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Court orders HIV-1 test for baby

Should the law come between a mother and her baby? HealthWatch Committee member and medico-legal barrister Diana Brahams discusses the legal background to this recent groundbreaking case. This article is adapted from a shorter version which first appeared in the Lancet on 11th September 1999 and is included here with the kind permission of the editor.

On Sept 3, 1999 a High Court judge in London, UK ordered that the four-month-old daughter of an HIV-1-positive woman be tested for the virus against the wishes of her parents, who are "alternative health practitioners". The mother, who is licensed to administer shiatsu massage, and the father, who practised for a number of years in the sphere of holistic health care including massage and reflexology, do not accept that AIDS is caused by HIV-1 or that conventional drug therapy for HIV-1 infection is beneficial.

During pregnancy, the mother, now aged 32, refused treatment and an elective caesarean section and instead was delivered in a birthing pool. She has been breastfeeding the baby. It is accepted she and the father (who is HIV-1 negative) love the baby.

However the judge said of the mother, "Her right is to fight her infection - but here I refer to her own infection - in her own way. The mother said in evidence that, when the baby was older, she would talk to her about the possibility of infection, and, if she wanted to take a test, she would allow her to do so. On the evidence before me, that is a hopeless programme for the baby's protection."

Wilson J's "landmark decision" to order testing for HIV-1 does not extend to ordering treatment as yet. The application was made under the Children Act 1989 by Camden Council's social workers, who had been informed of the case by a general practitioner many weeks postnatally. English law assumes parents will act in the best interests of their children unless the evidence shows the contrary. Such evidence will be obvious in cases of child abuse or neglect but more difficult when the parents' conduct results from religious or other belief systems. Originally courts intervened using their wardship powers. Now they do so under the 1989 Act.

Although the order to test for HIV-1 is a "first", it follows a long line of judicial interventions for a child whose welfare or life is at risk. In the 19th century, a child was removed from the care of loving parents for life-saving treatment because they belonged to a sect known as the Peculiar People, who believed in the supreme will of God in preference to medical intervention. More common are applications for blood transfusions for Jehovah's Witnesses. In an emergency, doctors may act in the interests of the child without waiting for a court order.

In 1981 (a few months before the trial of Dr Leonard Arthur for the murder of a baby with Down's syndrome from whom treatment was withheld at the parents' wishes - Dr Arthur was subsequently acquitted), another child with the syndrome was made a ward of court when her parents refused their consent for surgery on her stomach. The Court of Appeal found the parents' decision "entirely responsible" but consented in the best interests of the child and her right to life. (She died a few years later). Templeman LJ's prediction then that there might be cases "where the future is so certain and where the life of the child is bound to be full of pain and suffering that the court might be driven to a different conclusion" has come true.

In general the Court does not lay down a precise treatment regimen but approves what is recommended by the child's medical advisers. In this case, the judge expressed his eagerness to spare the parents the stress of further proceedings and indicated his views on what should happen when the baby's HIV-1 status is known. For

instance, treatment will be advised if the test result is positive. If negative, a second test may be requested eight weeks after the cessation of breastfeeding (because of the long "window" before an HIV-1 infection is identifiable serologically). But what if the mother refuses to stop breastfeeding? ".if she cannot be persuaded by rational argument that she must curb her instinct to feed, I doubt whether the mother would comply with a court order, which would be, in effect, impossible to enforce." The delay of nearly five months in applying to the Court is regrettable.

Diana Brahams

Old Square Chambers, Gray's Inn, London WC1R 5LQ, UK

Reference: In Re B (A Minor) [1981] 1421, CA

Top of page

NEWS: GM on the menu at this year's AGM

This year's HealthWatch AGM is to take place on Tuesday 19th October at the Medical Society of London, starting at 6pm. The address is Lettsom House, 11 Chandos Street, Cavendish Square, London W1M 0EB.

The 1999 HealthWatch Award will be presented to leading science journalist Bernard Dixon, who will present a talk on science versus nonsense in the debate on genetically modified foods.

Further details will be mailed separately to members, or call Press Officer Michael Allen on 020 8789 7813.

Top of page

Research linking electromagnetic fields and cancer deemed fraudulent

The British Medical Journal reports that the key American research linking electromagnetic fields and cancer has been found fraudulent.

