NEWS

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Public supports mitochondria replacement

People with learning disabilities are dying 16 years earlier than their counterparts, inquiry finds

Ingrid Torjesen LONDON

People with learning disabilities are dying on average 16 years earlier than people in the general population in England because the NHS is failing to treat them adequately, an inquiry has found.

The Department of Health commissioned researchers at the University of Bristol to undertake a confidential inquiry to assess the extent of premature death among people with learning disabilities and advise on its prevention.[1]

The researchers reviewed the sequence of events leading to all known deaths of 233 adults and 14 children with learning disabilities occurring over a two year period in five primary care trusts in southwest England and compared them with 58 comparator cases (adults without learning disabilities who died in the study area during the same period of time).

JOTI/SPL/MODEL RELEASED

Premature deaths were often due to delays and problems in diagnosis and treatment

Overall, 22% of people with learning disabilities were found to have died before they reached the age of 50, compared with just 9% of the general population. People with learning disabilities died more than 16 years younger than those in the general population, with the gap being greater among women than men. Women with learning disabilities died on average 20 years sooner, and men with learning disabilities 13 years sooner, than their general population counterparts.

The researchers deemed 42% of the deaths of people with learning disabilities premature. However, unlike the general population, where premature deaths were blamed on lifestyle factors such as smoking, the researchers attributed premature death among people with learning disabilities to delays or problems in diagnosis or treatment and to problems identifying their needs and providing appropriate care in response to changing needs.

The review found evidence that the quality and effectiveness of healthcare and social care of people with learning disabilities was deficient in several ways and that many premature deaths could have been avoided if the quality of the healthcare they received were better. The families and carers of people with learning disabilities also often reported that health professionals didn't listen to them and take them seriously.

Pauline Heslop, the study's lead author and a senior research fellow at the University of Bristol's Norah Fry Research Centre, said, "People with learning disabilities are struggling to have their illnesses investigated, diagnosed, and treated to the same extent as other people."

Peter Fleming, professor of infant health and developmental physiology at the University of Bristol and one of the authors, said, "One of our main recommendations is that we flag the central NHS records system for everybody with a learning disability so that whenever they are seen by any health service organisation there will be an automatic reminder."

Cite this as: *BMJ* 2013;346:f1853

MPs highlight risks of selling off UK's state owned plasma supply company

Ann McGauran LONDON

Plans to sell all or most of the United Kingdom's state owned blood plasma supply company should be scrapped to protect patients, an early day motion presented in the House of Commons has said.

The government should cancel the sale of Plasma Resources UK, which provides about a third of all the UK's blood plasma products, said the motion tabled by the Labour MPs Jeremy Corbyn and Frank Dobson and the Plaid Cymru MP Hywel Williams.

The motion said that the company was "originally purchased to safeguard the British plasma supply after the BSE [bovine spongiform encephalitis] crisis left the UK unable to harvest safe plasma from its own population, as most developed countries do." It claimed that without the company "the UK will be left buying its plasma supplies on the open market where there are supply chain issues of the sort that saw horses being relabelled as beef."

The motion added, "This penny pinching neglect of safety procedures in the collection of plasma may well lead to an increased risk of infection."

The government announced in January that it would seek private sector investment through the sale of the majority or all of the shares in the company, which includes a UK based manufacturer, Bio Products Laboratory.

Early day motions are intended to raise awareness of issues. So far 20 MPs have signed the motion.

The health minister Dan Poulter said that the government was acting "to secure a viable future for the company . . . and to ensure that patients will continue to have access to high quality medical products."

