of medical and dental education in several states. The controversy started when the Andhra Pradesh state government introduced an amendment to an act on educational funding, thus allowing medical and dental colleges to charge private fees for up to half of all their places.

The state's High Court ruled against the amendment, saying that it would contravene equality clauses in the Indian constitution and lead to a two tier system of education. The High Court also quashed two orders by the state government that would have allowed the opening of 12 more medical and eight more dental private colleges in the state.

In turn the Supreme Court ruled that Andhra Pradesh had a fundamental obligation to provide a choice of (non-private) education and asked all state governments, the Medical and Dental Councils of India, and the University Grants Commission to submit plans on college funding. Chief Justice M H Kania observed that racketeering in private colleges must be stopped.

Andhra Pradesh is not the only state where private medical education has been proliferating. In Karnataka approximately 1000 medical rupees in fees are collected annually and a single place to study medicine costs up to 12000 rupees. In Maharashtra state in 1988 the government banned the collection of private educational fees but continued to allow "donations" to colleges.

In response to the controversy the central Indian government has decided that no new medical and dental colleges should open without the prior approval of the Medical and Dental Councils and has passed new legislation to ensure that this happens. Without such restrictions on approval until now colleges have mushroomed—there are 117 recognised and 27 unrecognised medical colleges in India. Many have lobbied for recognition after opening, sometimes exerting political and industrial pressure through strikes.

A further examination of medical training will be carried out by a special ministerial committee set up by the National Development Council on Medical Education and led by Professor J S Bajaj. The committee will review the standards required for entry to medical school and the quality of education and will attempt to predict future needs for medical manpower in India—ZAKA IMAM, medical writer, Lucknow, India

Launch of Official Health Statistics Users Group

"A whole paradigm shift is needed, not just in Britain but elsewhere," said Bill McLennan, the newly appointed head of the Government Statistical Service. "Statistics should be collected according to the needs of the users rather than the needs of collectors."

Mr McLennan was giving his backing to the newly launched Official Health Statistics Users Group at a meeting in London this month. Similar groups have been set up by users of statistics on trade, the labour market, transport, and housing under the auspices of the Statistics Users' Council.

Users at the meeting must have felt that they were pushing at an open door. Providers of statistics from the Office of Population Censuses and Surveys, Department of Health, and Health and Safety Executive described how much more customer oriented they had become recently, giving the audience details of the statistical series that they collected. In addition, the Department of Health provided a directory of relevant
names and telephone numbers for its statistics division.

To be fair, the user unfriendliness of government statistics over the past decade has hardly been the providers’ fault. It dates from the Rayner report of 1981, which laid down that government statistics should be collected primarily to fulfil the government’s needs and not those of other interested parties. Swingeing cuts followed in both staff numbers and the volume of statistics collected.

The current poor quality of economic forecasts by the Treasury has been blamed on these cuts; the omission of an adequate commentary to the last decennial supplement on mortality and socioeconomic status published by the Office of Population Censuses and Surveys was the most notorious casualty in health and social security statistics.

Mr McLennan arrived from the Australian government’s statistical service six months ago with a reputation for making government statistics more user friendly and for marketing them. The prospect of putting a price on government statistics, however, leaves some providers aghast. “Charge a reasonable price and you’ll soon find out whether you’re giving value for money,” responded Mr McLennan.

—TONY DELAMOTHS, BMJ

For more details about the users group contact Klim McPherson, Department of Public Health and Policy, London School of Hygiene and Tropical Medicine, London WC1E 7HT. The next meeting is on 27 October.

For more information about the Department of Health’s statistics division phone 071 972 2000.

EC reaches compromise on maternity benefits

The European Community (EC) has agreed on rules to guarantee a minimum level of maternity leave and pay. In a last minute compromise, the deadlock was broken and a new directive agreed in Luxembourg on 19 October. Britain’s employment secretary, Mrs Gillian Shephard, has welcomed the compromise and at a meeting of social affairs ministers last week offered to include a clause making it clear that the directive was not “equating pregnancy with sickness.”

The directive, which will come into force in just over a year, will give women throughout the community a guaranteed 14 weeks’ leave with pay at the minimum rate of their country’s statutory sick pay as soon as they start work. The directive will also give pregnant women a compulsory two week rest period before birth and outlaw the sacking of women because they are pregnant. The social affairs commissioner, Mrs Vasso Papandreou, had originally proposed a minimum of 14 weeks’ leave on full pay. Mrs Shephard resisted this proposal because it would have placed too heavy a burden on British employers.