In 1992 Dr Robert Liburdy, a cell biologist at the Lawrence Berkeley National Laboratory in Berkeley, California, reported test-tube data that indicated that electromagnetic fields altered the way calcium wandered in and out of the cells. These claims were very important because they purported to link environmental electricity and magnetism with fundamental cell processes.

The research earned Dr Liburdy $3.3m in federal grants. And then someone blew the whistle. The Laboratory investigated and then notified the US Office of Research Integrity. On 17 June that body stated that Dr Liburdy intentionally falsified and fabricated data and claims on the reported cellular effects of electrical and magnetic fields.

Dr Liburdy has vigorously denied that his research is wrong, claiming that the only point of contention is the way he displayed the data graphically. The federal sleuths responded, "This is not a matter of interpreting or graphing-this is fabrication and falsification." Dr Liburdy resigned from the Lawrence Berkeley laboratory last March. Without admitting or denying anything he has agreed to exclude himself from federal contracts for three years and not to serve in an advisory capacity to the Public Health Office.

Last June, after a six-year enquiry ordered by Congress, the US National Institute of Environmental Health concluded that the evidence for a risk of cancer and other human diseases from the electromagnetic fields around power lines is "weak".

Caroline Richmond

Reference: British Medical Journal 1999; 319: 337.

Top of page

Stamping out research misconduct

Guidelines published on 8 September in The COPE Report 1999 signal the scientific community's determination to stamp out research misconduct and the culture in which it is allowed to thrive.

It is estimated that around one in five of all scientific research papers have already been published before in essentially the same format-a phenomenon known as redundant publication. And this represents the more minor and readily detectable scale of misdemeanours that can be committed by doctors and scientists in pursuit of the drive to publish for academic credit.

The Committee on Publication Ethics (COPE) was formed in 1997 by a group of medical editors who were struggling with cases of publication and research misconduct. Their Guidelines on Good Publication Practice

address every stage of the publication process, from grant applications and study design, to how research findings should be released to the media. They were developed in the face of the limited powers available to editors of scientific journals to investigate suspicious cases themselves and in the absence of any independent agency to deal with research misconduct.

Since its inception two years ago, COPE has advised on around 60 cases of research misconduct, details of which are outlined in The COPE Report 1999. Redundant publication was the most common example submitted to COPE, but almost a third of the cases involved breaches of ethics, such as failure to obtain patient consent or ethical committee approval. COPE also dealt with four major cases of plagiarism and five probable cases of data fabrication or falsification, including signature forging and attempts to silence a whistleblower. Many of the 60 cases involved several different types of misdemeanour.

> "As editors of journals we simply don't have in place a satisfactory way of dealing with research and publication misconduct," comments Professor Michael Farthing, editor of the scientific journal Gut, and chairman of COPE. "Nor can we be totally confident that when we've handed it on to somebody else, it will be dealt with appropriately.I believe guidelines will help us do our job better."

The COPE Report 1999 and the Guidelines on Good Publication Practice can be viewed on the COPE website:

Top of page

BMJ tackles CAM

The British Medical Journal is currently running a 12-part series of the ABC of Complementary Medicine. The first issue looked at what is actually meant by the term "complementary medicine"; how this area of medicine developed; how practitioners are trained and regulated and how they might approach the treatment of patients.

Reference: What is complementary medicine? BMJ 1999; 319: 693-6.

Top of page

Thin on proof

The fat patches and fat-burner pills featured elsewhere in this issue represent just the tip of a rather murky iceberg when it comes to products promising effortless weight loss. This August the Advertising Standards Authority upheld complaints against a clutch of companies promoting slimming products by direct mail.

Here is a small selection of offending claims:

> "You are guaranteed to lose 2 pounds of fat every 8 hours ... nature's secrets from the sea Loligo & Padalus Borealis have been combined into one small easy to swallow capsule that can mop up fat like a sponge ... As the active substances absorb the fat you eat you can enjoy all the fat laden, mouth watering food you love so much you never feel hungry ... not even complete fasting or starvation can slim you down and firm you up this fast."
>
> Speedslim (Bionique) 2000, by Bionique Ltd, of London

> "Yes ... eating and drinking as much as you want while slimming down easily without any risk or side-effects is not an impossibility, it's quite the contrary ... millions of astounded viewers saw for themselves, live on television, the rapid weight loss of these 35 people".
>
> Slim Light, by CDF t/a Naturoswiss Institute of Warsaw, Poland