Cite this as: *BMJ* 2013;346:f1710

IN BRIEF

More hospitals are meeting patients' nutritional needs: The NHS and social care inspector in England, the Care Quality Commission, has found that 88% of hospitals it visited in 2012 made sure that patients had help to eat and drink, up from 83% in 2011.[1] However, the number of hospitals found to be respecting people's privacy and dignity fell from 88% in 2011 to 82% in 2012, with, for example, call bells being left unanswered.[2]

Doctor struck off for failing to examine homeless man properly: A former police doctor has been struck off the UK medical register for failing to properly examine a homeless man before advising police that he was fit to be detained. Hisham El-Baroudy spent only one minute in the cell with Andrzej Rymarzak, who died three hours later. The Medical Practitioners Tribunal Service heard that Rymarzak had epilepsy and schizophrenia, had hit his head, and was unconscious as a result of alcohol and opiate intoxication, but the doctor thought he was sleeping. El-Baroudy was acquitted of gross negligence manslaughter last year.[3]

Review of complaints system is under way: A review into how complaints against the NHS in England can be better handled is being led by Ann Clwyd, MP for Cynon Valley, and Tricia Hart, chief executive of South Tees Hospitals NHS Foundation Trust and adviser to Robert Francis QC during his two inquiries into the Mid Staffordshire failings. Evidence can be sent to ComplaintsReview@dh.gsi.gov.uk.

Body for industry doctors backs openness on trials: The Faculty of Pharmaceutical Medicine, which represents 1400 doctors working in the drug industry, has signed up to the AllTrials campaign for all trial results to be published (www.alltrials.net).[5] It said that its own "guiding principles" were closely aligned to those of the campaign. These state, "Study findings need to be communicated, whatever the outcome, for the benefit of the community at large."

Experts to advise NHS on keeping patients safe: A global team of 12 safety experts is to advise the NHS in England on improving patients' safety at the end of July. Donald Berwick, president emeritus and senior fellow at the US Institute for Healthcare Improvement, was asked by the prime minister, David Cameron, to head the group in the wake of the report by Robert Francis QC into Mid Staffordshire NHS Foundation Trust.

Cite this as: *BMJ* 2013;346:f1791

FDA is to assess data linking type 2 diabetes drugs with pancreatitis

Deborah Cohen BMJ

The US Food and Drug Administration has taken the unusual step of announcing that it will evaluate data provided to it by a group of unnamed independent researchers indicating that glucagon-like peptide-1 (GLP-1) based drugs used in type 2 diabetes could raise the risk of pancreatitis and precancerous pancreatic lesions.

According to the FDA's statement the data indicate an increased risk of pancreatitis and cellular changes called pancreatic duct metaplasia in people with type 2 diabetes who are treated with the drugs, which are incretin mimetics.[1] However, the FDA emphasised that it has not reached any new conclusions about the safety of the drugs."

The findings were based on the examination of a small number of pancreatic tissue specimens taken from patients after they died from unspecified causes. The FDA said that it had asked the researchers to describe the methods used to collect and study these specimens and to provide the tissue samples so that it could carry out its own investigation.

The FDA statement comes two weeks after a study published in *JAMA Internal Medicine* showed that the risk of acute pancreatitis in people who took the GLP-1 based drugs exenatide and sitagliptin was twice that in people who took other antidiabetes drugs—although the absolute increase in risk was small.[2 3] The drugs already carry warnings about the potential risk of pancreatitis.

Studies have previously shown that the GLP-1 based treatments may cause pancreatic inflammation and focal proliferation in the exocrine pancreas in rodents. However, the data provided to the FDA—as outlined in the agency's alert—seem to be the first to examine human pancreas samples after incretin treatment and to identify proliferative changes.

Companies contacted by the *BMJ*, including Novo Nordisk, Eli-Lilly, Boehringer Ingelheim, Sanofi, and Merck—all of which make or market GLP-1 based drugs—confirmed that they had not done any tests on human tissue samples.

However, a spokeswoman for Novo Nordisk told the *BMJ* that clinical studies had shown the efficacy and safety of another drug in the class, liraglutide, in people with type 2 diabetes.

A spokeswoman for Merck said that its pooled analysis of 14 000 participants (submitted for publication) showed no excess reported cases of pancreatitis or pancreatic cancer among patients treated with sitagliptin.

A spokeswoman for the European Medicines Agency told the *BMJ* that the agency had requested the full data that the investigators submitted to the FDA and that it was due to discuss the issue this week.

