

smoking-related deaths will emerge. The Institute of Actuaries has assisted in this cause with a report suggesting that smokers curtail their lives by an average of 2 minutes for each cigarette smoked. Based on observations in 500 000 people with life policies (two-thirds of whom were smokers), the report is likely to lead to further reductions in the premiums of non-smokers. Royal Life, one of the biggest companies, has already decided to introduce 30% discounts.

The tobacco industry is fighting back. Its most recent initiative was a brief to the Legal Aid Board on why there should be no legal aid for the 200 people seeking to claim damages for illnesses caused by smoking. The industry remains on the defensive, however; it is confronted with a new legal opinion, commissioned by ASH from a leading lawyer, that non-smokers whose health has been damaged by workmates' smoking could sue their employers. Right on cue the Health Education Authority has weighed in with its first report on passive smoking, which shows that half the children in the UK are exposed to the danger. There have been widespread media reports on the associated risks—increases in asthma, glue ear, eczema, hayfever, and even spontaneous abortion. The British Agencies for Adoption and Fostering, the main umbrella group for adoption societies, is considering a new policy under which children up to the age of 2 and those with respiratory problems should not be placed in households with smokers. Moreover, the Smee report, which shows that an advertising ban would reduce cigarette consumption, is due to be published. The tobacco barons are in retreat, but they have not lost yet.

Malcolm Dean

Round the World

Bosnia and Herzegovina: Starvation and post-traumatic stress disorder

A UN interagency mission conducted from August 9 to 16 estimated that more than US\$1 billion would be needed for food, shelter, medicine, and other basic necessities for the estimated 2.7 million refugees from the former Yugoslavia for the 6 months from Sept 1, 1992. The UN agencies are prepared to manage only US\$434 million, of which over half consists of materials for repairing or setting up shelters. A new wave of refugees resulted when areas under Croatian control (south of Bozanski Brod) fell under Serb command early this month. Certainty that winter will aggravate transport difficulties makes the state of the food supply very precarious. Already in September, adequate food distribution in Sarajevo could be maintained only by using up stock.

In some areas that have been totally blocked off by military forces, food has been severely restricted since June. One enclave visited by the UN mission was that located between Velika Kladusa, Bihac, and the river Una. Representatives from the large food processing plant Agrokomerc, in Velika Kladusa, asked the UN mission to intervene urgently to open a corridor for food supplies. Agrokomerc had to close down all production and slaughter over 80% of its poultry and rabbits because of a lack of animal feed. Before the war it produced over 300 000 tons of processed food per year, the equivalent of 13 kg of food per inhabitant of former Yugoslavia (Bosnia and Herzegovina represented 19% of the population of Yugoslavia). One of

the main hospitals in this enclave, in Bihac City, is often shelled. The emergency rooms and surgical facilities have been moved to the basement and all windows have been filled with sandbags and boarded up. Of the 15 most recent admissions, aged 3 weeks to 6½ months (mean age 2½ months), 2 were below 3 SD, 5 between 2 and 3 SD, and 8 above -1 SD of standard weight for age. Mothers under stress (because of the frequent gunfire) are unable to breastfeed¹ or go shopping for babyfood.

The UN mission also visited Sarajevo, where more than 600 children have been killed in the past 6 months of war and an additional 800 are missing and presumed dead. Two UN medical teams interviewed school-aged children in Sarajevo and other refugee centres near UN-protected areas. After talking to adults about the atrocities they had witnessed or were being exposed to, the children, at first fearful and reluctant to speak, seemed relieved, smiled, and even attempted to help their classmates face the tragic facts and talk about them. Their parents and teachers, though, attempted to prevent them from recounting their most traumatic experiences. These observations have led UNICEF, on the recommendation of Dr Carl Taylor, the organisation's senior health adviser for the mission, to start developing psychosocial programmes for children and parents exposed to the trauma of war. The health personnel, who have shown extraordinary courage¹ and dedication during the hostilities, have little experience in the treatment of post-traumatic stress disorder. UNICEF and WHO are planning to set up centres to screen for and treat post-traumatic stress disorders. In the meantime UNICEF has succeeded in negotiating a week of tranquillity (Nov 1-7) for immunisation and distribution of warm clothing.

Thierry A. Brun

1. Fattorini I. The suffering of children in the war against Croatia and Bosanac V. The suffering of children in Vukovar. *Archs Mother Child Health*, Zagreb 1992; 36: 83-96 and 105-06.

Australia: Cricketer fined for antismoking advert

Test cricketer Greg Matthews has been fined 25% of his 1992 contract fee—about A\$8000—by the Australian Cricket Board (ACB) for admitting that he had given up smoking after 17 years. Matthews' comments appeared in a government-backed antismoking advertisement in *Woman's Day* in May, accompanied by a photograph of him crushing a packet of Benson & Hedges. The chief executive of the ACB, David Richards, confirmed the fine, saying: "We have to protect the interests of our sponsors". The fine became public knowledge only at the launch of the new cricket season, sponsored by Benson & Hedges for the 20th successive year. At that launch ACB chairman Alan Crompton said: "Good sponsorship support is hard to find in the present day and we are very grateful for the support of Benson & Hedges. Long may it continue, and the ACB will do all that it can to continue that support".

