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US anti-abortion activists use state laws to reduce access

Janice Hopkins Tanne NEW YORK

US anti-abortion activists are moving to restrict women’s access to abortion on a state by state basis rather than by national legislation. Nebraska and Oklahoma have already passed restrictive laws. Similar laws are under consideration in Florida, Louisiana, and other states.

At least 22 of the 50 states have restrictions such as mandatory counselling, waiting periods, requirements for notification of parents when minors seek abortion, and ultrasonography requirements.

The recent push among states for restrictions on abortion is a response to the health reform legislation passed in March. The legislation does not include funding for abortions, and President Barack Obama has said that the various health insurance policies that will be available under health reform will not cover abortions. Nevertheless opponents of abortion argue that because the federal government will provide subsidies and benefits to help people buy insurance policies the government is paying for abortions.

Abortion has been legal in the United States since the 1973 Supreme Court decision in the case of *Roe versus Wade*.

Last month the midwestern state of Nebraska passed legislation prohibiting abortion after 20 weeks because the fetus might feel pain (*BMJ* 2010;340:c2091, 16 Apr).

Then Oklahoma, another midwestern state, passed a bill that requires women to have an ultrasound examination before undergoing an abortion. The ultrasound equipment must be placed so that women can see the image, although they may choose not to watch.

Florida is considering a similar law requiring women who want an abortion to undergo an ultrasound examination that they must pay for unless they can prove they are a victim of rape, domestic violence, or incest by providing legal documents. The cost of an ultrasound examination is \$350 (£240; €270) to \$400, in addition to the cost of the abortion.

See **Vidhya Alakeson’s** blog at <http://blogs.bmj.com/bmj/2010/05/10/vidhya-alakeson-on-us-anti-abortion-legislation/>.

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COLIN MCPHERSON

Margaret Murphy still suffered incontinence problems after two operations by Mr Rowland

Women launch claim against trust that “neglected warnings”

Clare Dyer BMJ

Around 200 former patients who claim they underwent botched or unnecessary urological surgery by the consultant urogynaecologist George Rowland have launched a claim that could reach £20m (€23.3m; \$29.5m) against Liverpool Women’s NHS Foundation Trust.

The trust faces one of the largest group actions brought against an NHS organisation after reports found that management failings allowed Mr Rowland to perform inappropriate surgery on women with incontinence problems.

He operated on some 1500 women at the Aintree Centre for Women’s Health, part of the trust, from 2000 to 2007.

From 2002 he had raised concerns, telling managers that he felt isolated and overwhelmed by his workload, but his worries were not

addressed until 2007.

Two independent gynaecologists commissioned by the trust found that Mr Rowland overdiagnosed stress incontinence and carried out unnecessary operations on women, some of whom were left with worse incontinence and chronic pain.

A report by Verita, a specialist management consultancy that conducts independent investigations, reviews, and inquiries into clinical and corporate governance, concluded that warning signs were not acted on in 2004-5, when it was noted that Mr Rowland was operating on more women than his colleagues. The report also noted a “cultural divide” between the Aintree centre and the main hospital site and that doctors needed to work in teams to avoid individuals becoming isolated.

Mr Rowland, who was clinical governance lead at the Aintree site from 2001 to 2006, was suspended by the trust in 2008. The trust has reported him to the General Medical Council, which imposed an interim ban on his undertaking urogynaecological procedures and restricted his practice to general gynaecology.

Goodmans, the lead solicitors for the claimants, have agreed a process with solicitors for the trust and the Litigation Authority for determining which claims should succeed and for reaching out of court settlements.

Under the agreement, women will not have to pay legal fees even if their claims are unsuccessful. An independent panel of experts will be appointed to avoid women having to undergo repeated examinations.

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IN BRIEF

North Korea plans more openness on health aid:

Margaret Chan, director general of the World Health Organization, has said that North Korea is prepared to engage with international partners, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, to increase transparency, produce better quality data, and be accountable for aid funding. Dr Chan said that investment was needed to upgrade North Korea's health infrastructure and to ensure an adequate supply of drugs.