Cite this as: *BMJ* 2013;346:f1808

Doctors and politicians call for tighter rules on commissioners' conflicts

Gareth Iacobucci BMJ

The UK Labour party has called for new rules to bar GPs from taking part in any commissioning decision in which they could be perceived to have a financial interest, in response to the *BMJ* investigation last week,[1] which found widespread conflicts in new clinical commissioning groups.

The *BMJ* analysis, which found that more than a third of GPs on the governing bodies of new groups had financial interests in private providers through shares or directorships, sparked a political debate about the effects of the government's reorganisation of the health service.

Labour's shadow health secretary, Andy Burnham, said that the findings showed there was a "real risk" that the doctor-patient relationship would be "corroded," and he urged the government to tighten the rules.

MARK THOMAS

Clare Gerada: "Clinically led commissioning on this scale is uncharted territory"

The BMA and the Royal College of General Practitioners also called for tougher measures to manage and scrutinise conflicts in light of the investigation.

Commenting on the investigation, Laurence Buckman, chairman of the BMA's General Practitioners Committee, said, "In our view, GPs who are directors of, or who have significant financial interests in, companies who

FROM A DOCUMENTARY PHOTOSHOOT BY JE COULSON/PANOS

Doctors pledge action against inequalities

The medical royal colleges and other bodies representing health professionals have pledged to do more to tackle health inequalities through action on the social determinants of health.

Ingrid Torjesen LONDON

The Royal College of Physicians, the Royal College of Surgeons, and the Royal College of General Practitioners are among 21 organisations to make firm commitments to act, which include investigating a patient's social and economic circumstances as well as their medical history when assessing health.

The commitments are included in a report, *Working for Health Equity: The Role of Health Professionals*,[1] launched on Monday by University College London's Institute of Health Equity at a conference in London.

In 2010 the government commissioned an independent review by Michael Marmot, the institute's director, which confirmed that a clear social gradient existed in health outcomes and that this was related to social and economic factors.[2]

The latest report outlines what those working in the health system could do to contribute.

In a foreword to the report Marmot said, "Action on the social determinants of health should be a core part of heath professionals' business, as it improves clinical outcomes, and saves money and time in the longer term. But, most persuasively, taking action to reduce health inequalities is a matter of social justice."

The report recommends that mandatory training in the social determinants of health be included in undergraduate and postgraduate medical education. This training should encompass practice based skills, such as taking a social history, to enable better understanding of the root causes of ill health, and referral to non-medical services.

Health professionals, healthcare organisations, and medical students should act as advocates for patients, their families, and local communities to improve social and economic conditions and reduce inequalities. And professional bodies and the health system should push for policy change to act on the social determinants of health by maximising the opportunities offered by the legal duties to reduce inequalities under the Health and Social Care Act 2012.

Cite this as: *BMJ* 2013;346:f1814

might be awarded contracts to provide services should seriously consider their membership of CCG [clinical commissioning group] governing bodies. Alternatively, they should consider their position within provider companies.

"We support the principle of greater clinician involvement in commissioning, but it must not come at the expense of the trust of patients."

Clare Gerada, chairwoman of the Royal College of General Practitioners, said that GPs were "fully aware of [their] responsibilities in declaring any conflicts of interest."

She added: "Members of clinical commissioning groups should be expected to disclose information about conflicts of interest and to exclude themselves from decision making where a conflict of interest exists. But there should be prompts and checks to reinforce this and rules to ensure that decision making is efficient, transparent, and fair, without being overly complex or slow. Clinically led commissioning on this scale is uncharted territory."

Cite this as: *BMJ* 2013;346:f1810

BMA campaign will track NHS changes

Zosia Kmietowicz BMJ

The BMA has launched a new campaign to capture how the changes in the NHS in England are affecting doctors and patients.

The campaign, called NHS Watch, aims to reflect the structural changes being made in the NHS as a result of the Health and Social Care Act 2012 and the funding pressures arising from the drive for efficiency savings of 4% a year over four years, or £20bn by 2014-15.

