Informed consent for autopsy: Another fallout of Alder Hey

The Department of Health in the UK has recently published a draft document for consultation regarding postmortem examinations. It discusses the types of autopsies (e.g. coroner’s autopsies, hospital/medical autopsies, autopsies on infants/children), outlines the information given to the deceased’s family regarding the actual procedure and displays the proposed consent forms which can be used.

This is mainly in response to the Bristol Inquiry which commented on the lack of openness, inadequate communication and system failure in the paediatric cardiac surgery cases at Bristol Royal Infirmary and, in particular, to the practice of removal and retention of organs during paediatric postmortems carried out in the Alder Hey Hospital in Liverpool.

The government believes that in the past the organs and tissues were sometimes removed, stored and used without the standard of consent that would be regarded as acceptable today. The Human Tissue Act (1961) has uncertainties regarding removal, storage and use of human organs. The UK Government wishes to review and amend this law. This document gives details as to what is meant by ‘tissue sample’ (piece of an organ as small as a postage stamp removed for histology) for diagnosing the cause of death. It also proposes to give the deceased’s family the option of getting back these samples or lawful disposal by the hospital.

Apart from the issue of autopsy practices, any person being treated in the National Health Service (NHS) will be given the option to allow or to refuse the use of his or her body or tissues (e.g. blood sample, ‘surplus’ tissue of colonic cancer after the surgery) for research and medical education. Such forms with explicit consents are to be developed in the not-too-distant future. As an interim guideline, use of such samples is permitted, without the need for a specific consent, for quality control and audit in laboratories; further guidelines are awaited. A small paragraph also explores the possibility of conducting the autopsy in a non-invasive way.

The implications are wide and complex and will impact on future research and medical education in the UK. It is being argued that any person who expects to get the best possible treatment in the NHS also has an inherent responsibility to contribute towards maintaining the standards of the laboratories and hospitals, research and future medical education; and the government is going a step too far. However, it is clear that striking a balance is difficult, especially after the huge media outcry that followed the Alder Hey inquiry.

Further information can be obtained from www.doh.gov.uk

KEDAR DEODHAR, Belfast, Northern Ireland

Another bridge across the digital divide

Medical practitioners and researchers in about 70 developing countries gained access on 31 January 2002 to one of the world’s largest collections of biomedical literature. The World Health Organization (WHO) and the world’s 6 largest medical journal publishers are making a library of more than 1000 different biomedical journals available through the internet to accredited universities, medical schools, research centres and other public institutions in the developing countries. Until now, developing world medical workers have had little access to the latest in biomedical information due to expensive subscription costs.

The Director General of WHO, Gro Harlem Brundtland calls the new project ‘perhaps the biggest step ever taken towards reducing the health information gap between rich and poor countries’.

The ‘Access to Research’ initiative enables accredited universities, medical schools, research centres and other public institutions in the developing countries to gain access to the wealth of scientific information contained in more than 1000 different biomedical journals produced by the 6 publishers. Until now, subscriptions to these journals, both electronic and print, have been priced uniformly for such institutions, irrespective of geographical location. Many key titles cost more than US$ 1500 per year, and the average subscription costs several hundred dollars, putting the journals beyond the reach of the large majority of health and research institutions in the poorest countries.

Last year, WHO, working with the British Medical Journal, approached the 6 biggest medical journal publishers: Blackwell, Elsevier Science, the Harcourt Worldwide STM Group, Wolters Kluwer International Health and Science, Springer Verlag and John Wiley. The aim was to bring them together with the countries concerned to seek a more affordable pricing structure for online access to their international biomedical journals.

The first stage of the initiative will make more than 1000 of their journals available free or at significantly reduced charges to institutions in those countries. That availability begins with the opening of the Health InterNetwork (HIN) website: www.healthinternetwork.net. A second stage will involve similar access at significantly reduced prices for institutions in other countries. WHO and the publishers will work with the Open Society Institute of the Soros Foundation Network and other public and private partners to extend the initiative, for example, through training for research staff, and improving internet connectivity.