Over one million Pakistanis could lose health care:

A huge shortage in aid funds is putting at risk the delivery of health care to more than 1.3 million internally displaced people in Pakistan's North-West Frontier Province, says the United Nations. Two months after the launch of a humanitarian appeal for \$540m (£370m; €425m), the health component has received only \$7m of \$73.4m requested. Projects run by the aid group Merlin and Save the Children may have to close.

a rise of
75%
by 2030

Heart disease is set to rise in China:

The prevalence of heart disease and stroke in China may rise by three quarters by 2030, resulting in

21.3 million cases of cardiovascular disease and 7.7 million related deaths in the next 20 years, say projections published in *Circulation: Cardiovascular Quality and Outcomes* (doi:10.1161/CIRCOUTCOMES.109.910711). Drastically reducing the prevalence of smoking and lowering blood pressure could reverse the trend, the report says.

Adults admit ignorance over asthma attacks in children:

Most adults (88%) said they would not be confident of what to do if a child in their care had an asthma attack, found a YouGov survey of 2273 adults carried out for the charity Asthma UK. Neil Churchill, the charity's chief executive, said, "Every member of the public needs to know the signs of worsening asthma and what steps to take if someone suffers an asthma attack."

Dutch venues flout smoking ban:

Four in 10 Dutch cafes and discos still permit smoking in contravention of the 2008 ban, the latest quarterly survey by the enforcement authority the Food and Consumer Product Safety Authority has found. A representative sample of 600 venues were surveyed after a recent landmark ruling by the Supreme Court reinforced the ban in enclosed public spaces (*BMJ* 2010;340:c1348, 8 Mar).

Cite this as: *BMJ* 2010;340:c2500

Stress raises risk of heart disease among women under 50

Rebecca Wilkins LONDON

Pressure in the workplace can increase the risk of heart disease among women under the age of 50, a Danish study of nurses indicates, but not among women aged between 50 and 64, as other factors become more important in determining the risk.

The link among men between stress at work and a higher risk of heart disease is well documented. However, the authors of the study, led by Karen Allesøe at the Research Centre for Prevention and Health, Glostrup University Hospital, Denmark, point out that little research has looked at the effect of workplace stress on women.

The cohort study, published in *Occupational and Environmental Medicine* (2010;37:318-322; doi:10.1136/oem.2008.043091), surveyed more than 12 000 Danish nurses between the ages of 45 and 64 in 1993 and then followed them up over 15 years.

It found that women aged 45-50 who said that pressure at work was "much too high" had nearly twice the risk of developing ischaemic heart disease as women who reported little or

no work stress (hazard ratio 1.94 (95% confidence interval 1.25 to 3.01)). The risk of heart disease among women in this age group whose work pressure was "a little too high" was nearly 60% higher than that of women who reported no stress (hazard ratio 1.57 (1.09 to 2.25)).

By contrast, no association was shown between work stress and risk of heart disease in women aged 51 to 64.

The researchers adjusted for factors such as marital status, number of children, and family history of heart disease and for known risk factors such as shift work and physical activity at work.

The researchers didn't find that lack of influence or control at work had an effect on the risk of heart disease, which contrasts with the results of a similar study in men in 2000 that found that lack of influence or control was a key contributing factor to a higher risk of heart disease.

The study did not determine whether the harm caused by work related stress can be reversed or reduced after leaving a high pressure environment and recommended that more research be done in this area.

The authors concluded that managing stress should be taken into account in primary prevention of heart disease among women as well as men.

Cite this as: *BMJ* 2010;340:c2508



Wet age related macular degeneration: central vision is affected as the disease progresses

Doctors warn against using Avastin for patients with macular degeneration

Zosia Kmietowicz LONDON

Ophthalmologists are warning that it is too soon to use an unlicensed and cheaper drug than the one recommended by the UK National Institute for Health and Clinical Excellence to treat wet age related macular degeneration (AMD) because the risks are unknown.

