Relatives of Shipman victims win first round in fight for open inquiry

Clare Dyer legal correspondent, BMJ

Relatives of victims of the English GP and serial killer Harold Shipman scored a decisive victory last week in their bid to force the health secretary, Alan Milburn, to hold an open inquiry into how the GP was able to succeed in murdering so many patients.

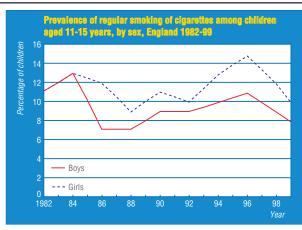
At the High Court in London, Lord Justice Kennedy, sitting with Mr Justice Jackson, declared that Mr Milburn's decision to hold the inquiry in private breached article 10 of the European Convention on Human Rights, the right to freedom of expression.

The far reaching judgment will substantially limit the scope for official inquiries into matters of public concern to be held in private in future. The European Convention will not become part of English law until 2 October, but in the meantime the judges are starting to apply it to prevent the courts being clogged up by appeals from October.

The court quashed Mr Milburn's decision and ordered him to think again. He had not consulted the families properly before reaching it, said the judges. But his room for manoeuvre has been severely limited by the ruling on article 10, and it will now be virtually impossible for him to hold the inquiry in private.

The judges said the factors that persuaded Mr Milburn not to open the inquiry to the public—that it would be quicker and that witnesses would speak more freely—were not of sufficient weight to persuade "a reasonable decision maker" to reach the conclusions he did.

The High Court challenge was launched by 113 relatives of 55 known or suspected victims of Harold Shipman, from Mottram in Longendale, Greater Manchester, who is serving a life sentence for murdering 15 patients. □



Smoking falls in young teenagers

This graph, showing that the number of 11-15 year olds in England smoking regularly fell from 11% to 9% between 1998 and 1999, is published in the latest *Statistical Bulletin*, produced by the Office for National Statistics and the Department of Health. The bulletin points out: "Since the 1998 figure was also lower than that for 1996 (13%), it seems likely that the fall is a real one. However inspection of the series of data since 1982 suggests that it would be unwise to predict from this that the prevalence of smoking among this age group will continue to fall in future. The proportion of 11-15 year olds smoking regularly has fluctuated between highs of 13% in 1984 and 1996, to lows of 8% and 9% in 1988 and 1999 respectively. The current reduction has occurred mainly among 14 and 15 year olds."

survey First Release: Drug Use, Smoking and Drinking Among Young Teenagers in 1999, published in May. It can be accessed at www.statistics.gov.uk/press_release/Archive.asp. The main report is due to be published in the autumn.

\$1bn drug deal creates debt for "tomorrow's AIDS orphans"

Annabel Ferriman BMJ

The United States has offered sub-Saharan African nations a \$1bn (£666m) loan programme to buy anti-AIDS drugs. The new programme was announced in Washington last week by the congressionally funded US Export-Import Bank. It involves five year loans to 24 eligible countries at interest rates of about 7% a year.

The offer has been condemned by Oxfam as "a debt that tomorrow's AIDS orphans will be forced to pay."

The US offer requires countries to buy drugs manufactured in the United States. Oxfam said that the loan would simply load more debt on countries that were already among the poorest in the world. "The deal amounts to a credit line which locks poor countries into buying expensive patented drugs, when what they need is help to make or buy low cost generic equivalents," Oxfam said in a press release.

It continued: "The G8 nations promised last year to write off \$100 billion worth of poor country debt. But little of that has been delivered. For the US this week to offer these same poor countries another \$1 billion of debt is wrong-headed."

"This offer has been publicised as an act of kindness toward Africa's 24.5 million sufferers of HIV and AIDS. In fact, the money will flow straight into the pockets of the US pharmaceutical industry," said an Oxfam spokesman.

Oxfam accused the United States of setting up the deal to help the drug companies fight off competition from generic drugs that can be manufactured locally.

Full story in News Extra at bmj.com

Better screening needed for sickle cell and thalassaemia

Jenny Blythe BMJ

Universal antenatal screening for sickle cell disease and thalassaemia may be cost effective in some areas of the United Kingdom, says a report from the Wessex Institute for Health Research and Development.

Universal antenatal and neonatal screening was previously recommended in areas in which 15% or more of the population is from ethnic minority groups. Current screening schemes are described by the institute as "patchy" and "unstructured." According to its study, screening and counselling would be self financing in areas with a 1% ethnic minority population if 25% of that group carry the β thalassaemia trait.

The study also suggests that the programme would benefit from partnerships between health authorities. An improvement in systematic collection of data would provide more information about screening uptake.

As well as being cost effective, screening programmes allow women to make more informed decisions about their pregnancy, as they incorporate detection of a carrier parent, genetic counselling, and the choice of prenatal diagnosis.

Outcome measures of cost effectiveness included rates of prenatal diagnosis and termination of affected pregnancies. In the study, 80% of β thalassaemia births were prevented by the antenatal screening, as were 16% of sickle cell births. \Box

Screening for Sickle Cell Disease and Thalassaemia: A Systematic Review with Supplementary Research can be obtained by fax from 023 8059 5639 or accessed at www.ncchta.org/

Full story in News Extra at bmj.com