The campaign's web pages include information on policies that are driving the changes and also the impact that these changes are having—for example, how the number of patients paying for healthcare in England has changed and how many NHS and private providers have been approved to supply the NHS with their services.

The campaign also describes doctors' experiences—for example, how general practitioners won approval as "any qualified provider." One doctor said the process to gain approval to provide a community based ear, nose, and throat service took a practice manager 40 to 50 hours.

A spokeswoman for the BMA said a chief aim of the campaign was for members to report their experiences of the changes so that the organisation can develop a "knowledge base" of the pressures and struggles being felt by the NHS.

Mark Porter, chairman of BMA council, said: "With new NHS structures and ways of working coming into force in England on 1 April, the BMA has launched an interactive online resource to help members make sense of the key changes taking place in the NHS and to show the impact these are having on services, patients, and the profession. Using intelligence from a number of sources, NHS Watch seeks to bring together the latest data and information as new developments come to light as well as provide a place for members to share their experiences about the impact of these changes."

Cite this as: *BMJ* 2013;346:f1803

TEVA

Combining glatiramer (above) with interferon beta did not reduce symptoms in patients with relapsing-remitting multiple sclerosis

Combining two multiple sclerosis treatments has no benefit, study finds

Lilian Anekwe BMJ EVIDENCE CENTRE

Combining glatiramer and interferon beta in patients with relapsing-remitting multiple sclerosis does not reduce symptoms or disability over three years, when compared with either treatment alone, a study has found.

The study, which was funded by the US National Institutes of Health, looked at the effects of glatiramer, interferon beta, and the two drugs in combination in 1008 patients with relapsing-remitting multiple sclerosis.

It found that the annual rate of relapse was no different in patients taking the combination treatment than in those taking the better of the two treatments, glatiramer (hazard ratio 1.1 (95% confidence interval 0.82 to 1.46)). And all patients showed similar progression of disease in terms of disability and function over the 36 months of the study.[1]

However, the combination and glatiramer alone were better than interferon alone in reducing the risk of relapse. When compared with interferon, glatiramer reduced the risk by 31%, while the combination reduced it by 25%.

Researchers also measured the amount of brain tissue damage that occurred over the course of the study, through magnetic resonance imaging. They found that people who took the combination of treatments had fewer new areas of damage and smaller areas of damage than those who took either glatiramer or interferon on their own. They plan an extension of the study to see whether these differences predict later clinical differences.

Cite this as: *BMJ* 2013;346:f1719

Plan to improve sexual health in England lacks "teeth," say campaigners

Caroline White LONDON

The government has set out its long overdue plans on how healthcare commissioners and providers should cut numbers of unwanted pregnancies and sexually transmitted infections in England—including a greater role for family doctors in helping to curb the spread of HIV.

But sexual health charities claim that the document, which sets out a series of "ambitions" and has come almost two years later than promised, lacks any real teeth or strategic direction.

The framework for sexual health improvement in England was published on 15 March, just weeks before the commissioning of sexual health services splits three ways on 1 April.[1] As part of their new public health remit, local authorities will assume responsibility for most services, including contraception and testing for sexually transmitted infections. But the NHS Commissioning Board will fund contraception provided as an additional service under the GP contract, HIV treatment and care, and cervical cancer screening. Clinical commissioning groups will take charge of most abortion services, sterilisation, vasectomy, and gynaecology.

The framework says that more must be done to tackle the stigma and discrimination often associated with sexual ill health and to create a culture that prioritises prevention and that supports behaviour change. Strong leadership and joined-up working, a focus on outcomes, and an eye to the wider determinants of sexual health will be essential.

The areas most in need of improvement, it says, are teenage pregnancy rates, unplanned pregnancies, support for women seeking an abortion, the incidence of sexually transmitted infections, and the spread of—and avoidable deaths from—HIV infection.