Winfried Amoaku, vice president of the Royal College of Ophthalmologists and chairman of its scientific committee, said that while bevacizumab (Avastin) costs much less than ranibizumab (Lucentis), the effects of splitting the doses of bevacizumab, which is not packaged for

intravitreal use, may prove a false economy.

Some primary care trusts have been telling doctors to use bevacizumab, which is licensed in the United Kingdom for treating colorectal cancer, instead of ranibizumab. Bevacizumab costs £243 (€280; \$360) for a 100 mg vial, whereas ranibizumab costs £761 for 0.23 ml.

"If there is no licensed product then it is reasonable to use a drug off label," Dr Amoaku said. But in the case of wet AMD there is a licensed drug, ranibizumab, whose efficacy is proved and which has been recommended by NICE.

Although bevacizumab and ranibizumab are

Defeat of MP is “sad day for science and government”

Zosia Kmietowicz LONDON

The unseating of Evan Harris as a Liberal Democrat MP in the general election has been described by a number of supporters as a loss for all those who care about science.

Dr Harris, who represented the Oxford West and Abingdon seat since 1997, lost out on 6 May to the Conservative candidate Nicola Blackwood, who polled 23 906 votes, 176 more than Dr Harris.

Of the result Gail Cardew, director of programmes at the Royal Institution of Great Britain, said, “It’s a sad day for the science community. We’ve lost someone who is a great advocate for scientific rigour and evidence based policy.”

Dr Harris congratulated Ms Blackwood for her effective campaign. But he was critical of “the outrageous smear leaflets distributed to every house late in the campaign” by opponents who described him as “Dr Death” for his activities supporting assisted suicide, animal and stem cell research, and abortion rights.



Evan Harris lost his seat by 176 votes

Dr Harris vowed that “the Liberal Democrats intend to win Oxford West and Abingdon back, and I intend to work tirelessly to make that happen.” He said that the messages of support he had received were “welcome and resuscitating.” He would continue to campaign on the issues he had backed in recent years until the next election, which may be sooner rather than later, Dr Harris told the *BMJ*.

During his 13 years as an MP Dr Harris campaigned for the opt-out system of organ donation and the importance of independent scientific advice, such as in relation to drugs policy.

He was a vocal defender of the right to abortion, assisted dying, and the measles, mumps, and rubella vaccine at the height of the media scare over its purported link to autism.

Dr Harris headed the cross party libel reform coalition in parliament, which supported the science broadcaster Simon Singh’s defence against the British Chiropractic Association, and defended both Roy Meadow and David Southall

at the height of their professional crises.

Colin Blakemore, professor of neuroscience at the University of Oxford, said, “The defeat of Evan Harris is a sad loss for parliament and for British science. My strongest impression of Evan is the way that he always acted out of principle rather than narrow political or personal interest. He has been a tireless champion for science, for social justice, and for human rights.”

Ben Goldacre, doctor and author of *Bad Science*, said, “If there is any value in an unelected House of Lords, it will have Evan in it.”

However, not everyone is sorry to see Dr Harris unseated. In the *Daily Mail* on 8 May its columnist Amanda Platell said that Dr Harris’s defeat was the “treat of [election] night.”

She wrote, “Dubbed Dr Death for his vociferous support of voluntary euthanasia and reduced abortion time limits, Harris was possibly the nastiest man in politics. Whatever the chaos caused by this hung parliament, we can all sleep a bit safer now Dr Death has been buried at the ballot box.”

Dr Harris hopes that the newly elected Liberal Democrat MP for Cambridge, Julian Huppert, will carry the mantle for science during his absence from parliament. Dr Huppert is the Research Councils UK academic fellow in computational biology at the University of Cambridge.

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related they are not the same compound, and the effects of bevacizumab in wet AMD are still being investigated. Another uncertainty is that when vials of bevacizumab are split to obtain the smaller dose needed to treat wet AMD the amount of protein administered to patients is unknown, which could lead to problems later on—either through side effects or reduced effectiveness, said Dr Amoaku.