> "The discovery that can change your life forever, NOW DISSOLVE YOUR FATCELLS HOUR BY HOUR. Every medical journal has talked about this new discovery ... now penetrates the skin and goes directly to the massed fat reserves ... dissolves and increases the formation of thyroid hormones which speed up your metabolism in a safe and natural way".
>
> Diet Patch, by Dr Malcolm K Canning t/a VPC Marketing France, of London

> "Thanks to Asparagus Superactivated tablets, the amazing, all-natural discovery from Europe, your weight-loss dreams are about to come true - with NO DIETING WHATSOEVER! ... I GUARANTEE YOU WILL LOSE 10 TO 15 POUNDS IN ONE WEEK ... You lose or IT DOESN'T COST YOU ONE PENNY!
>
> Asparagus Superactivated tablets, by New York Clinics and Laboratories, of London

ASA Monthly Report, August 1999

Top of page

TRADING STANDARDS: Ultra Fat Burner fizzles out

HealthWatch Chairman John Garrow reports on a victory for Trading Standards against a mail order product which claimed to burn excess fat, and explains why it was unlikely to help anyone lose any weight.

At Northallerton Magistrates Court this summer a Mr Edward Smith pleaded guilty to offences relating to a product called Ultra Fat Burner. Trading as Prolean, he had offered this "slimming" product by mail order, claiming it to be "a scientific blend of the three most recognised nutrients for safe and effective control of body fat" and "the ultimate diet aid for losing fat while maintaining lean body tissue."

A leaflet enclosed with the product exlained that:

> "L-Carnitine Tartrate [is] responsible for transporting fatty acids into the body's furnace where fat is burned for energy."
>
> "Chromium Picolinate ... helps ... break down fatty acids, convert fats from sugar into useable energy, control hunger, and promote healthy lean muscle tissue..."
>
> "Garcinia Cambogia (hydroxycitric acid) ... inhibits the building and storage of fat in the body."

These claims were challenged by the North Yorkshire Trading Standards department under the Food Labelling Regulations 1996, and Food Safety Act 1990.

The court was shown expert evidence that **carnitine** is indeed required for the transport of long-chain free fatty acids into the cells of the body where they may be burned to yield energy. Carnitine can be synthesised in the body from the aminoacids lysine, glycine and methionine, or obtained from the diet, especially meat and dairy products. The name "carnitine" shows that it is associated with meat (cf. carnivore), so there is plausibility in the belief that it may build muscle and regulate fat burning. The flaw in the argument is that in normal people eating more carnitine does not make them burn more fat, or build more muscle. Pichard et al [1] studied 16 patients who were on intravenous feeding with a mixture which did not contain any carnitine. For 11 days eight of the patients were given about 800 mg carnitine daily, while the remaining eight were on a carnitine-free formula. After the supplementation period those who had received carnitine did not burn more fat, and built somewhat less muscle, than those who were kept without carnitine.

Concerning **chromium picolinate**: the suggestion is that chromium is an essential element which is involved in the action of the hormone insulin. This is true, but not relevant to the alleged slimming action of Ultra Fat Burner for two reasons. First, if insulin action is below normal (as in insulin dependent diabetic patients) the patient is thin, not fat. Restoring insulin action (e.g. by injection) makes the patient fatter, not thinner. Second, it is clear that the effect of chromium on insulin action can be seen only in individuals who are severely chromium deficient - see review by R A Anderson et al [2].

Hydroxycitric acid (HCA) is not a new drug for the treatment of obesity. More than 20 years ago Dr Ann Sullivan of Hoffman-La Roche was working on the effects of this compound on fat metabolism in the rat. If given in sufficient quantities it competed with the citrate molecule in the Krebs' cycle - a group of metabolic reactions of fundamental importance for production of energy in the body. The results on rats were sufficiently interesting to warrant limited trials in human subjects, but the early promise was not realised, and HCA is not mentioned in current textbooks on the drug treatment of obesity. The problem is that it is very difficult safely to interfere with an essential life-supporting reaction, such as the Krebs' cycle. Most serious researchers suggest that a daily dose of about 1.5 g may be tolerated, and may cause weight loss, but higher doses are dangerous, and lower doses are ineffective. A daily dose of Ultra Fat Burner would provide about 0.5 g. This would probably be safe, but ineffective in causing fat loss.