Early testing and diagnosis almost halves the average cost of treating HIV to £12 600 a year, yet the infection was diagnosed late in half of all new cases in 2011.[2] Anyone being tested for a sexually transmitted infection should automatically be offered an HIV test, the framework says.

General practices are increasingly providing a range of more specialist sexual health services, "and we want to see this trend continue," it adds.

GPs have a key part to play in HIV testing, particularly in areas of high prevalence, it says, citing evidence from practices in Haringey, north London, showing that specific training significantly boosted rates of testing for HIV and more than doubled the number of diagnoses.

MPs hear trials are bureaucratic and opaque

Adrian O'Dowd LONDON

Clinical trials are still too bureaucratic, not transparent enough, and offputting to potential researchers as well as participants, MPs have been told.

The clinical trials system and governing regulations in the United Kingdom must be improved, expert witnesses told the House of Commons Science and Technology Committee at an evidence session held on 13 March.

The committee is holding an inquiry into clinical trials, given that the European Commission is proposing to revise the directive that regulates trials in the UK. The inquiry also comes amid concerns raised about transparency and disclosure of all clinical trial data: drug companies are entitled to conduct numerous clinical trials on drugs but publish results selectively.

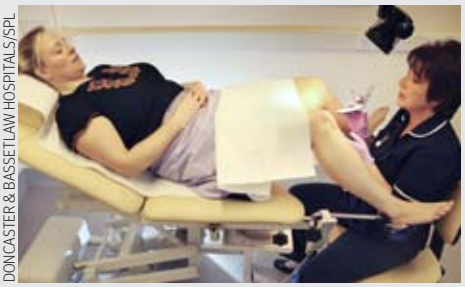
The MPs asked whether there was real evidence of some trial results being withheld.

Fiona Godlee, editor in chief of the *BMJ*, giving evidence, said, "There is a great deal of evidence and some cases that have been well investigated suggesting that evidence is withheld, whether on purpose or as a result of the system that we currently use.

"There have been a number of well known cases where drugs have been approved based on incomplete information—and where subsequently that information has been provided and the drug has been found to be either ineffective or actually harmful. As for whether the regulator

DAVID WIMSETT/UPPA/PHOTOSHOT

Fiona Godlee and Michael Rawlins told MPs about the consequences of concealing data



DONCASTER & BASSETLAW HOSPITALS/SPL

Many general practice staff fail to ask questions for fear of causing offence, the framework said

But many general practice staff lack training and fear causing offence. Constraints over time and expertise make staff reluctant to broach the issue with patients, the framework says.

The chairwoman of the British HIV Association, Jane Anderson, said that the framework didn't go far enough. "Combating HIV involves almost every discipline and area of government policy, from science through to education, economics, and social science. This means a strategy that gets all stakeholders around the table working to a coordinated plan," she said.

The sexual health charity the Family Planning Association welcomed the framework but warned that there was "absolutely no guarantee" that local councils would act on it," which could end up costing the economy more than £135bn over the next few years.

Cite this as: *BMJ* 2013;346:f1779

gets all the information, this is something which I think is still rather murky."

Michael Rawlins, chairman of the National Institute for Health and Clinical Excellence (NICE), also giving evidence, said that the institute, when considering a drug or treatment, insisted that a medical director confirm that all relevant information had been provided.

Rawlins said, "The problem is that if things are being concealed from us, and particularly if they are being concealed from the medical director in Britain, we won't know about it."

MPs asked what the main barriers were to conducting clinical trials in the UK.

Rawlins said, "There are two main barriers: first of all is the plethora of ethical approvals that need to be sometimes garnered in order to embark on a clinical trial. By far the greatest impediment to doing clinical trials in Britain has been the fact that each individual trust takes on itself its own governance arrangements looking at things like criminal records reviews, patient consent forms, and the contracts going to their lawyers.

"We met one woman who had been a principal investigator in a study involving 62 hospitals, because it was a rare disease, and she had had 62 CRB [Criminal Records Bureau] checks."