However, Usha Chakravarthy, professor of ophthalmology and vision sciences at Queen’s University in Belfast, said she thought that the amount of bevacizumab being injected into patients’ eyes would be similar to that of ranibizumab, as pharmacists were preparing injections of bevacizumab specifically for use in wet AMD. When they were administering ranibizumab, doctors themselves had to measure the required dose from the vial, so doses between administrations would also vary slightly.

In March the Department of Health in England asked NICE to look into the possibility of recommending bevacizumab outside its licensed indication to cut the cost of treating wet AMD.

The cost of treating wet AMD has escalated since NICE recommended ranibizumab in August 2008 to at least £300m a year, it has been estimated (*BMJ* 2008;337:a1532).

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GP acted “irresponsibly” when treating 18 terminally ill patients with painkillers

Clare Dyer *BMJ*

Howard Martin, a retired GP who was acquitted of murdering three of his patients in the north of England in 2005, is facing charges at the General Medical Council of “irresponsibly” giving potentially fatal doses of painkilling drugs to 18 terminally ill patients.

The hearing at Manchester, which is expected to last until 18 June, is going ahead in the absence of Dr Martin, 75, and without legal representation for him.

A GMC spokeswoman said the Medical Defence Union had told the council that he would not be taking part because his wife, aged in her late 80s, is ill, he lives in North Wales, he has not practised medicine for some time, and he has no intention of practising again. He is already suspended from practice.

The hearing will probe the deaths of 18 patients between 1994 and 2004 who were cared for by Dr Martin, a partner in the Jubilee Medical Group, which had premises at Newton Aycliffe, Eldon, and Shildon in County Durham.

Rebecca Poulet QC, for the GMC, told the fitness to practise panel that there was no suggestion

that Dr Martin was motivated by greed or malice, but the GMC argued that he was “arrogant and single minded” when treating terminally ill patients.

She added, “Each of these patients was visited by their GP, Dr Howard Martin, shortly before death. In each case he administered what we say was an inappropriate and irresponsible dose of morphine sulphate or diamorphine . . . He did so without proper assessment of their condition.”

He had a “zeal and belief in his rightness” that had persuaded him to mislead some of their relatives.

The panel has determined that it will not hear witnesses in person but that the witnesses’ statements will be read out at the hearing.

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OWEN HUMPHREYS/SPA

Offer syphilis testing in brothels and saunas to stem China's epidemic, suggest researchers



RANDY OLSEN/NATIONAL GEOGRAPHIC/GETTY IMAGES

Screening and testing for syphilis needs to be “normalised” to get control of the disease in China

Zosia Kmietowicz LONDON

Syphilis has spread so rapidly in China that the government needs urgently to raise awareness of sexually transmitted infections and destigmatise testing and treatment if it is to regain control of the disease, doctors warn.

In 2008 a total of 9480 babies were born with congenital syphilis in China, a 12-fold rise in the annual number since 2003. Researchers describe the rise as “a precipitous increase” that

has not been seen in any other country in the penicillin era (*New England Journal of Medicine* 2010;362:1658-61).

They blame China’s “breadth and depth of social change during the past two decades” for the spread of syphilis and in particular the switch to a market based economy in the 1980s. They say this was responsible for a growth in numbers of “Chinese businessmen with money and young women without money,” leading to

an expansion of the country’s sex industry.

Female sex workers and men who have sex with men are disproportionately affected by syphilis in China, say the researchers. At least a third of Chinese men who have sex with men are married and risk spreading the infection to their wives and then on to their children.

Chinese mores and fear among the population of being identified as a “social deviant” can deter people from being tested for syphilis, say the researchers.

Fifty years ago sexually transmitted diseases were almost unknown in China after public health leaders closed down brothels and treated sex workers with penicillin. A similar approach is probably not feasible in modern China, but public health officials should adopt some of the elements of this policy, say the researchers.

The government needs to normalise screening for and treatment of syphilis, recognise that sexually transmitted infections are a public health problem, and invest in services if syphilis in China is to be controlled, they say.