On 14th June 1999 Mr Smith pleaded guilty to the offences with which he was charged. He was fined £1000 and ordered to pay £735 costs.

John Garrow

References:

1. Pichard et al. Am J Clin Nutr 1989; 49: 283-289.
2. Anderson RA et al. Am J Clin Nutr 1991; 54: 909-916.

Top of page

OPINION: Why are so many nurses peddling new age therapies?

Are new age treatments a con? Leading broadcaster, nurse, and patients' representative Claire Rayner, posed the question in The Guardian recently and has kindly given us her permission to share her views with HealthWatch members.

Please read the following carefully. It purports to be the definition of a practice called "therapeutic touch" which is offered to nurses as valuable to their practice.

> "A knowledgeable and purposive patterning of patient-environment energy field process in which the nurse assumes a meditative form of awareness and uses her hands as a focus for the patterning of the mutual patient-environmental energy field process."

Can't make head or tail of it - even after reading it several times? Neither could I. Now that wouldn't matter if I had happened to find the sentence while leafing through The Snake Oil Purveyors' Gazette or even Quack's Weekly, but I didn't. I found it on the editorial pages of the Nursing Standard, a respectable journal which is aimed at professionals in a field that is rapidly becoming more academic, with PhDs and professors of nursing popping up everywhere like daffodils in spring.

Gobbledegook about this sort of new age stuff is appearing all over the place nowadays and is, indeed, in high fashion. However, most sensible people would expect nurses-who are supposed to base their practice on a solid academic understanding of the workings of the human body and mind built on sound research and scientific principles-to be at the forefront of efforts to protect a gullible public from such charlatanism.

Yet a taste for complementary "therapies" is widespread among nurses, and many are setting themselves up as practitioners. Naturopaths, iridologists, reflexologists, Dr Bach's flower remedy pushers-far too many of these are ex-nurses. And when they tell their clients that they are trained nurses as well as practitioners of esoteric nonsense, they do the nursing profession a real disservice.

Why is it that intelligent, educated men and women are getting involved in this stuff, let alone suspending their disbelief in it? Why are they doing it? Could it be that they miss the sort of work that has now been handed over to healthcare assistants and yearn to be what they had hoped to be when they came into the profession: hands-on carers? Look at the sort of things nurses are doing when they take up so-called complementary therapies. They are touching people, rubbing oils, handling feet and looking into eyes - it is real contact with whole people. Bring that back into nursing and patients and nurses will be happier.

Others disagree strongly, however. When I first wrote along these lines in the Nursing Standard last month, the response from many nurses involved vitriolic letters of disagreement. I was accused of not being open-minded enough, but I don't think that's true. I simply think there's a difference between an open mind and a gullible one.

The nurses who protested missed the point: these "therapies" are not therapies in terms of treating illness. They're methods of making patients more comfortable.

A blanket bath takes perhaps 20 to 25 minutes if properly given and leaves the patients feeling very comfortable and relaxed indeed. But no one would call it a treatment. Too many of these quackeries are little more than forms of blanket bath dressed up in fancy language.

Where there's scientific evidence that a technique works, I'm perfectly happy with it. Acupuncture and deep body massage, which release endorphins (the body's natural opiates), are cases in point.

But staring into people's eyes and claiming you can diagnose heart disease, as iridology does, and rubbing feet and saying you can spot gut disorders are not scientifically proven.

These are the techniques I find so objectionable. I also have deep doubts about homeopathy, which gives people vanishingly small doses of drugs which can't possibly exert any effect (although admittedly they can't do any harm either).

The part of homeopathy that works is the well-known placebo effect, plus the amount of time the practitioner spends talking to the patient, and I'm all in favour of that. Where comforting techniques are used in addition to good, solid orthodox medicine, splendid. It's the use of them as isolated "specialities" that, I believe, is the sort of charlatanism that preys on a gullible public.

And it's not just nurses, by the way. Doctors are falling for this new age nonsense too. I suppose we should be grateful they're not yet treating people according to their signs of the zodiac.

Claire Rayner

This feature was originally published in The Guardian, on Tuesday 20th July 1999

See also Newsletter no 30

Top of page

CONSUMERS' ASSOCIATION: Does Healthline give the right advice?

Dr David Bender was satisfied by the health information supplied by the Consumers' Association in their telephone advice lines on Vitamins and Additives. Less so was Professor John Garrow, who reviewed a selection of CA Healthlines on alternative medicine. Here are their reports.

