Doctor must pay child support after inadequate warning of disability

Bojan Pancevski *Vienna*

An Austrian court has ordered a gynaecologist to pay child support for a child with Down's syndrome because the doctor had not warned the mother strongly enough of the likelihood that her baby would be disabled.

This precedent setting ruling has polarised the public and has sparked a heated debate within the medical community.

The case was dropped by two lower courts and went all the way to the Austrian supreme court for the final ruling after the 31 year old mother claimed that the doctor failed to properly illustrate the likelihood of her having a disabled child, despite the fact that he had warned her about irregularities in her pregnancy and had referred her to a specialist clinic in the 23rd week of pregnancy.

But the woman only attended the clinic in the 32nd week of pregnancy, when it was too late for an abortion, because she claims she was not made sufficiently aware of the possible complications. The doctor told the court that he regularly examined the patient and referred her to a specialist clinic for high risk pregnancies after an ultrasound scan had shown that the embryo's thorax was too small and that there was too large a quantity of amniotic fluid.

He informed the patient of the anomalies and warned her about the potential gravity of the situation, but failed to say that the symptoms indicated a disability related to Down's syndrome.

After giving birth to a daughter who has Down's syndrome, severe heart disability, and obstruction of the bowels, the woman took the doctor to court for insufficient advice, claiming she would have not waited so long for the additional tests had she been made aware of the doctor's suspicions.

The supreme court accepted her argument and ordered the doctor to pay for the support of the disabled child. The verdict stated that referring the patient to a specialist was not enough, and that doctors are expected to participate in a decision about whether or not a risky pregnancy should be aborted.

Blue sky thinking

Three thousand blue and white discs hanging from a steel frame create the image of a shimmering blue sky and provide an uplifting entrance to a new psychiatric unit in Bristol.

This fence is just one of many artefacts in the new unit, which is part of Callington Road Hospital, built to replace Barrow Hospital.

Works include wall hangings, ceramics, water features, paintings, and garden benches and have been made in cooperation with staff and users of the mental health services. In some cases, patients were involved in making the works and visited artists' workshops and the quarry from which some of the stone came.

Artist Walter Jack discussed his ideas for the blue sky fence at several sessions at the hospital and also involved a local school, Brislington Enterprise College, in the design. Cabinet making students at Brunel College, Bristol, helped to put it together.

The hospital trust has a £100 000 (€150 000; $180 000) grant from the Department of Health to evaluate the impact of the art.

Annabel Ferriman *BMJ*

Cardiologists urge screening of asymptomatic older people

Fred Charatan *Florida*

An international group of prominent cardiologists has called for non-invasive screening for heart disease of all US asymptomatic men aged 45-75 and women aged 55-75.

The Screening For Heart Attack Prevention And Education (SHAPE) task force says that screening should be carried out to measure coronary artery calcium, with computed tomography scan, and carotid intima media thickness and plaque, with carotid ultrasonography.

The group's recommendations were published as a supplement to the *American Journal of Cardiology* in July, with Pfizer as the major sponsor.

The proposal hinges on the basic principle that traditional risk factor screening—the Framingham risk score and the SCORE criteria in Europe—does a good job of identifying people at very low and high risk of myocardial infarction or stroke over a decade but fails to single out "at risk" men and women who represent everything in between. The Framingham risk factors include hypertension, hypercholesterolaemia, history of smoking, age, diabetes, and a family history of stroke or heart disease.

Prediman Shah, the head of cardiology at Cedars-Sinai Medical Center, professor of medicine at the University of California in Los Angeles, and a member of the task force, predicted that the new proposed guidelines will change health care.

"It is a sea change in practice. Since heart attack risk starts in arteries, we should be looking there. If you can identify plaque in a patient, then this individual—regardless of risk factors—is actually at risk.

"If you want to identify people with heart disease, don't look at risk factors. We say, look directly at where the plaque is."

In February 2004, the US Preventive Services Task Force recommended against routine screening with electron beam computed tomography scanning for coronary calcium, however, for either the presence of severe coronary artery stenosis or the prediction of coronary heart disease, events in adults at low risk for coronary heart disease.

A member of this task force, who did not want to be named, told the *BMJ* that he thought the recommendation of the SHAPE task force "was a dramatic assault on evidence based medicine," and said that there were no prospective trial data or even good cohort data to support the claims of the Houston based Association for Eradication of Heart Attack, SHAPE's parent body.

He referred to an editorial in the *Archives of Internal Medicine* (2006:166;1342-4), which concluded that Framingham risk estimation works well and novel risk factors add little. Finally, the US Preventive Services Task Force recommended against screening for coronary artery disease in low risk adults, including with electron beam computed tomography, as there was fair to good evidence that the harms outweighed the benefits in a low risk population.

Diane Bild, deputy director of the division of epidemiology and clinical applications at the National Heart, Lung, and Blood Institute of the National Institutes of Health, said that SHAPE's recommendations would not change official US guidelines.