Italy had been the stumbling block. The Italian government, backed by the European Commission and parliament, wanted mater-

nity pay set at 80% of the woman’s average earnings rather than the level of sick pay. This had also been called for by Ms Joanna Foster, chairman of the Equal Opportunities Commission and leader of the EC’s advisory committee on equal opportunities. Italian women now receive 10% of their normal pay when pregnant. So the government in Rome argued that the new proposals would mean a step back for Italian women, but it is reassured to some extent by the fact that the Council of Ministers will review the directive after five years.

Women in Britain currently have to spend two years in full time employment or five years in part time employment before they are entitled to six weeks’ leave at 90% pay, followed by a flat rate payment for 12 weeks. The Equal Opportunities Commission has complained that the criteria in Britain are so restrictive that one pregnant woman in five does not receive any benefit. Allowances vary across the community. Luxembourg gives 16 weeks on full pay, Denmark 28 weeks at 90% of pay, and Ireland 14 weeks at 70% of pay. In France and Germany women receive 100% of salary for 16 and 14 weeks respectively. —LINDA BREECHAM, BMJ

The Week

Talk is cheap, deeds are precious

Every fourth autumn Americans must wonder to themselves: “Perhaps we should ask the crown if we can become a colony again. At least in the United Kingdom the election season lasts only five weeks.” Americans are once again numb from more than a year of active campaigning for the presidency by George Bush, Bill Clinton, and, sometimes, Ross Perot.

Much has changed in the past year. Mr Bush’s popularity has fallen dramatically since the Gulf war. Pundits, pollsters, and London betters give Saddam Hussein a brighter future as a world leader. Mr Clinton has carefully stepped out of a backward southern state to capture the Democratic nomination and nudge his party toward the right in the process. Mr Perot, who has spent most of his candidacy saying, “I am not a candidate,” most recently has said that perhaps he is one after all.

Last week the long campaign climaxed with the presidential debates. The first one allowed Americans finally to laugh out loud, thanks to Mr Perot. Asked about his lack of political experience, he looked at Mr Bush and agreed: “Well . . . I don’t have any experience in running up a $4 trillion debt.” But the trio offered little new to American voters. Mr Perot stuck to economics. Mr Clinton spoke repeatedly of the “need for change,” though in vague terms. Mr Bush used “character” as his focal point.

The truly noticeable aspect of the debate was what was not debated: health care. When the campaign started last year medical costs and access were expected to be a top issue. In the interim costs have continued to rise beyond $800 billion ([$465 000 million]), and up to 1000 Americans lose health insurance each day. But during the first 75 minutes of the 90 minute debate the word “health” was spoken three times.

Only the last question specifically asked about health care. Mr Clinton praised the attempts of various states to reform their medical systems, and he mentioned twice that “we have a health care plan,” though he described it no further. Mr Bush answered, “I don’t have time” to answer, but then added that doctor’ fears of malpractice costs were driving up medical costs. (By Mr Bush’s own estimate malpractice fears make up 3% of medical costs in the United States.) Mr Perot’s was a lone voice that said America might do well to look at other countries’ attempts to deal with conflicting pressures of access and costs.

Actually, health care reform is still a political issue. Polls show it to be the number two issue, though a distant second to the economy. Coincidentally, health care is one of the few areas where Mr Clinton and Mr Bush seem to be coming together.

“Managed competition,” described by Professor Alain Enthoven of Stanford University and adopted now by the NHS, is the centrepiece of both the Bush and Clinton health reform plans. Both favour moving Americans to health maintenance organisations—groups of several thousand patients in systems that operate similarly to the NHS—though Mr Bush would do so through tax incentives, while Mr Clinton would arrive at the same end through a period of medical price ceilings.

But that’s the good news. The bad news, as Professor Enthoven and his fellow economists point out, is that both candidates promise much but say nothing about how much Americans will have to pay. But as Mr Perot concluded himself in the first debate, “Talk is cheap, words are plentiful, deeds are precious.”

No politician wants to be accused of raising taxes, and no one in Washington wants to cross such rich lobbyists as the American Medical Association and retired people, who vote more than any other group. Thus Mr Bush has promised more access but has avoided talking about costs. Mr Clinton has promised to cut costs but has been less clear on how he will do that and provide care for all Americans. And Mr Perot maintains that a healthy economy will produce a healthy medical system.

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980 BMJ volume 305 24 October 1992