

trusts and researchers could risk distorting the prioritisation and conduct of research.¹⁵ As in the United States,^{16 17} such institutions will tread a fine line between maximising economic rewards and protecting the research needs and rights of their patients.

We thank Naomi Pfeffer, Azeem Majeed, and Alan Thompson for their comments.

Contributors and sources: NMcN has worked in NHS research and development for over four years and manages UCLH Research and Development Directorate and policy implementation. SK has been in UCLH research and development for over three years and is also a part time doctoral student in sociological studies in the Centre for Analysis of Risk and Regulation at the London School of Economics. SK has primary responsibility for implementing research governance, and she and NMcN have lead responsibilities on the development of research governance policies and procedures at UCLH. AMP has been responsible for the development and implementation of research and development strategy at UCLH since 1998. Her research interests are in public health policy and health services research. The search strategy used for the paper consisted of a Medline search and web based searching of the Department of Health and other government sites.

Competing interests: None declared.

- 1 Department of Health. *Research governance framework for health and social care*. London: DoH, 2001.
- 2 Geneva Conventions. www.globalissuesgroup.com/geneva/texts.html (accessed 5 August 2003).
- 3 Declaration of Helsinki. <http://ohsr.od.nih.gov/helsinki.php3> (accessed 9 July 2003).
- 4 McNally N, Kerrison S, Pollock AM. Reforming clinical research and development in England. *BMJ* 2003;327:550-3.
- 5 Poste G. In: House of Lords Select Committee on Science and Technology. *Human genetic databases: challenges and opportunities*. 4th report. London: Stationery Office, 2001: para 6.2 (HL 57).
- 6 Department of Health. *Ionising radiation (medical exposures) regulations 2000*. London: DoH, 2000. www.doh.gov.uk/irmer.htm (accessed 9 July 2003).
- 7 Jacobson PD. Regulating health care: self regulation to self-regulation? *J Health Politics, Policy Law* 2001;26:1165-77.
- 8 Moreno JD. Goodbye to all that: the end of moderate protectionism in human subjects research. *Hastings Centre Rep* 2001;31:9-17.
- 9 Department of Health. *Governance arrangements for NHS research ethics committees*. London: DoH, 2001: para 3.1. www.doh.gov.uk/research/documents/gafrec.pdf (accessed 9 July 2003).
- 10 Alzheimer's Society. Quality research in dementia. www.qrdion.ucl.ac.uk/ (accessed 9 July 2003).
- 11 Savulescu J. Two deaths and two lessons: is it time to review the structure and function of research ethics committees? *J Med Ethics* 2002;28:1-2.
- 12 Ayres I, Braithwaite J. *Responsive regulation: transcending the deregulation debate*. Oxford: OUP, 1992.

- 13 Ashcroft R, Pfeffer N. Ethics behind closed doors: do research ethics committees need secrecy? *BMJ* 2001;322:1294-6.
- 14 Abraham J, Lewis G. Harmonising and competing for medicines regulation: how healthy are the European Union's systems of drug approval? *Soc Sci Med* 1999;48:1655-67.
- 15 Walt G, Brugha R, Haines A. Working with the private sector: the need for institutional guidelines *BMJ* 2002;325:432-5.
- 16 Morin K, Rakatansky H, Riddick FA Jr, Morse LJ, O'Bannon JM 3rd, Goldrich MS, et al. Managing conflicts of interest in the conduct of clinical trials. *JAMA* 2002;287:78-84.
- 17 Geljins A, Thier S. Medical innovation and institutional interdependence: rethinking university-industry connections. *JAMA* 2002;287:72-7.

(Accepted 3 June 2003)

Corrections and clarifications

Patients' voices are needed in debates on euthanasia
A couple of errors slipped into this Education and Debate article by Yvonne Y W Mak and colleagues (26 July, pp 213-5). Omission of two words changed the focus of a reported study: Lavery and colleagues studied the origins of desire for medically assisted death in HIV, not the origins of such deaths (see the second paragraph in the section "Research data on euthanasia"). In the figure, the labelling for the bottom curve was rather confusing; it should say "assumed wholeness before cancer" (not "assumed before cancer wholeness").

US agrees to cheap drug imports—as Florida officials break fake drugs ring

We failed to check the status of the politician Rosa DeLauro, who was mentioned in this news article by Fred Charatan (2 August, p 246). She is indeed a Democrat representative but she's from California (not Connecticut, as we stated).

Cultural safety and the health of adolescents

In this Personal View, we mistakenly published the names of only two of the three authors, and we also put these two names in the wrong order (23 August, p 457). The complete list of authors, in the correct order, is: Nicola J Gray, Frances A Hughes, Jonathan D Klein. The error has been corrected online. We apologise to the authors for this mistake, which arose from an electronic glitch when the article was being typeset and which was not picked up by the editorial team.

Submitting articles to the *BMJ*

We are now inviting all authors who want to submit a paper to the *BMJ* to do so via the web (<http://submit.bmj.com>).

We have introduced Benchpress, our new web based manuscript tracking system, with the aim of streamlining our processes and providing better, quicker information for authors, reviewers, and editors.

Benchpress is a website where authors deposit their manuscripts and editors go to read them and record their decisions. Reviewers' details are also held on the system, and when asked to review a paper reviewers will be invited to access the site to see the relevant paper. The system is secure, protected by passwords, so that authors see only their own papers and reviewers see only those they are meant to. The system is run by Highwire Press, who host bmj.com, and is already being used by 30 journals, including most of the BMJ Publishing Group's specialist journals.

For authors in particular the system offers several benefits. The system provides all our guidance and forms and allows authors to

suggest reviewers for their paper—something we'd like to encourage. Authors get an immediate acknowledgement that their submission has been received, and they can watch the progress of their manuscript. The record of their submission, including editors' and reviewers' reports, remains on the system for future reference.

Anyone with an internet connection and a web browser can use the system.

As with all new systems we expect a few teething problems, but the system itself offers extensive help, and the *BMJ*'s editorial office is geared up to help authors and reviewers if they get stuck. We see Benchpress as part of our endeavour to improve our service to authors and reviewers and, as always, we'd welcome feedback.

Benchpress is accessed via <http://submit.bmj.com> or via a link from bmj.com