

**INITIAL POLICE INVESTIGATION**

**ADDITIONAL MATERIAL - SOURCE:  
POLICE**

# News

## Police investigate "euthanasia" deaths

Clare Dyer, legal correspondent, *BMJ*

Police and health officials are investigating at least 50 deaths of patients around England amid accusations that the deaths were hastened by denying the patients intravenous fluids.

The inquiries centre on hospitals in Derby, Surrey, Kent, and Sussex. Most of the inquiries are looking into individual cases, but the Derby investigation is probing the deaths of 40 patients with dementia on a psychogeriatric ward at the Kingsway Hospital between 1993 and 1997. In a number of cases patients were allegedly sedated while denied hydration.

A former nurse triggered the

investigation in Derby. Three nurses have been suspended since the start of the inquiry in November 1997. No charges have yet been laid, but staff could face charges of manslaughter by criminal neglect. Papers are expected to go to the Crown Prosecution Service (CPS) in the spring. A CPS spokeswoman said: "We have given advice to the police on legal issues."

Charges could also follow the death of an 81 year old woman in a Surrey hospital. Her relatives claim she was relatively healthy but died as a result of dehydration.

Michael Wilks, chairman of

the BMA's ethics committee, said that responses to the committee's consultation on withdrawing and withholding treatment suggested that doctors were withdrawing artificial nutrition and hydration from patients who were not terminally ill, particularly patients with dementia and those who had had serious strokes.

The House of Lords has stated that court sanction is needed to withdraw treatment from patients in a persistent vegetative state. But in other cases, doctors must take the decision in what they believe to be the patient's best interests.

Dr Wilks said: "There may be cases where best interest judgments and full clinical assessments have not been adequate." He added that the ethics committee regarded the advice it was formulating for doctors on the issue as "absolutely crucial."

He advised doctors that they should take decisions about withdrawing nutrition and hydration from people who were not in the process of dying "only with great care and with legal advice." He hoped that the draft advice for doctors would be available for debate at the BMA's annual representative meeting in July. □

## Artery wall thickness useful in detecting heart risk

Deborah Josefson, *San Francisco*

The thickness of the carotid artery wall, as measured by ultrasound, is a good predictor of heart attack and stroke in asymptomatic, elderly individuals, according to a new report (*New England Journal of Medicine* 1999;340:14-22).

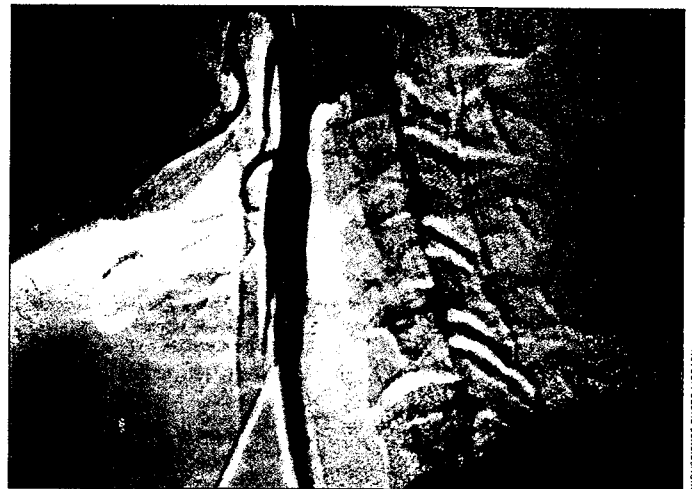
Researchers from the multi-centre Cardiovascular Health Study Collaborative Research Group enrolled 5858 subjects, 4476 of whom had no previous history of cardiovascular disease, into an observational study. Sixty per cent of the subjects were women, 15% black, and the remainder white. Their average age was 72 years.

The investigators measured the intimal and medial wall thickness of the common carotid and internal carotid arteries in the study subjects and then followed them for an average of 6.2 years, recording the rate of myocardial infarcts and strokes.

Although researchers monitored and recorded the health, lifestyle, and diet of the subjects, diagnosis and treatment of heart disease were left to the patient's own doctors. The researchers divided the study participants into five groups, according to the thickness of their carotid arteries.

The investigators found a direct relation between carotid arterial wall thickness and cardiovascular event risk. A nearly fivefold increase in stroke or heart attack rates occurred in people with the thickest carotid arteries compared with those with the thinnest. Participants with the thinnest carotid artery walls had 40 cardiovascular events compared with 184 in those with the thickest walls.

The relative risk of stroke or heart attack for the fifth with the greatest wall thickness compared with the lowest fifth was



Carotid artery: thin walls predict heart disease

3.87. Moreover, this relation proved stable even when traditional cardiovascular risk factors of age, sex, blood pressure, cholesterol levels, smoking, and diabetes were controlled for.

Although it is reasonable to assume that arterial wall thickness would reflect risk of cardiovascular morbidity, this is the first study to confirm such an assumption. Arterial walls thicken both as a result of deposition

of cholesterol and atherosclerotic plaque and in response to wall stress, as in hypertension.

Ultrasonography can detect arterial wall thickening, and the carotid arteries are easily accessible. Currently, carotid artery ultrasonography is used to detect carotid artery stenosis in patients presenting with stroke or transient ischaemic attack. Those with stenoses of over 80% may be referred for endarterectomy. □

*In brief*

**Ashworth reprieved:** The health secretary, Frank Dobson, has rejected a proposal to close Ashworth special hospital, near Liverpool. A stricter regime will, however, be imposed in all special hospitals following 60 recommendations of an inquiry, chaired by Peter Fallon QC.

