Far from improving the performance of the immune system, there is increasing evidence that ultraviolet A radiation has both local and systemic immunosuppressive effects.[3,7] Such exposure may activate and accelerate the growth of human viruses, including HIV.[8] This has important implications for patients who are HIV positive, especially if they believe that acquiring a tan will improve their general health. In a study of HIV positive male homosexuals, two thirds thought that a suntan would improve their health and the outcome of their HIV infection; use of sunbeds on a regular basis was also higher in this group than in controls.[9]

Of course, the primary concern is whether regular sunbed use can lead to the development of skin cancer, especially malignant melanoma. Mice exposed to ultraviolet A radiation in doses normally used in tanning salons develop skin tumours, and pretreatment with ultraviolet A radiation enhances tumour development when followed by exposure to simulated solar ultraviolet radiation.[10] Extrapolation from animal studies suggests that the risk of non-melanoma skin cancer in humans is about doubled if sunbeds are used for no more than 20 sessions a year over a lifetime.[11] Unfortunately there are still no long term studies in humans to confirm or refute this. But case-control studies suggest an increased risk of melanoma in sunbed users.[12,13]

The British Photodermatology Group has drawn attention to the potential risks,[14] and the International Non-Ionising Radiation Committee has reiterated them.[15] Both groups have reviewed the scientific evidence and concluded that tanning with sunbeds that emit ultraviolet A radiation should be discouraged. Despite this, the marketing and use of sunbeds remains entirely unregulated in Britain. Potential sunbed users need to be better informed of the damaging effects that regular exposure to ultraviolet A radiation may have on their skin.

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Making murder sound respectable

Time for the European Union to ban tobacco promotion

"Political language," wrote George Orwell, "is designed to make lies sound truthful and murder respectable, and to give an appearance of solidity to pure wind."[1] The central talent of politicians may be to sound convincing when insisting on the truthfulness of something that almost everybody knows to be untrue. Virginia Bottomley, secretary of state for health in England, tries hard to tell the British public that it would be a mistake to ban tobacco promotion, but she is mostly not believed. What's more, she opposes a ban on tobacco promotion while simultaneously reminding us that smoking is the single largest cause of preventable death and bemoaning the fact that smoking is not decreasing among young people. It may be these contortions that led recently to her being voted the most insincere politician in Britain—against some very tough opposition.[2]

The issue of banning tobacco advertising comes up yet again because next week the council of health ministers of the European Union, including Mrs Bottomley, will once again debate the draft directive to ban cigarette advertising. Most Europeans and most European health ministers want such a ban, and bans already operate in France, Italy, and Portugal. Mrs Bottomley is expected to oppose the ban (as she has done before)—together with ministers from Germany, the Netherlands, and Denmark—and so prevent it being passed. If she voted for the ban it would pass.

Doctors, who every day deal with the carnage that results from smoking, cannot understand why the government refuses to act. Nobody, and certainly not the government, disputes that tobacco does enormous damage, although people may not quite grasp the scale—that smoking kills about 115 000 people a year in Britain and accounts for more than a quarter of deaths in middle age.[3] There is also abundant evidence that cigarette advertising makes a considerable impact on children and young people,[4] and the government's own data show that young people are the one group who are not reducing their rates of smoking.[5] Reducing rates of smoking among teenagers was one of the targets of the *Health of the Nation*,[6] and the government has conceded that the target for 1994 will not be met.[7] This is particularly sad as 90% of smokers begin in their teenage years; within a few years three out of four are trying to stop but failing.[4]

Nor is there much dispute—except from the tobacco industry—that banning tobacco promotion would reduce smoking.[8] The Department of Health's own report suggested, after a survey of evidence from countries that had introduced bans, that a ban would lead to a drop in rates of smoking of between 4% and 9%.[9] In Canada, where a ban was introduced in 1989 as part of a comprehensive antismoking package, cigarette consumption fell by 37% between 1981 and 1992—with the biggest falls occurring in 1989 and 1990.[10] Most importantly—and in complete contrast to what happened in Britain—the greatest improvement was in smoking among adolescents, which halved from 1979 to 1991.[10]

What Britain needs is a comprehensive anti-tobacco package. A ban on promotion is only one part of the package, and the government has done better at increasing the price of cigarettes. But a ban on promotion has immense symbolic as well as practical importance—and it would be particularly effective with adolescents. Young people are very sensitive to hypocrisy in their seniors, and many think that "Smoking

can't be that bad or surely the government wouldn't allow advertising."

