

New antipsychotics offer few benefits over traditional drugs

The results of a major 18 month study indicate that four new drugs used to treat schizophrenia offer few, if any, benefits over much less expensive older drugs.

In the study 1493 patients at 57 sites in the United States were randomly assigned to one of five antipsychotic drugs, four of which were relatively new—risperidone, quetiapine, ziprasidone, and olanzapine—and one of which, perphenazine, was developed more than 40 years ago. The findings were published last week in the *New England Journal of Medicine* (2005;353:1209-23).

All the drugs helped to control symptoms of schizophrenia, but 74% of participants stopped taking their drug because of discomfort or specific side effects, such as tremors or akathisia.

Patients who were given olanzapine were less likely to be hospitalised for a psychotic relapse and tended to stay longer on the treatment. However, they experienced more weight gain and metabolic changes associated with a higher risk of diabetes than patients taking the other drugs.

In the doses used in the study a month's supply of perphenazine costs about \$60 (£34; €50), while the monthly costs for the newer drugs ranged from \$520 for olanzapine (Zyprexa) to \$250 for risperidone (Risperdal).

Fred Charatan *Florida*

Giving self help books does not cut visits to doctor

Giving patients self care health books does not reduce the number or length of consultations with their GP, a new report says (*Scandinavian Journal of Primary Health Care* 2005;23:142-8).

In the study 1967 adult patients from the south east of England were randomised to receive one of two self help books or to a control group. The

two books were the UK edition of the *Healthwise Handbook* and the *NHS Direct Healthcare Guide*.

It found that although some 60% of patients allocated a book said that it made them more likely to deal with a problem themselves, the mean numbers and duration of consultations over the 12 months, including routine GP consultations and emergency consultations with a GP or nurse practitioner, did not differ between these patients and those who did not have a self help guide.

Roger Dobson *Abergavenny*

Woman takes fight over her frozen embryos to European court

A British woman who wants to use frozen embryos that she and her former partner created before they split up took her battle to the European Court of Human Rights in Strasbourg this week.

Natallie Evans argues that UK law, which requires both partners' consent before an embryo can be implanted, breaches her rights under the European Convention on Human Rights.

Ms Evans and her former fiancé, Howard Johnston, underwent in vitro fertilisation treatment in 2001 to produce six stored embryos after she was given a diagnosis of ovarian cancer. Because her ovaries were removed the embryos represent her last chance to have a child of her own.

Under the Human Fertilisation and Embryology Act 1990 both parties must consent to in vitro fertilisation treatment. Mr Johnston consented initially but changed his mind when the relationship ended.

The European court expedited Ms Evans's hearing because the five year storage period, after which the embryos must be destroyed, expires in October 2006.

The Strasbourg court is her last hope, after she lost in the English High Court and the Court of Appeal. The European Court reserved its judgment.

Clare Dyer *legal correspondent, BMJ*

GP is disciplined for willingness to help friend commit suicide

Clare Dyer *legal correspondent, BMJ*

A retired GP and campaigner for the legalisation of voluntary euthanasia who agreed to help a terminally ill friend commit suicide was unfit to practice, the General Medical Council decided this week.

Michael Irwin, 74, was facing a strong possibility that he would be struck off the medical register as the *BMJ* went to press this week.

A GMC panel decided on Tuesday that his fitness to practise was impaired and told him that he had abused his position as a doctor.

The panel criticised Dr Irwin for stockpiling temazepam tablets and for "an act of deception" and a criminal offence in writing prescriptions for the drug in his own name, intending to use it to help his friend die.

Dr Irwin's case was referred to the GMC after he was given a police caution for possession with intent to supply a class C drug. He said he kept a supply of temazepam for his own use to relieve jet lag, but the panel found the numbers of pills "excessive."

A former chairman of the Voluntary Euthanasia Society, Dr Irwin travelled to the Isle of Man after agreeing to help a fellow euthanasia campaigner, Patrick Kneen, who was dying of prostate cancer.

But by the time Dr Irwin arrived his friend was too ill to take the pills. His own doctor put him on a diamorphine drip, and he died a few days later in a coma.

Dr Irwin, 74, told the panel that he knew of several doctors with "twinning" arrangements with fellow doctors to help each other commit suicide if a painful death threatened. He said he was twinned with a retired doctor in Glasgow, and he accused doctors of "double standards" if they refused to do the same for a friend or long term patient who is terminally ill and suffering.

In a statement to the GMC he said: "I believe passionately that in this apparently enlightened 21st century, terminally ill patients should have the right to obtain medical assistance to die, if this is their wish: to be able to pick a time for their death, preferably in their own familiar home environment.

"Although our British society is in principle just, I strongly believe that the existing law on assisted suicide is unjust and that sometimes a compassionate physician has a greater duty to a patient or a close friend than his or her duty to the state."

Dr Irwin, who was medical director of the United Nations in New York before he retired 15 years ago, represented himself at the two day GMC hearing, which he welcomed as a focus for renewed debate over the issue of doctor assisted suicide.

A poll last month by the UK polling organisation YouGov found huge popular support for the legalisation of doctor assisted suicide, with 86% of respondents agreeing with the statement that people who are terminally ill "should have the right to decide when they want to die and to ask for medical assistance to help them."

Doctor assisted suicide is legal in the US state of Oregon and in the Netherlands and Belgium and has been decriminalised in Switzerland. □



Dr Michael Irwin