The availability of rapid syphilis tests means that screening can be done outside healthcare settings in places such as saunas, brothels, and entertainment venues, they suggest. Free screening and treatment for pregnant women and high risk groups should also be used more.

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Asians and Pacific islanders in US need greater status in research

Bob Roehr WASHINGTON, DC

US researchers have called for Asian and Pacific islander groups in the United States to feature more prominently in research to help tackle health disparities.

A May theme issue of the *American Journal of Public Health* hopes to provide a research cornerstone for policies and practices concerning Asians and Pacific islanders in the US. It was released at a 6 May news conference in Washington, DC.

These groups “are inevitably represented as dots, dashes, and stars due to the small number of cases in any given study,” said Sela Panapasa, a native of Hawaii and a social researcher at the University of Michigan. She is not surprised that

they are largely ignored in discussions of health disparities.

As a whole these populations comprise 14.6 million people, about 4.5% of the US population. Over the past decade the group has grown by 23%, the fastest of any racial group. About a third of them live in California, which is often the only state that gathers usable data on them.

But the group is fragmented along geographical, genetic, immigration, and socioeconomic lines that can hide pockets of medical need behind often higher than average group performance on scales such as education and income. For example, Asian American adults are 50% less likely to die from heart diseases than non-Hispanic white adults, but native

Hawaiians and Pacific islanders are about 40% more likely than white people to have heart disease.

Scarlett Lin Gomez, of the Cancer Prevention Institute of California, found that Vietnamese born women now living in the US are four times more likely to die of breast cancer than their US born Vietnamese counterparts. That, he says, is because of late diagnosis, in part because doctors mistakenly believe that Asian women do not develop breast cancer and therefore are poor at recommending mammography.

Dr Gomez said, “My hope is to move beyond the individual level to acknowledge the complex multidimensional nature by which disparities do occur and then to derive

an evidence base that will more fully inform policies and practices.”

Winston Wong, a physician with Kaiser Permanente in Oakland, California, said that the health maintenance organisation has been able to completely eliminate any disparities in rates of mammography among its female Asian members. Electronic medical records with built-in prompts on such matters have led to the group’s success.

Asian and Pacific islander Americans seem to suffer discrimination at rates roughly similar to other ethnic minorities, and the stress associated with discrimination can have the same deleterious effect on health.

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Two US charities challenge company's patent on Plumpy'Nut

Clare Dyer **BMJ**

The US patent for a peanut based food product that has transformed the treatment of acute malnutrition in Africa has come under challenge by two US not for profit organisations that say they could produce similar products more cheaply.

The California based Mama Cares Foundation and Breedlove Foods in Texas have filed a joint suit in the US District Court in the District of Columbia to try to overturn the patent held by the French company Nutriset.

Nutriset's Plumpy'Nut, a blend of peanut butter, powdered milk, vegetable oil, and sugar fortified with vitamins and minerals, has transformed agencies' response to malnutrition and become the standard "ready to use therapeutic food" (RUTF).

It achieved dramatic results in Niger in 2005. Because it doesn't need to be mixed with water, children who would previously have to be taken to hospital can be treated much more cheaply at home.

Nutriset and its partners around the world provide the bulk of the world's supply, but Mike Mellace, executive director of Mama Cares, said it was poised to ship its rival Re:vive product to Africa, Honduras and South East Asia.

The patent lawyer Robert Chiaviello is giving his services free of charge to the two organisations. Mr Mellace said that their main claim was

that the patent should not have been granted because Plumpy'Nut was not novel or unique.

"If you grab a jar of Nutella and compare it to the ingredients statement on Plumpy'Nut you'll find that it's virtually identical. All that they've done is change the mixture round and have a higher vitamin and mineral mix to get to the proper WHO specifications, which anybody could do."

He said that Mama Cares, a non-profit offshoot of his family snack business, had managed to reduce its costs to \$0.4 (£0.27; €0.78) a unit; Plumpy'Nut costs 0.55 a unit. "If you simply took the same aid dollars you could treat 30% more children because the product is cheaper."

