

In brief

Child welfare campaigner sent to jail: The woman who instigated complaints against consultant paediatrician David Southall has been jailed for two years after helping a family hide their child from social services (23 March, p 693). Penny Mellor helped others hide the child because she disagreed with a doctor's diagnosis that the child had a fabricated or induced illness. Judge Guy Whitburn told Ms Mellor that although a free society must tolerate her eccentric views on child care and her persistent attacks on childcare professionals, she had to be punished for breaking the law.

Accident and emergency under review in Ireland: The Irish government has proposed new arrangements for the admission and discharge of hospital patients. The move follows industrial action by nurses in accident and emergency departments. The new "emergency response" formula, which allows bed managers a greater say in the discharge of patients, threatens the clinical autonomy of consultants, say doctors' leaders.

Rich Delhites match Western growth rates: Children from affluent south Delhi families are growing at about the same rate as children in high income industrialised countries, says a new study from the All India Institute of Medical Sciences and the World Health Organization. Greater height for age was associated with an education to postgraduate level among mothers and a non-vegetarian family diet.

Arthritis drug approved: The National Institute for Clinical Excellence has recommended the use of etanercept for the treatment of juvenile idiopathic arthritis and etanercept and infliximab for rheumatoid arthritis.

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Transplants from live patients scrutinised after donor's death

Deborah Josefson *Nebraska*

Liver transplants from live donors are under increased scrutiny in the United States after the death of a previously healthy 57 year old man who donated a portion of his liver to save an ailing brother from fatal liver failure.

The man, Michael Hurewitz, a former reporter on the *New York Post* and the *Times Union* of Albany, volunteered to have a portion of his liver removed and transplanted into his brother, 54 year old Adam Hurewitz, a doctor. The operation and postoperative care were performed at Mt Sinai Hospital in New York, a leader in the field of liver transplants from live patients. Over 100 such procedures have been done at Mt Sinai since 1998—more than at any other hospital in the United States—and until the death of Michael Hurewitz no deaths at Mt Sinai were directly and publicly attributed to the procedure.

Three days after the operation the donor became ill, first developing nausea, hiccups, and tachycardia and then vomiting blood and subsequently aspirating and choking on it. An autopsy found large amounts of blood in the stomach and a bacterial infection, *Clostridium perfringens*. State investigators found Mt Sinai liable for inadequate post-operative care and in particular faulted the hospital for insufficient supervision of inexperienced resident doctors.

For much of the time Mr Hurewitz was cared for by a single, poorly supervised intern who was responsible for 34 critically ill patients in the transplant unit. The surgeon who did the transplantation, Dr Charles Miller, failed to visit the patient after the procedure, and no senior member of the surgical team had made any post-operative chart notes.

The case has parallels to that of 18 year old Libby Zion, who died within a day of admission to New York Hospital with fever of unknown origin. The landmark 1981 case went to the Supreme Court and resulted in the Bell Commission and a revision of state laws requiring increased supervision of junior doctors and decreased working hours for interns and residents in New York state.

In the current case an investigation by New York state health commissioner Antonio Novello found 18 deficiencies in the care received by Mr Hurewitz and fined Mt Sinai \$48 000 (£34 000; €54 000), in addition to suspending the hospital from performing liver transplantations from live donors for six months. The commissioner also wants the hospital to institute a formal plan of corrective action.

Meanwhile the investigation is being broadened to include three more patients, including one who died after receiving a cadaveric transplant and two who complained of faulty care at Mt Sinai Hospital. □

BMA negotiator calls for more male medical students

Wendy Moore *London*

A member of the BMA's general practitioners' negotiating committee has said that medical schools should discriminate in favour of male applicants in response to growing concerns about doctor shortages.

Dr Peter Holden, a negotiator on the committee, said there was a "sound case" for considering biasing entry towards young men applying to medical schools. Currently 58% of applicants and 59% of successful entrants to medical school are women, according to figures for 2001 from the Universities and Colleges Admissions Service.

Dr Holden argued that because women doctors were more likely to take career breaks or work part time, the current imbalance threatens to worsen the doctor shortage. "It is time to be politically incorrect," he said.



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A levels. But he said that to positively discriminate in favour of boys would mean accepting weaker male students at the expense of better female candidates.

Dr Holden was responding to a report published this week by the King's Fund think tank that blames staff shortages as a major cause of low morale among doctors and other NHS workers. He said "constant change and constant criticism" were also demotivating doctors.

The report, *Counting the Smiles*, says that chronic staff shortages and a perception of being undervalued are the two main factors currently demoralising NHS staff.

Based on interviews with focus groups of NHS staff, including doctors, the research also blames poor morale on increased workloads, inadequate resources, and political interference, which sometimes means government targets taking precedence over local priorities. □

Counting the Smiles is free from the King's Fund bookshop, 11-13 Cavendish Square, London W1G 0AN. (tel 020 7307 2400)