**Number without health insurance in US is rising:** Over 43 million Americans do not have health insurance, and the number is rising by 100 000 a month, according to a study in the *American Journal of Public Health*. One in six Americans is now uninsured, up from one in seven in 1990.

**Extra £10m for colorectal cancer:** The Department of Health has announced the allocation of £10m (\$16m) for new initiatives to improve colorectal cancer services. These include developing endoscopy services, increasing the number of nurse led endoscopy sessions, and additional fast track clinics.

**Use of cannabis in Netherlands is lower than previously estimated:** The use of cannabis in the Netherlands is less than half that previously estimated by the Dutch government, according to a national survey of 22 000 people aged 12 or over. Results show that 323 000 people (2.5% of the population) had used cannabis during the previous month, compared with official government estimates of 675 000.

**Centre for diabetes opens in Oxford:** The Oxford Centre for Diabetes, Endocrinology, and Metabolism, which will open in 2001, will integrate basic and clinical research, clinical care, and scientific and patient education in hormone related and metabolic diseases. It is being set up with £4.2m from the NHS and £4m from the drug company Novo Nordisk.

**Help for air passengers:** British Airways is planning to install air to ground cardiac monitors and defibrillators in its long haul aeroplane fleet to help cabin crew deal with in-flight emergencies.

## Medical students at risk from needlestick injury

Deborah Josefson, *San Francisco*

Needlestick injuries are common among medical students and pose a significant health risk, according to a new study (*Annals of Internal Medicine* 1999;130:45-51).

Although occupational exposure to bloodborne pathogens is now widely recognised as a hazard for healthcare workers, medical students may be at particular risk, according to researchers at the University of California at San Francisco (UCSF).

In the first comprehensive, long term study of the subject, researchers led by Dr Emilie Osborn found that 11.7% of medical students surveyed had sustained needlestick injuries or mucosal exposures to blood. Between 1990 and 1996 the study surveyed 1022 third and fourth year medical students at UCSF.

The exposures occurred in urban hospitals affiliated with UCSF, in which 34% of the patients have antibodies to hepatitis C, 23% are infected with HIV, and 2.3% have circulating antigens of hepatitis B

virus. The risk of contracting HIV from a contaminated needle is 1 in 300, and that of acquiring hepatitis C is 1.8%. None of the students reported contracting a bloodborne infection as a result of their exposure.

A total of 119 students sustained 129 exposures, and 82% of the exposures occurred while students were serving in four mandatory clerkships: obstetrics and gynaecology, internal medicine, emergency medicine, and surgery.

This increased risk of injury among medical students may stem from inexperience coupled with a desire to please. The researchers also found that needlestick injuries sustained by medical students are under-reported and that students often fail to follow up their injuries with surveillance tests for infectious diseases.

The number of accidents did not decrease with experience: more than half of the exposures occurred during the fourth year. Moreover, the availability of

needle safety devices, which are designed to decrease the risk of puncture wounds, did not adequately protect the students: up to 25% of the injuries occurred with safety needles. Half of the injuries involving safety needles occurred after the needle had been used.

Detailed exposure information was available for 77 of the cases from a standardised report form that has been used by UCSF since 1993. Forty two of these exposures were from needle punctures, 10 were from other sharp devices, and 25 were mucosal splashes.

Of the needle punctures, 43% were caused by suture needles and 31% by hollow bore injection needles. Thirty eight per cent of the injuries occurred during a procedure, and 62% occurred after a procedure but before disposal of the needle.

Sleep deprivation may have been a risk factor: 10 of the 77 exposures occurred in students who had been on duty for at least 16 hours, and 14% occurred in students who had had less than four hours of sleep in the previous 24 hours.

Medical students tended to underreport their exposures see pages 139, 158. □

## Fat is a medical issue

Annabel Ferriman, *BMJ*

The Royal College of Physicians has come out in favour of using drugs to combat obesity in certain circumstances. In an updated version of its 1997 report on the clinical management of overweight and obese patients, the college supports the use of drugs to treat obesity in adults with a body mass index of  $>30 \text{ kg/m}^2$  who have failed to lose 10% of their weight through a combination of diet, exercise, and behavioural change.

The report cites the increasing prevalence of obesity as a "serious medical issue rather than a perversion of current fashion." Between 1980 and 1996 the prevalence of obesity in England increased from 6% to 16% in men and from 8% to 17.3% in women.

The rise in prevalence is due,



Obesity is not "a perversion of current fashions"

the report says, primarily to environmental and lifestyle factors, although it recognises the influence of genetic factors that make some individuals more susceptible to obesity than others.

The college's guidance is designed to apply to both current and future drugs for obesity. It recommends that the first strategy to help patients to reduce weight should be a combination of supervised diet, exercise, and changes in behaviour patterns.

But if this is unsuccessful in

achieving a 10% weight reduction after three months, drug treatment "may be justified." If, after three months of taking drug treatment for obesity, the patient has not achieved a 5% weight reduction, the drug should be stopped. □

*Clinical Management of Overweight and Obese Patients—with Particular Reference to the Use of Drugs* is available from the Royal College of Physicians of London, price £8 (plus £1.20 postage and packing).