Nutriset has recently started manufacturing Plumpy'Nut in the United States, in partnership with a non-profit body called Edesia. Its network of partner manufacturers also produce

Plumpy'Nut locally in Niger, Ethiopia, Malawi, the Democratic Republic of the Congo, the Dominican Republic, India, Madagascar, and Mozambique.

The company, which has registered patents in the European Union, the US, Canada, and 32 other countries, has sent legal letters to other producers of nut based RUTFs. It was criticised in an open letter last November by the international humanitarian organisation Médecins Sans Frontières for sending a letter asserting its intellectual property rights to the Indian and Norwegian manufacturer Compact.

Adeline Lescanne, deputy general manager of Nutriset, said: "Some may pretend they are able to produce the equivalent of Plumpy'Nut at



A young child in southern Ethiopia eats a sachet of Plumpy'Nut provided by Concern Worldwide

a cheaper price, but we fear that those solutions may not be [long lasting]. What should be the goal: to have companies manufacturing an RUTF in the North or to have them helping to develop local nutrition capacities, working with local health authorities, transferring competences to the South?

"It's interesting to see the plaintiffs working on new products. Our patent on Plumpy'Nut gave them motivation to seek something else. What is really needed are increased efforts to prevent malnutrition. There are lots of things to do in the prevention field."

Cite this as: *BMJ* 2010;340:c2510

US pledges more money to reduce violence against women and girls

Bob Roehr **WASHINGTON, DC**

The US international AIDS effort known as PEPFAR (the president's emergency plan for AIDS relief) has pledged an additional \$30m (£20m; €24m) for programmes aimed at reducing gender based violence in three partner nations: Tanzania, Mozambique, and the Democratic Republic of the Congo. The announcement came on 5 May at a consultation meeting in Washington, DC, for those working in the field.

The empowerment of women and girls has become a policy cornerstone of the family of United Nations agencies and is strongly supported by the US secretary of state, Hillary Clinton, said PEPFAR's administrator, Eric Goosby.

"Our hope is that this initiative will move us closer to our goal of sustainable gender based violence responses," Dr Goosby said. The fund-

ing will be used to take lessons from pilot programmes and roll them out into coordinated and integrated national responses that are tailored to the needs of individual countries and communities.

Gender based violence has a strong overlay with child abuse, said Sajeda Amin, who is with the New York based international charity the Population Council.

She cited one study from the copper belt of Zambia where 49% of the victims of reported violence were under the age of 14 and 85% were under the age of 19. Across societies, among girls the most common form of such violence is coercive sex; the law in many countries does not include males as potential victims. Boys most commonly report being beaten.

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Vietnamese born women now living in the US are four times more likely to die of breast cancer than their US born Vietnamese counterparts because they are less likely to be referred for screening



SARAH LEE/THE GUARDIAN

Dr David Southall still sees it as his mission to stop children being harmed

Southall plans new career as expert witness in child protection cases

Clare Dyer **BMJ**

David Southall, the paediatrician who was restored to the United Kingdom's medical register last week, is about to relaunch himself as an expert witness in child abuse cases. Ten years after he last worked in child protection, he wants to help plug the gap left by doctors who are shunning the work for fear of career suicide.

After numerous inquiries into his work over the past 12 years, the former professor of paediatrics still sees it as his mission to stop children being harmed.

An international expert on what used to be known as Munchausen syndrome by proxy—a form of abuse usually involving mothers causing or faking illness in their own child—Dr Southall has been hauled up before the UK medical regulator no fewer than three times.

He was found guilty of serious professional misconduct in 2004 for reporting Stephen Clark—husband of Sally Clark, who was then serving life in jail for murdering two of her baby sons—to the authorities on the basis of what he said in a television interview. Mr Clark related how he was the only person with baby Christopher when he suffered a bilateral nosebleed a few days before he died. Dr Southall phoned the police to suggest they investigate Mr Clark. No action was ever taken against Mr Clark, and Mrs Clark was freed on appeal in 2003.