The ‘Access to Research’ initiative is expected to last for at least 3 years, while being monitored for progress. Decisions about how to proceed with further developments will grow from the precedent it sets, and will be informed by the working relationships which have evolved among the publishers and participating institutions. As key components, the project will provide training as well as information and communication technology applications for public health.

Ranjan Dwivedi, Project Manager, HIN-India Project, has clarified: ‘India is not listed in the eligible countries list. However, you can access the journals which are free and do not need a registration with HINARI. For accessing these journals you have to visit the site www.healthinternetwork.net, select the option of “Scientific Publications” and read the section titled “Find Journals by Title”.

‘Once you click on an alphabet all the articles and journals available under that alphabet are shown to you. You can select the one you are interested in. However, we are sorry that, right now, there is no way of detecting which of the journals listed are free and which need registration.’

NOBHOJIT ROY, Mumbai, Maharashtra
Indigenous and less expensive infant warmer developed in Chingleput

A low cost infant warmer and phototherapy unit made completely of locally available materials has been developed and put into use by some of the staff of the neonatal ward of the Chingleput Medical College Hospital. Faced with a situation where the number of infants needing the warmers was much larger than the number available, some of the staff led by Dr Sathya took the initiative to develop the unit. Imported units cost around Rs 100 000, while the locally developed one costs only Rs 10 000. It has been christened the Chingleput Medical College Hospital Model.

THOMAS GEORGE, Chennai, Tamil Nadu

User fees in government hospitals

Over the last few years, successive governments in Tamil Nadu have been gradually introducing user fees in government hospitals. This began with charges for investigations such as ultrasound, CT and MR scans. It has now been extended to specialty clinics for hypertension and diabetes. Unfortunately, user fees have not improved patient care or staff behaviour.

In a way, informal user fees have always existed, because many drugs are usually not available and have to be purchased by the patient. However, traditionally, investigations have been free. With increasing sophistication and cost on the one hand, and pressure on resources on the other, it may not be possible for governments to provide the investigations free. It would have been wiser to have had better planning. Currently, the government has installed CT scanners in all medical college hospitals without training adequate staff. Further, there is the problem of motivation among government employees. The idea that the patient is being done a favour is predominant, and the quality of work is very poor, in spite of the fee being collected.

THOMAS GEORGE, Chennai, Tamil Nadu

Masala

Insulin resistance has been implicated in the pathogenesis of many disease states. It is believed to precede the development of type-2 diabetes. Dietary modifications can have a salutary influence on insulin sensitivity. Isocaloric substitution of carbohydrates (CHO) and monounsaturated fatty acids (Mediterranean diet) for saturated fatty acids was studied in 59 young adults. In comparison to the saturated fat diet, the CHO and Mediterranean diets decreased the LDL-cholesterol (p<0.001) and HDL-cholesterol levels (p<0.001). Steady-state plasma glucose decreased (p=0.023) and basal and insulin-stimulated 2-deoxiglucose uptake in peripheral monocytes increased in both diets (p=0.007) indicating an improvement in insulin sensitivity (Diabetologia 2001;44:2038–43). Lifestyle modifications will have to be taken up seriously to stem the steady rise in diseases associated with insulin resistance.

It seems neurons also need alcohol. The effects of alcohol consumption have been receiving favourable reviews. Yet another study finds that light-to-moderate alcohol consumption (not necessarily red wine!) is associated with a reduced risk of dementia. The prospective study involved 5395 subjects of the Rotterdam Study cohort (n=7983). After a mean follow up of 6 years, 197 individuals developed dementia (146 Alzheimer's disease, 29 vascular dementia, 22 other dementia). Light-to-moderate drinking (1–3 drinks per day) was significantly associated with a lower risk of any dementia [hazard ratio 0.58 (CI: 0.38–0.90)] and vascular dementia [hazard ratio 0.29 (CI:0.09–0.93)] (Lancet 2002;359:281–6).

The recent interest in the beneficial aspects of alcohol consumption should not make us ignore the proven medical and social adverse consequences. Hepatocellular carcinoma (HCC) is a relatively common malignancy. A recent case–control study explored the effect of alcohol consumption and hepatitis B and C virus infection on the occurrence of HCC. The study included 464 subjects with a first diagnosis of HCC as cases and 824 subjects...