If you want advice on a health matter it is easier to pick up the telephone and dial a number than to visit your GP, so it's not surprising that the demand for telephone health advice is so great that the Consumers' Association's Healthline service now offers pre-recorded information on no fewer than 490 health topics. Both conventional and alternative medical topics are covered, and all for the price of a local call. But can you trust the advice given? Here follow HealthWatch verdicts on the Consumers' Association Healthlines we called recently.

David Bender reviewed two tapes on nutrition-related subjects.

Vitamins: This is a six-minute tape with general information about vitamins - all very unexceptional. It begins with a brief introduction about vitamins, then goes on to tell you that a well-balanced diet will provide all your nutrient requirements, so you don't need supplements - and gives a few numbers for tapes on well-balanced diets for various groups of the population.

There are welcome notes about the possible toxicity of fat-soluble vitamins taken in excess, and, towards the end, a comment about the problems of vitamin B6 supplements (see HealthWatch Newsletter issue 28, January 1998). There is a very clear warning about the dangers of vitamin A supplements in pregnancy, and some comments about vitamin C which suggest that in excess it may cause gout (a new one to me) and kidney stones (probably not correct, but well-established in the literature).

The tape goes on to note that there are groups of the population who may require vitamin supplements - and notes that apart from folic acid for women who are planning pregnancy (and there is a separate tape available about folate) you should take the advice of your doctor or consultant before taking vitamin supplements.

All in all this is a sound piece which emphasises that most people do not need vitamin supplements, and will simply be wasting money if they buy them. There are warnings against mega-dose supplements, and it finishes with reminding you to take medical advice, and the fact that a good diet will meet your needs.

Additives: This six-minute tape begins by defining food additives, and notes that not all are artificial - many are from natural sources. It then lists the main classes of additives, and why they are used in food manufacture. There is an explanation of the E-number system, with some examples of classes of E-numbers, and a clear statement about the safety testing of permitted additives.

It then goes on to note that some (few) people may have idiosyncratic reactions to one or more additives, and mentions tartrazine, a group of colours and preservatives specifically. There is then a very balanced note about hyperactivity, which states that while some people have linked this to food additives, there is no evidence.

The tape finishes by giving the MAFF Consumer Helpline phone number for further information: 020 7238 6550.

Both tapes give simple, clear information - not exciting, but what you would expect to find in an encyclopedia or similar reference book in the public library (or, if you are so inclined, one of the electronic encyclopedias). As much as the intelligent lay-person would want to know, and all sound clear advice.

Alternative medicine John Garrow listened to the advice lines on acupuncture (three minutes), Alexander technique (five minutes), chiropractic (four minutes), food allergy (eight minutes), herbalism and Bach flowers (seven minutes), homeopathy (four minutes), massage and aromatherapy (six minutes), osteopathy (four minutes, and reflexology (seven minutes).

These recorded messages are very reliable as a guide to the public about the nature of the therapy on offer, and how to contact the various umbrella organisations which can vouch for the training of a given therapist. In one case (Food allergy) the commentary warns about common public misconceptions, but so far as the complementary therapies are concerned there is no critical analysis of the efficacy of the therapy. This is a departure from normal Consumers' Association policy, which is based on testing goods and services, rather than accepting the claims of the vendors. In the CA book "Guide to Complementary Medicine" written by a freelance journalist, Barbara Rowlands, the evidence of efficacy is frankly reported. For example of Bach flower remedies the section on efficacy says "No clinical trials exist to show that they work. Analyses show that there is nothing in them but alcohol and spring water." It concludes that the benefit is either from a placebo effect, or the brandy in which the tincture is preserved. For some remedies for which there is no helpline recording the absence of evidence of efficacy is explicit-for example for iridology "iridology is no better than chance in diagnosing gall-bladder disease" and for kinesiology for detection of food allergy "the results were no better than chance".

It is regrettable that CA, which has a reputation for objectivity, seems to have deserted its normal standards when reporting on complementary and alternative therapies.

Top of page

FORUM: Are they mistaken to call for "war on cancer"?

Dr Neville Goodman argues that while emotional pleas in favour of increased funds for cancer research gain popular support, there are more practical ways of spending the health budget than to focus on that elusive cure.