On that occasion Dr Southall, who still refuses to apologise, was barred from child protection work for three years. The Council for Healthcare Regulatory Excellence argued at the High Court that the sanction was unduly lenient but failed to have him struck off. Another GMC fitness to practise panel lifted the ban in 2007 after hearing expert evidence in his favour.

In December 2007 the GMC found him guilty in

the Mandy Morris case, and in 2008 Dr Southall was up before the GMC for a third time, this time with two paediatric colleagues. This time he faced charges of research misconduct over a clinical trial in the early 1990s of continuous negative extrathoracic pressure for premature newborns. Parents accused him of experimenting on their babies without consent, but the charges were thrown out after his lawyers successfully argued that there was no case to answer.

Complaints about the research trial had led to his suspension from his job as consultant paediatrician at North Staffordshire University Hospital for more than two years until November 2001, when he was reinstated after inquiries found no wrongdoing.

The Griffiths inquiry into the conduct of the trial called for a new framework on research governance, but a number of statements critical of the research trial were shown to be inaccurate after an investigation by the epidemiologist Iain Chalmers and the paediatrician Edmund Hey.

Controversy over Dr Southall's career dates back to a series of cases in which he used covert video surveillance to expose mothers who were deliberately harming their babies, mainly by suffocation. He reported in the journal *Pediatrics* in 1997 on 39 suspected cases in which 33 were found to be intentional abuse, including 30 cases of deliberate suffocation.

Now the tide against him seems to have turned, perhaps with the case of Peter Connolly, "Baby P," who died days after another paediatrician, Sabah Al-Zayyat, allegedly failed to spot his serious injuries.

He says he won't go back to clinical paediatrics in the NHS, but he would like to retrain as an expert witness.

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David Southall: timeline

1992—Southall is appointed foundation professor of paediatrics at University Hospital of North Staffordshire.

1997—He publishes paper in *Pediatrics* on covert video surveillance (*Pediatrics* 1997;100:735-60).

1998-2000—The Griffiths inquiry into research on non-invasive ventilation (continuous negative extrathoracic pressure (CNEP)) in neonatal respiratory failure calls for framework for research governance and follow-up of children involved (*BMJ* 2000;320:1291).

1999-2001—Southall is suspended by University Hospital of North Staffordshire while it carries out inquiries. Reinstated November 2001.

2000—A paper by Iain Chalmers and Edmund Hey and colleagues is published in the *BMJ* criticising the Griffiths inquiry for factual inaccuracies (*BMJ* 2000;321:752).

2004—GMC finds Southall guilty of serious professional misconduct in Stephen Clark case. He is banned from child protection work in the UK for three years (*BMJ* 2004;329:366).

2005—The Council for Healthcare Regulatory Excellence appeals against the sanction in the Clark case. It asks the High Court to strike Southall off but fails.

2006—Long term follow-up of children involved in the CNEP trial shows no adverse outcomes.

July 2007—GMC overturns the 2004 ban on child protection work. Southall is allowed to practise with no restrictions.

December 2007—GMC finds Southall guilty of accusing Mandy Morris of killing her son. It orders that he be erased from the medical register and immediately suspended from his job (*BMJ* 2007;335:1174).

April 2008—High Court overturns the suspension, which GMC concedes was outside its powers.

May 2008—GMC's case of research misconduct over CNEP is thrown out after Southall's lawyers successfully submit that there is no case to answer (*BMJ* 2008;337:a707).

March 2009—High Court throws out Southall's appeal against erasure in Mandy Morris case (*BMJ* 2009;338:b2144).

April 2010—Southall wins his appeal against erasure at the appeal court. The court sends case back to GMC. Court says case should be heard by a fresh panel but gives strong hint that rehearing would not be in public interest (*BMJ* 2010;340:c2195).

May 2010—The GMC is now expected to announce whether the charge against Southall of accusing Mrs Morris of murder will be reheard by a new panel or dropped.