When the problem is so serious and the benefit of banning promotion so clear we are inevitably left to wonder what it is that stops Mrs Bottomley from acting. Natural civil service inertia, a libertarian distaste for advertising bans, and some economic anxiety may have marginal importance, but direct political pressure from the tobacco industry and those who benefit from advertising is likely to be much more important. The tobacco industry contributes generously to the Conservative party's funds; some members of parliament are consultants to the industry or to advertisers; and in the last election the tobacco industry made many advertising hoardings available to the Conservative party at very short notice. A debt may have to be repaid.

Mrs Bottomley could do a great deal for the health of Europeans and to restore her credibility by voting next week for the directive to ban tobacco promotion. If she doesn't she is literally making murder respectable.

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Revised guidelines on preoperative autologous blood donation

Require detailed assessment of patients and documentation

Autologous transfusion comprises several quite different procedures, including preoperative autologous donation, intraoperative and postoperative blood salvage, and acute normovolaemic haemodilution (usually done immediately before surgery). Guidelines published this month in *Transfusion Medicine* focus on preoperative autologous donation,[1] which allows the storage of blood in the liquid state for up to 42 days before transfusion back to the donor.

Preoperative autologous donation presupposes that blood is being used for elective surgery in which appreciable blood loss is expected in a patient who is fit enough to donate several units of blood. These factors will limit the procedure to at best 10% of all the blood used during surgery. In the United States about 6% of blood used is autologous donation[2]; in Britain the proportion is much less and certainly under 1%. In a recent pilot study in Newcastle autologous blood donated preoperatively accounted for only 0·4% of the total blood used in the region.[3] About three quarters of the units were used, and this compares favourably with an American survey, which found that 60% of the autologous blood donated preoperatively was returned to the patient.[2] The survey did not report on how much of the blood was transfused just because it was available; having autologous blood available should not be the sole reason for transfusing it —as the guidelines indicate.

The American survey found that about one in 40 of all preoperatively donated units (or about 6% of unused units) were transfused into other patients. The British guidelines rightly prohibit this practice: not only is it unnecessary, but it could also be potentially dangerous to recipients of this blood. Donors of preoperatively donated blood will, on average, be less healthy than routine blood donors, and using their blood would be contrary to the philosophy of the British blood transfusion service, which is to use blood from healthy donors.

The guidelines emphasise the importance of assessment of the donor by both the referring doctor and the doctor who will be responsible for collecting and storing the blood. Such assessments and their documentation are time consuming. A printed request form, which will inevitably be completed by the most junior member of the surgical team, is not enough. A request for preoperative autologous donation should be regarded in the same way as any other request for consultant intervention in the care of a patient. The fact that blood has been deposited preoperatively; the results of clinical assessment; the results of tests for hepatitis B surface antigen, antibody to hepatitis C, antibody to HIV-1 and HIV-2, and syphilis; and completed consent forms should be entered in the patient's notes. By itself age is not a bar on donation; elderly people can safely donate blood, provided that iron stores are not depleted (a special concern in elderly women[4]).

Autologous transfusion became fashionable in the early 1980s, when it was perceived as being a safe way to avoid transmission of viral disease, particularly HIV. With the introduction of mandatory testing for HIV-1 and HIV-2 and hepatitis C virus since then, what advantages, if any, remain? Certainly autologous blood will prevent alloimmunisation and there are suggestions that postoperative infection, particularly after orthopaedic procedures, may be less.[5] But clearly most of the hazards of blood transfusion are related to errors in documentation and recording[6]; in this respect the guidelines provide clear, practical advice. They also provide a helpful information sheet for patients.

Will autologous transfusion in Britain become as commonplace as it is in the United States? While neither encouraging nor discouraging this possibility the guidelines provide a framework that should ensure the quality and safety of the process. This will cost money—the resources it attracts will determine how popular the procedure becomes.

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