

Medicine and the Media

THE LAST SIX Friday evenings should have seen all doctors who are interested in prescribing watching the series of *Kill or Cure?* programmes on Channel 4. My initial feelings, having seen the first programme (14 May, p 1573), have been largely substantiated. It was a pleasure to watch a series presented calmly and without the sense of hysteria that so commonly prevails in many television presentations on adverse drug effects. The factual content of the programmes was good, but I wondered at times how wide a general audience the series would attract. It certainly became recommended viewing for the medical students in Liverpool.

In addition to the first programme on subacute myelo-optic neuropathy, the series covered vaccine damage, the problems with practolol (Eraldin), the role of the Committee on Safety of Medicines, and the problems of compensation. In addition, one programme dealt with the question "Are there too many drugs?" It was pointed out that there are 61 anti-inflammatory drugs and 97 antihypertensive drugs, and we were left to ponder why there were so many drugs of similar action available. The programme did not point out that the CSM cannot prevent a drug receiving a product licence (provided it is effective and safe) just because there are too many already. Maybe the Swedish system has something to commend it. This programme also attacked the use of Slow K as a potassium replacement on the basis of some very sketchy data. The pros and cons of the use of potassium supplements are very complicated and did not come through clearly.

There are of course other criticisms from watching 4½ hours of television programmes, but these do not invalidate the series or the message presented. In the programme on practolol the adverse effects were described at length but relatively little time was spent discussing the benefits of the drug, particularly for those patients who at that time could take no other beta adrenoceptor blocking drug (because of asthma or bronchitis). The Food and Drug Administration was presented in a favourable light for having kept practolol out of the USA, but no comment was made on the "drug lag" effect that has denied patients in America the use of valuable drugs for many years. Inevitably, the CSM came in for criticism, and I felt sorry for Professor Goldberg as he faced the cameras for at least the second time this year. I still had a feeling that the programme was trying to present the CSM in as poor a light as possible. It was taken to task for not ensuring that doctors use drugs properly. "How successful have you been in keeping drugs out?" the chairman of the CSM was asked. But of course all drugs are potentially toxic, and their use in any patient is always a balance of risk and benefit. I certainly applaud the programme's attack on phenylbutazone, and like other readers of the journal (28 May, p 1752) I was surprised to find it promoted by the Department of Health and Social Security as the cheapest anti-inflammatory analgesic without any qualifying comments.

The series has made a valuable contribution to public knowledge. In particular, if people realise that all drugs may have side effects they may question more the use of drugs. Undoubtedly doctors need to be encouraged to use drugs more effectively, and I therefore hope that the suggestions in the Greenfield Report on education in therapeutics will be acted on. Finally, perhaps the time will not be far off when patients who do suffer serious adverse effects from drugs will be compensated on a no fault basis. I would hate, however, to see the levels of awards even approaching those in the USA, whose legal system the pro-

gramme producers appeared to prefer to our own.—MICHAEL ORME, senior lecturer in clinical pharmacology and therapeutics, Liverpool.

IN THE AUTUMN of 1981 a BBC television series *Play It Safe* was broadcast for 10 weeks. The series aimed at reducing accidents to children and coincided with a national campaign. This campaign included the distribution of a booklet with the same title published by the Health Education Council and the Scottish Health Education Group, and special attention was paid to the problem by several child care agencies. The programmes and the booklet were of a high standard. This campaign, which was expensive in time and money, should be evaluated by looking not only at parents' attitudes to child safety but also at the ultimate criterion—the number of accidents.

We studied two types of injuries: fractured femurs; and burns and scalds severe enough to require admission to hospital. We have shown that many children attending accident and emergency departments have trivial injuries, and we considered it important to monitor only the serious injuries to study the effectiveness of the programmes. Details of hospital admissions for these conditions in children aged under 15 in South Wales (population 2m) were obtained for two six month periods: 11 October 1981 to 11 April 1982, which followed the first programme and a control period from 11 October 1980 to 11 April 1981. We visited hospitals in Gwent, in west, south, and mid Glamorgan, and in Dyfed (apart from Ceredigion). Details were obtained from ward admission books. Confirmation was obtained from the Hospital Activity Analysis in some limited areas where admission books were not kept. The Hospital Activity Analysis was not used for the whole study because of the delay in some areas for coding and entry and also because ward admission books were thought to be more accurate.

During the control period there were 58 children with fractured femurs and 148 with serious burns. After the programme there were 62 with fractured femurs and 150 with serious burns. There was no significant difference between the two periods.

Health education has been shown on several occasions to be ineffective in preventing childhood accidents. Our findings suggest that the present programmes were also ineffective if one looks at the number of serious accidents. The environmental approach to child accident prevention, on the other hand, has had proved successes, in particular with child resistant containers, bicycle design, and flameproof nightdresses. A study in Newcastle suggested that *Play It Safe* had little impact in making homes safer. Perhaps we should aim at convincing the decision makers in our society that providing a safe environment for children is more important than trying to alter behaviour. A questionnaire sent to 126 district and county councillors in South Glamorgan showed, however, that of the 86 who replied only 17 had seen some of the programmes and none had seen all of them.—HYWEL WILLIAMS and J R SIBERT, department of child health, Llandough Hospital, Penarth, S Glamorgan CF6 1XX.