Cite this as: *BMJ* 2013;346:f1711

Three quarters of babies consume too much energy, finds UK survey

Susan Mayor LONDON

Three quarters of babies and young children in the United Kingdom are consuming more energy than they need, warn results from the first national survey to comprehensively assess infant nutrition.[1]

The Diet and Nutrition Survey of Infants and Young Children also showed that a fifth of babies are never breast fed and that fewer than half of those who are breast fed receive breast milk beyond 3 months of age.

Researchers collected dietary and nutritional information on 2683 children aged 4-18 months between January and August 2011. The children were sampled from child benefit records to give a representative sample of the UK population. The researchers assessed their nutrition by interviewing parents, through four day dietary diaries, and from blood samples and estimating breast milk intake, fluid intake, and body composition.

Results showed that 75% of boys and 76% of girls consumed more than their estimated average energy needs. The proportion exceeding the average increased with age, from 52-59% of children aged 4-6 months up to 88% in those aged 12-18 months, which the researchers said pointed to a contribution from complementary foods (foods other than milk).

Infant formula was the largest contributor to the energy intake of children aged under 12 months. And nearly a third (32%) of children aged 4-6 months were being fed follow-on formula, which should not be given before 6 months of age.

The survey found that many babies were given complementary foods (most commonly baby rice) before this age. One in 10 babies had been given solid foods by 3 months of age; an additional 32% started on solid foods at 4 and 5 months; and 22% started at 6 months.

KIDSTOCK/GETTY IMAGES

Three out of four infants consumed more than they needed

Commenting on the report, Tim Lang, professor of food policy at City University, London, said, "These findings underline, yet again, how there is a fundamental mismatch between current food supply, human physiology, and the conditions in which we live today. As the evidence continues to pile up, what worries me most is that policy makers have quietly retreated from this terrain."

Lang said that efforts in the early 2000s to achieve a system change approach to preventing obesity had been "swept away in the rush to hand over change to the food industry, in the guise of the 'responsibility deals.'"

The Department of Health for England recommends exclusive breast feeding for the first six months or so of a child's life. But the survey found that 22% of children had never been breast fed. And of the babies who were breast fed 57% were not breast fed beyond 3 months of age.

The new figures were similar to the findings of the infant feeding survey in 2010,[2] which found that 76% of babies were being breast fed initially, meaning that the United Kingdom continues to have among the lowest rates of breast feeding in Europe.

Patti Rundall, policy director of Baby Milk Action, a non-profit organisation that works to improve feeding of infants and young children, said, "More needs to be done to encourage breast feeding. Clearly, women are not receiving the right support."

She added, "The low breastfeeding rates—and particularly the quick fall off in breast feeding—are due, in part, to the failure of successive governments to regulate the marketing practices of the baby food industry."

Rundall is particularly concerned about companies targeting pregnant women and new mothers to join baby clubs that send them information, including promotions for infant formula. She is also concerned about the growth in advertising and promotion of follow-on formula and "good night" milks (described as "night-time" feeds that help babies sleep well) designed for older children, since the advertising of infant formula is no longer allowed in the UK.

Cite this as: *BMJ* 2013;346:f1740

Retired GP admits helping three patients to end their lives

DAVE THOMPSON/PA

Iain Kerr said he thought hard about helping his patients commit suicide

Clare Dyer BMJ

A retired GP in Scotland who supports the legalisation of assisted dying has spoken publicly for the first time about how he, when in practice, helped three patients end their lives.

Iain Kerr, 66, told BBC Radio Scotland and the *Herald* newspaper that he had supplied drugs in three cases where patients thought that their lives had become intolerable and were considering suicide. Each case had been reported to the prosecuting authorities, which had decided that it would not be in the public interest to prosecute.

The General Medical Council suspended Kerr, who practised in Clarkston, East Renfrewshire, for six months in 2008, for supplying pills to an elderly patient with osteoporosis for the purpose of ending her life. The GMC described his actions as "irresponsible, liable to bring the profession into disrepute, and not in your patient's best interest."

Locums filled in at his practice during his absence, and he was accepted back on the list of registered GPs when his suspension ended.