Listening to patients is part of the Zeitgeist. Doctors should always listen to their patients as individuals. A great deal of the current reported dissatisfaction with doctors has its roots in doctors either not listening to their patients or not talking to them. Far less comfortably part of the Zeitgeist is doctors having to listen to patients on matters of health policy.

In a disturbing story in the Independent on Sunday ("Medical schools embrace the New Age", 1 August 1999), the director of medical studies at Newcastle University justified a compulsory course on complementary medicine with an extraordinary statement. "Doctors have to respect their patients' healthcare beliefs," he was quoted as saying. I have no problems with that, but rather more with, "It is no good labelling these treatments as mumbo jumbo when a large number of patients use them." Precisely which complementary therapies are to be studied compulsorily was not stated; illustrations for the article were of osteopathy, acupuncture and aromatherapy. There is to be emphasis on the psychological support gained from the therapies, although psychological support for patients does not require any form of therapy; it just needs time. It does not matter how many patients want or believe in complementary medicine, or how strongly, most of these therapies are mumbo jumbo. It does our medical schools no credit whatever that they are acceding to patients' wishes in what is acknowledged to be a grossly overcrowded curriculum.

While Newcastle is finding time for complementary medicine, Bristol has only recently reintroduced any formal time in the curriculum for oncology, taken away some years ago because of pressure from elsewhere. The treatment of cancer is an area where doctors need to think extremely clearly to enable sensible public policy, especially when there are articulate but misguided cancer patients such as John Grant (Guardian G2, 21 July 1999) entering the debate. John Grant is a former Labour minister who has cancer of the prostate. It is difficult to argue when a sufferer from a disease asks for public action. It seems churlish, almost cruel. But misinformation is misinformation, whatever its source and however worthy the intention.

Grant's article, "Lottery of life", covered two pages of Health Guardian under a sub-heading asking why "so many people in Britain still die from the Big C" and calling for "an all-out war on the killer disease". Through the pages of the Guardian, Grant was addressing the Prime Minister, though he did not "blame the Blair administration for the decades of neglect and the longstanding inability to deal effectively with this killer disease".

Finding a suitable advocate, these same words could be used for any of the other major killers, especially heart disease and stroke. They encapsulate two recurrent themes in populist views of health: the ignoring of human mortality (no one asks what we will die of when cancer, as if it were one disease, is "cured"); and the idea that curing cancer (or any other disease) awaits only sufficient money.

But these grand scheme statements are not the worrying ones in Grant's article; they are more or less political statements, which depend on conviction rather than fact. It is the details that need correction. Grant holds that the first great failing in this country is prevention of cancer, by which he means public awareness of early symptoms. That in itself is an interesting slant, because the only really preventable cancers are tobacco-related, and Grant does not mention tobacco at all. Of prostate cancer in particular, Grant believes public awareness to be minimal. This may be true, but Grant makes a serious and important mistake when supporting the idea that early diagnosis can be the difference between life and death. Grant compares the 45% five-year survival in the UK unfavourably with the 83% survival in the US. These figures, in themselves, are not evidence that early diagnosis prevents death from prostate cancer. In the US, screening is widespread. It is not known how many "survivors" of treatment of early disease would ever have developed frank cancer (there are similar concerns even for the well-established programme for cervical cancer screening, see HealthWatch newsletter issue 33, April 1999), and in any case far more elderly men die with the disease than from it. The "curative" treatment for cancer of the prostate is a major operation (radical prostatectomy), which has unpleasant complications and from which there is a real risk of dying.

Grant believes cancer research is "appallingly underfunded". All researchers want more money. Their jobs depend on it, but Nixon's war on cancer in the 70s achieved little despite many more dollars than Blair can give pounds. Grant calls cancer "Public Enemy No 1". He describes it casting a shadow over most families and he wants a crash programme from our rich society to achieve the crucial breakthrough.

There is no point in declaring anything Public Enemy number one unless there is a realistic chance of defeating it; it merely frightens people, and the language of war is the wrong language. I do not wish to be unkind to him; he has cancer and, as far as I know, I do not (yet). We do need more oncologists, and we need the resources for better organisation of cancer services. There are effective drugs that remain unavailable. Undoubtedly some people die of cancer who should not die. Where John Grant is wrong is in aiming for some Utopian future. Funds are needed now for people who have cancer, and for whom no curative treatment is likely in the foreseeable future. Any cancer "breakthrough" is likely to be unexpected; breakthroughs come from ideas, not from money. Breakthroughs will come in spite of, not because of, "all-out war". We won't speed their appearance by hoping and paying for them, but in the meantime patients with cancer get ignored.

