News

Fertilisation authority recommends a ban on sex selection

Zosia Kmietowicz *London*

The United Kingdom's reproduction watchdog, the Human Fertilisation and Embryology Authority, has advised the government to ban clinics from using techniques that allow parents to choose the sex of their child for reasons that are not medical after overwhelming opposition from experts and the public.

The Human Fertilisation and Embryology Authority consulted medical, scientific, ethical, and social experts, as well as patients' groups, religious organisations, and the public, over the past year on whether to allow fertility clinics in this country to help parents select the sex of their baby.

An opinion poll of more than 2000 people, discussions with focus groups, and responses from 600 people to a consultation document showed that more than 80% of respondents were against the use of sex selection techniques for non-medical reasons.

Suzi Leather, chairwoman of the authority, admitted that the consultation process had been extremely difficult but that the conclusions were clear—there was strong public support for legislation to ban techniques that allowed parents to choose whether to have a girl or boy.

"The people's view suggests that moral and family dimensions are more important than consumer choice," she said. "People look on children as gifts. To have and to want choice is to give expectations which the majority of people think is wrong and harmful for children. The views is that children should not be accepted or rejected according to what sex they are."

The former health secretary, Alan Milburn, ordered the consultation in 2002 when it became clear that the technology to allow sex selection was widely available in clinics abroad. If ministers accept the recommendations from the authority, primary legislation will be needed to limit sex selection using either sperm sorting or preimplantation genetic diagnosis to couples who risk passing on a sex linked genetic disorder, such as haemophilia or Duchenne's muscular dystrophy, to their children.

Although clinics that are regulated by the authority are not allowed to offer sex selection for any other reason in the United Kingdom, at least three unregulated clinics are believed to offer the gradient method to sort sperm, although there is no evidence to show that the technique works. □

SIMON BURT/APEX

Nicola Cheney, who went to Spain for a sex selection technique, had twin girls

New angiotensin receptor blocker is as effective as ACE inhibitor

Scott Gottlieb *New York*

An angiotensin receptor blocker is as effective as an angiotensin converting enzyme (ACE) inhibitor in patients who are at high risk of cardiovascular events after myocardial infarction. But combining the two drugs seems to increase the rate of adverse events without improving survival.

ACE inhibitors reduce mortality and cardiovascular morbidity among patients with myocardial infarction complicated by left ventricular systolic dysfunction, heart failure, or both. In a double blind trial known as the Valiant study, researchers led by Dr Marc Pfeffer, professor of cardiology at the Brigham and Women's Hospital in Boston, Massachusetts, compared the effect of the angiotensin receptor blocker valsartan, the ACE inhibitor captopril, and a combination of the two on mortality in this population of patients (*New England Journal of Medicine* 2003; 349:1893-906).

In the randomised, double blind trial, patients at 931 centres in 24 countries who were receiving conventional treatment were randomly assigned (0.5 to 10 days after acute myocardial infarction) to additional treatment with valsartan (4909 patients), valsartan plus captopril (4885), or captopril alone (4909). The primary end point was death from any cause.

During a median follow up of 24.7 months, 979 patients in the group taking valsartan died, as did 941 patients taking valsartan plus captopril and 958 patients taking captopril alone (compared with the captopril group, hazard ratios were 1.00 (97.5% confidence interval, 0.90 to 1.11; P=0.98 in the valsartan group and 0.98 (0.89 to 1.09; P=0.73) in the valsartan plus captopril group).

The participants taking valsartan plus captopril had the most drug related adverse events. Comparing valsartan alone with captopril alone, the researchers found that hypotension and renal dysfunction were more common in the valsartan group, and cough, rash, and taste disturbance were more common in the captopril group.

The combination of valsartan plus captopril was evaluated to determine whether incremental clinical benefits could be achieved with two inhibitors of the renin-angiotensin system. But in the current study, this combination did not reduce mortality or the rates of key secondary outcomes in the patients studied, despite additional lowering of blood pressure and a clear increase in the rate of intolerance to treatment.

This finding contradicts the findings from two recent trials of patients with heart failure that showed improvements in cardiovascular outcomes with the addition of an angiotensin receptor blocker to conventional treatment that included an ACE inhibitor (*New England Journal of Medicine* 2001;345:1667-75, *Lancet* 2003;362:767-71, and *Lancet* 2003;362:759-66.)

"Given that valsartan was as effective as captopril in reducing the rates of death and other adverse cardiovascular outcomes among patients who had had a myocardial infarction, it should be considered a clinically effective alternative," the authors wrote in the latest paper. □