

In July, the Department of Health and Human Services abandoned the negotiations, and gave the project back to the Army, saying that NIH could not do the study if MicroGeneSys would not donate the material. The Army, who had concluded in February that a single-drug trial was all that \$20 million would buy, said that they could not test even one vaccine unless it came free of charge. Finally, on Aug 18, MicroGeneSys signed an agreement to provide gp160 for the trial for free.

The research community has already deplored the idea of a single-drug trial as premature; and that position is presumably unchanged, partly because MicroGeneSys and their backer, Wyeth-Ayerst, withdrew their gp160 from a comparative phase II study at NIH in March. Nonetheless, if there are no more changes in the plan, the first of about 6000 AIDS patients should start receiving gp160 in January.

Paul M Rowe

Germany's radiation scandal

How should medical standards be defined? And how can they be monitored in order to safeguard patients from bad treatment? These questions have been provoked by a scandal in the Hamburg university hospital (Eppendorf) in which patients with cancer were exposed to unreasonably high doses of radiation, between 1987 and 1990. The director of the radiology department, Prof Klaus-Henning Hübener, has been suspended after three independent expert reports concluded that his treatment strategy did not follow standard procedures. He is also being taken to court by patients or their relatives seeking compensation. Hübener, however, denies that he used unusual or experimental treatments (for which he would have had to obtain consent from an ethics committee). He claims to have merely modified a standard published treatment. However, it is clear that this was not the case. His main failure, according to the expert reports, was that patients were exposed to exceedingly high doses of radiation in a very short time—eg, 20 Gy in two days. A number of patients were even subjected to this intense radiation both before and after surgery.

But there are other aspects that have aroused public suspicion. Why was this scandal unveiled only after one patient's painful death had been made public? And why did none of the doctors treating these patients protest before?

Hübener was not responsible for the follow-up care of these patients. However, when he enquired about their fates in 1990, he discovered the disastrous consequences of his treatment. For example, of the 52 patients with colorectal carcinoma who were radiated before and after their operations, 37% had severe side effects due to radiotherapy. Consequently, radiotherapy in the Hamburg-Eppendorf hospital was then changed to lower doses. But none of the patients who had been treated before this change was informed.

Experts fear that this scandal will scare patients from agreeing to radiotherapy when it is necessary and does not carry

many risks. Before even the official expert reports had been obtained, the German Radiological Society made a statement that although an unconventional therapeutic strategy had been used in Hamburg, other German hospitals provided internationally accepted standard radiology treatment. Experts also checked the present practice in Hamburg-Eppendorf, and could not find any failings.

Meanwhile, the Hamburg Senator for Science and Research, Prof Leonhard Hajen, announced that quality assurance will be enforced from within and outside the university hospital. All patients who complain about their therapy will have the right to an independent expert's opinion. This was not the case in the past. They can bring their complaints either to the science administration in Hamburg or—and this is also new—to the medical council in Hannover. Furthermore, the Hamburg hospital society will intensify its work on defining medical standards.

Annette Tuffs

Strictly rehab

Norwegian authorities are considering limiting alcohol consumption by arthritic patients sent to Turkey for treatment and rehabilitation—to small quantities during meals. According to Frithjof Bjerkhoel, from Sanitetsforening Rheumatic Hospital in Oslo, up to 15% of the 1200 patients sent every year to the south, at a cost to taxpayers of Nkr 30 million (£3 million), drink too much to be able to comply with therapy. "They are not used to the low prices of alcohol in Turkey", he said. The proposed regulations call for rule-breakers to be sent home immediately at their own expense.

Claudio Csillag

Australian taxes

The Australian federal government announced a harsh and unpopular budget last week that may, however, have a positive impact on health. Over the next 18 months unleaded petrol will rise by 5 cents and leaded petrol by 10 cents per litre. Ambient lead levels are a major political and environmental concern in Australia. But with new car sales far below levels of five years ago, the attempts to sell this tax change as a public health measure rather than as a straight attempt to raise revenue (A\$1.5 billion in 1995–96) ring hollow. The sales tax on wine will rise by 11%, that on beer by 1%, and that on cigarettes by 3% immediately and by a total of 12% over the next 2 years. Since sales of alcohol and cigarettes are price-elastic, sales are expected to drop. To partly offset the impact of these rises in indirect tax, income tax will be cut to give those earning A\$37 000 per annum or more at least another A\$1000 per year. Those earning less than A\$20 000 will receive an income tax cut of A\$1.92 per week or A\$99.84 per annum—not enough to cover the cost of the 3% cigarette excise increase for a pack-a-day smoker. Medicare remains almost untouched—the only change is that rebates for optical examinations are abolished. Pensioners and invalids no longer receive free medications under the Pharmaceutical Benefits Scheme, but will be asked to pay A\$2.60 per script. The National Aboriginal Health Strategy has received a 50% boost.

The budget comes from a Labor government yet it gives noticeable income tax cuts only to those earning average incomes or better, and only 6 months after the government's surprise re-election on a platform of opposing the Liberal-National coalition's plans to introduce a broad-based goods and services tax. But the government faces trouble in getting the more unpopular aspects of the budget passed in the Senate, which is controlled by smaller parties and independents.

Mark Ragg

Two-centre training for Malaysia

A new model of medical training will begin in November, 1993, when the International Medical College (IMC) opens in Kuala Lumpur. Students will spend the first half of their course in Malaysia taking an innovative integrated curriculum that will prepare them for transfer to one of more than 20 partner schools in Britain, New Zealand, the USA, Canada, and Ireland. They will graduate from the overseas universities, but most will work their pre-registration year in Malaysia.