John Grant ends his article by declaring that, "Only the lack of political will can stop us." I think he is absolutely wrong. One day, medical students may read about cancer only in textbooks of medical history (although there is no guarantee; the same was thought of tuberculosis). Hoping too hard for that day detracts and distracts from the needs of today. And when that day comes, we will still be dying of something, and a future John Grant will ask the government of that day for more money for whatever is perceived as the scourge of humanity.

Neville Goodman

Consultant Anaesthetist Southmead Hospital, Bristol

Top of page

MEDIA: Fat patches are back: Healthwatch comments on Talk Radio

Slimming patches based on seaweed (Fucus) are back again, with a new twist. HealthWatch committee member Dr David Bender was asked to appear on Talk Radio's Scam Busters programme on July 14th to comment on a new angle on slimming patches.

They are now being marketed from The Netherlands by an organisation called The European Prize Guild, with a Post Office box number in Rotterdam but, according to Talk Radio, no entry in International Directory Enquiries. People are sent a letter telling them they have won £25,000-and the claim form for the prize is also an order form for slimming patches and capsules.

> The Fat Evaporator Patches "contain natural fucus which sends a signal to fine up your metabolism to naturally burn off all of your unwanted fat". They appear to work only where applied, so you can decide to lose fat from some parts of your body and not others, and we are told "tests have proven 6 pounds lost in 48 hours, 12 pounds lost in four days, 20 pounds lost in only one short week!" "The instant you apply the patch your body is instructed to increase the rate at which it burns off fat in your bodies (sic) own FAT FURNACE"

Dr Bender, who is Assistant Faculty Tutor and Tutor to Medical Students at the Royal Free and University College Medical School, told Talk Radio that a company selling a similar product was found guilty of applying a false trade description and supplying goods to which a false description was applied by Sandwell Magistrates' Court in 1995 (See HealthWatch Newsletter issue 18, May 1995). He also noted that fucus is the family of seaweeds that includes the bladderwrack, the seaweed we collect on the beach to foretell the weather - and it's not very good at that either!

> To go with your Fat Evaporator Patches you also order part 2 of this two part system, "A small natural easy to swallow capsule" that "targets the fat you eat so it cannot be absorbed and you can continue to enjoy all the foods you love while you lose 20, 30, 40 even 50 pounds or more in the easiest way possible. You do not have to control your food intake at all."

Dr Bender told Talk Radio that there is only one medicine licensed to block fat absorption, Orlistat, which is a prescription only medicine, licensed for use together with an energy-reduced diet - and listing gastro-intestinal discomfort and steatorrhoea (fatty diarrhoea) among its side-effects. In fact, the British National Formulary notes that, "Some of the weight loss in patients taking Orlistat probably results from subjects reducing their fat intake to avoid severe gastro-intestinal effects including steatorrhoea."

David A Bender

Department of Biochemistry and Molecular Biology, University College London

Top of page

BOOK REVIEW: homeopathy - What are we swallowing?

by Steven Ransom

ISBN 0-9535012-2-1 Price £6.95

Published by Credence Publications, PO Box15, Uckfield, East Sussex TN22 3WX

I certainly would not wish to insult the author of this highly readable book by calling him fair. Apart from the tea and sympathy bit, there is nothing about homeopathy he likes.

But it looks like fairness to quote extensively from the words of the advocates and admirers of homeopathy and Hahnemann, until you see that these sources are mobilised to provide the arguments to disabuse the system of homeopathy. This adds to its appeal and persuasiveness.

The book is written in a very easy style and takes the reader through the evolution of homeopathy to show how it gained some credence initially because the conventional medicine of the day was so brutal. Above all, it shows

how scanty and how flawed was the research which led to the postulation of the major tenets that "like cures like" and that "less is more".

I would personally have appreciated a fuller account of reviews of clinical trials. Steven Ransom states clearly that he does not see this as part of his remit, so leaves advocates of homeopathy able to claim that more favourable than unfavourable trials have been published. I would have liked it if his robust style had also been applied to the roles of trial quality and publication bias in perpetuating this claim.

This book I recommend highly.

Michael E Allen

Top of page

Top of page