He acknowledged that what he had done was illegal but said that it was not a course of action he had taken lightly. He told the BBC that on each occasion "I insisted that the people involved should contact their relatives, and if the relatives were in agreement with this then I would carry out my part in the agreement."

Once the drugs were prescribed the decision whether to take a fatal overdose was in the hands of the patient, he said.

Kerr told the *Herald* that in the 1990s he had supplied a couple in their 80s with sleeping tablets for a joint suicide. They had struggled to leave their home because of different medical problems.

The case that brought him before the GMC concerned a retired businesswoman who, the GMC found, did not have depression or any other mental illness and was determined to end her life. She did not want to be a burden on her family and had made her wishes quite clear.

Kerr prescribed 30 amobarbital sodium tablets in 1995 with the intention that she could use them to end her life if she chose to do so. In the event she disposed of them, but in 2005, aged 87, she killed herself with an overdose of temazepam, which Kerr had prescribed three days after she failed in a suicide attempt.

In Scotland helping someone commit suicide risks a prosecution for culpable homicide.

Cite this as: *BMJ* 2013;346:f1704

Tribunal service was wrong not to let doctor quit medical register

Clare Dyer BMJ

The High Court in Manchester has quashed an "irrational" refusal by the Medical Practitioners Tribunal Service to let a suicidal paediatrician remove himself voluntarily from the medical register rather than face allegations of misconduct at a fitness to practise hearing.

Unusually, the case was heard in private, and the doctor was referred to only by the initials LI.

The doctor, now aged 67, was working at Queen Elizabeth Hospital in Woolwich, London, in 2008 when a 10 year old boy with cerebral palsy was brought to the hospital with pain in a hip, which had previously been operated on. He was unable to be admitted because of a shortage of beds. The boy had a cardiac arrest and died two days after LI prescribed a patch that released 50 mg fentanyl an hour, although he agreed to halve the dose after a pharmacist intervened.

After the boy's parents complained to the General Medical Council conditions were placed on LI's registration, and he worked in Western Australia from 2009 until late 2011. Meanwhile, details emerged of a further incident in which a child with cerebral palsy had died in 2007 at a hospital in north Wales when LI was responsible for the night clinical team. In July 2012 LI was suspended under an interim order.

The judge said that LI had been practising without criticism in Australia but that he had complex problems, including Asperger's traits, depressive episodes, anxiety, and suicidal thoughts. Three psychiatrists said "that Dr I's mental health was such that not only was he unfit to participate effectively in the GMC proceedings but also, and significantly, that he was unfit to practise medicine now or at any time in the future."

Judge Graham Wood said there was a risk of suicide if a hearing went ahead with LI present. And once the GMC had said it would not go ahead with a hearing in his absence, if a stay was granted on this occasion because of his health, "a very compelling reason was required if such a factor [health] was not to tip the balance substantially in favour of the granting of voluntary erasure."

He said the decision to refuse LI's request to leave the medical register was one that no properly directing tribunal could have reached.

Cite this as: *BMJ* 2013;346:f1672

Widow of man who fought for right to die can continue his case

Clare Dyer BMJ

The widow of Tony Nicklinson, the stroke survivor who lost his right to die case at the High Court last year, has been given permission by the Court of Appeal in London to carry on the legal battle.

Jane Nicklinson will be joined by a 57 year old man paralysed in a road traffic crash 23 years ago, who was granted permission by the appeal court judge Lord Justice Elias to be added to the legal action. The man told the court that he wanted to have a doctor end his life with dignity with his family around him in his own home. He said that he felt worn out and fed up.

Jane Nicklinson, who vowed to continue her husband's fight, has been allowed to amend her case to bring a human rights claim on her own behalf. A four day hearing is expected at the Court of Appeal in the summer.

Her counsel, Paul Bowen QC, said that he would be asking the appeal court to set aside the High Court's decision and send the case back to a different panel of judges for reconsideration. The original court had "ducked the issue," he told the judge.

Cite this as: *BMJ* 2013;346:f1762