The fine has been criticised vociferously. Three federal ministers applauded Matthews for setting a good example to young people and for illustrating the illegitimate nexus between tobacco advertising and sport. The Australian Medical Association pointed out that children believed that tobacco sponsorship of sport encouraged other children to smoke. The Doctors Reform Society called on the ACB to move in the same direction as the British and New Zealand

cricket boards, and find alternative sponsors. Dr Nigel Gray, president elect of the International Union Against Cancer, described the ACB as dimwitted and said that standing up for tobacco sponsorship of sport was extremely outdated. Dr Michael Carr-Gregg, prominent in the successful campaign to ban tobacco sponsorship of sport in New Zealand, described the ACB as having "all the ethics of a cash register".

Cigarette manufacturers declined to answer charges of hypocrisy. Only a week earlier the Tobacco Institute of Australia had announced that it would examine closely a High Court decision that has been taken to acknowledge an implied protection of free speech in the Constitution. That decision overturned a parliamentary ban on political advertising during an election campaign. The tobacco lobby hopes that the principle can be applied to prevent the forthcoming ban on all tobacco advertising and sponsorship of sport (with exemptions for some international sports such as Grand Prix motor racing). Tobacco sponsorship of cricket will be banned from the end of the 1995-96 season.

In the period between payment of the fine and its public exposition, the ACB reworded its contracts so players cannot do anything that might harm the reputation of a sponsor. In addition, the ACB decided that it must approve any promotional work undertaken by contracted players. Meanwhile the Australian cricket team toured Sri Lanka, where Matthews, who had said that his habit was related to stress, resumed smoking.

Mark Ragg

Europe: More on drug-safety monitoring

Via this column (Oct 3, p 841 for the latest position) readers have been kept up to date on the tortuous journey of the European Agency for the Evaluation of Medicinal Products and its accompanying three directives as they wind their way in and out of the EC Commission, Council of Ministers, and European Parliament. The focus has tended to be on licensing but safety post-marketing is in the frame too. The lunch menu at an IBC Technical Services seminar in Brussels on Oct 16 came up with "pharma covigilance", and in doing so accidentally identified the key issue, the sharing of information. Philippe Meyer is the administrator in charge of drug safety in Brussels, being the pharmacovigilance specialist in the EC Commission's pharmaceuticals unit. He noted that the current EC proposals make no specific reference to how this monitoring of drug safety is to be done but they do stipulate data sharing, between member states, with companies (and by them too), and with the new Agency. And it is to be rapid sharing—for example, reports of serious adverse drugs reactions (ADR) would have to be sent to the Agency within 15 days and manufacturers would have to provide the Agency with regular safety updates on products for which they are the licence holders. A national licensing authority would retain the right to withdraw a licence, it seems, but all other EC authorities must have immediate access to the information on which that decision was taken. Meyer said nothing about appeals against unilateral actions.

Guidance on how ADRs should be collected, presented, shared, and verified would follow the directives. There is even some EC research money—for example, to look at how case-control studies and meta-analysis can be used in drug-safety monitoring and for a pilot study in three countries of how ADR "alerts" can be networked

effectively. Asked why the EC was bothering with all this since the World Health Organisation has in Sweden a massive ADR programme of its own, Meyer replied that that scheme was not under EC control and he claimed, more provocatively (see p 1043), that the WHO centre rarely produces an ADR signal on which regulatory action could be taken. The verification of ADRs will not be easy to harmonise or standardise. C. Benichou explained how Roussel-Uclaf's international ADR consensus meetings were, painstakingly, reaching agreements. His detailed example was hepatocellular damage—when, armed with information on transaminase and bilirubin levels, timing, and so on, can we be reasonably sure that an episode of liver injury is drug associated? Other candidates for this treatment are dermatological ADRs and blood disorders. From the US and UK has come evidence that post-marketing surveillance is disappointing in terms of the yield of ADRs that are new—and probably this is for the same reason that pre-marketing clinical trials fail in this respect. Cohorts have to be so massive if they are to pick up an ADR that is rare but serious enough to warrant concern about a widely prescribed drug. For example, an ADR with a frequency of 1 in 5000 requires a population of 8000 if it is to be picked up at a statistical power of 80%.

Prof Michael D. Rawlins, reporting data from a colleague of his in Newcastle upon Tyne, offered comfort to doctors. Anne Lee, a pharmacist in his unit, has been looking at causality as seen by, for example, clinicians (ie, at that much criticised "clinical judgment") and as judged by five of the many algorithms that are available for reaching this sort of verdict. Using the weighted kappa statistic in which anything above +0.5 indicates good agreement, she found that agreement among experts, at 0.55 (0.73 within six experts repeating the exercise), was better than that for the algorithms (0.40). Confidentiality remains a concern in some quarters it appears, and Rawlins stressed how important it was that this be sorted out if European collaboration on ADR monitoring was to succeed.

The Lancet

David Sharp

USA: Vote on euthanasia

Voters in California will be asked within a fortnight to decide whether they favour making their state the first in the world with a law specifically authorising doctors to end the lives of patients with terminal illness who ask them to do so. Physicians would also be allowed to provide those patients with the means to end their own lives. This proposal, known as Proposition 161 or the Death with Dignity Act, will be on the Nov 3 election ballot, through California's initiative process, which allows matters to be decided upon directly by the electorate instead of going through the normal legislative procedure. An issue can be put to the ballot through the initiative process (which operates in some states) if a required percentage of voters petition for it.

A similar act was defeated in Washington State a year ago. But if Proposition 161 is approved, willing physicians would legally be able to assist in the death of a mentally competent, adult patient with a terminal illness. The patient must voluntarily request such help at least twice after having signed a witnessed, revocable directive to his or her physician. Only disinterested persons who are not relatives may be witnesses. Terminal means an incurable or irreversible condition that will result in death within six months. Alzheimer's disease and similar illnesses would not fit the definition. Nor would conditions apply to anyone in a