

## Flucloxacillin warning

The Australian Drug Reactions Advisory Committee (ADRAC) has warned of 16 deaths from liver disease associated with the use of flucloxacillin since 1980. The committee has also been notified of 310 adverse reactions, including cholestatic jaundice, hepatitis, or hepatic failure associated with the use of flucloxacillin.

Most of the adverse reactions and deaths have occurred in people aged over 65, and in people who have been taking the drug for longer than two weeks. However, some younger people have died (including a 5-year-old boy), and in some cases hepatic reactions occurred within three days of starting the drug.

Two things must be noted about the way ADRAC operates. It reports incidents, not incidence. And it does not try to demonstrate cause and effect—in fact, other drugs were in use at the time of 14 of the 16 deaths. Despite these shortcomings, they act as useful early warning signs of potential problems, which allow authorities to act upon suspicion, rather than wait for proof. They also serve as a catalyst for research topics, and remind doctors of side-effects that are documented but not published.

Flucloxacillin's potential to cause hepatic problems has been highlighted several times in the past, but use of the drug has continued to grow. Its listing on the Pharmaceutical Benefits Scheme (by which drugs are subsidised) has been altered to say that it should be used only for severe staphylococcal infections. However, the wording on such a listing carries little weight.

The chairman of the Pharmaceutical Benefits Advisory Committee, Prof Donald Birkett, warned that if use of the drug did not decline with this warning (and publicity), the committee would consider restricting use of flucloxacillin by ensuring that doctors wishing to prescribe it had to seek authority to do so from the Federal Health Department.

Mark Ragg

## Rwanda aid wrangle

An initiative organised by the charity Care Germany has been harshly criticised. With the approval of the German Ministry of Health, Care sent about 250 medical personnel to Rwanda for just two weeks. Many of them had not had training for working in developing countries or for dealing with tropical diseases; several were medical students with little clinical training.

About 40 returned because of Care's lack of coordination in Rwanda. Many complained that useful drugs were not available. At first representatives of Care denied any problems, alleging that the

## No-fault compensation in France

Following press speculation, the French government has confirmed that a law is to be introduced to indemnify victims of accidents due to therapeutic or diagnostic mishaps.

The HIV-contaminated blood affair, the discovery of a high frequency of transfusion-associated hepatitis C, and the consequent litigation have made such legislation necessary. Bernard Kouchner had, whilst he was minister of health, repeatedly urged François Mitterrand to tackle this problem, although the last socialist government (April, 1992–March, 1993) of Pierre Bérégovoy was unable to reach agreement on how such a scheme might be financed.

The decision to bring in an indemnity law was prompted by a judgment by the Council of State which, in 1993, blamed a public hospital for a serious medical accident (tetraplegia following vertebral artery angiography), although no doctors were found to be negligent. After payments of FFfr1–2 million to recipients of HIV-infected blood and to people who contracted Creutzfeldt-Jakob disease from growth hormone injections, the government has announced that the law will cover people with transfusion-associated hepatitis C and "may be extended to other medical risks". There are thought to be 100 000–400 000 people in France eligible for compensation for medical accidents.

As under the socialist government, the main problem is how to finance the scheme. Two options are envisaged: compensation from public funds; and the creation of a system of medical accident insurance. For the latter option, the government would levy a new compulsory tax of about FFfr75 for each potentially hazardous investigation or treatment. No-one knows whether the sums already set aside for compensation will be sufficient for existing victims.

J-Y Nau

homecomers were unable to face up psychologically to the severe conditions in the refugee camps. However, this allegation was swiftly withdrawn by Care and organisational difficulties admitted. In the future helpers will be organised in bigger groups, and management will be tightened. Care helpers will be going to Rwanda in batches of 120.

The president of Care Germany, Claus Nöldner, has, however, emphasised that the initiative was not a complete failure. About 60 000 Rwandan patients were treated in the first two weeks by Care workers.

Annette Tuffs

## Europe's health industry

A Europe-wide surge in demand for health services meant that the pharmaceutical and medical device industries were two of the six industrial sectors to experience the fastest growth over the 1986–92 period, according to the latest report from the European Commission. The 1994 edition of the annual *Panorama of EU Industry* said the European Union is the world leader in pharmaceutical production and export but that the US dominates the device industry with about 70% of the world market.

Total EU output of pharmaceuticals topped ECU64 billion in 1992, of which over-the-counter medicines accounted for around 20%. The *Panorama* said the sector is also characterised by a constant trade surplus as well as by rapid growth of trade between EU member states. The European pharmaceuticals industry is adapting itself to change in the 1990s arising from an ageing population, biotechnological advances, upheaval in Eastern Europe, and plans throughout the continent to curb health-care spending.

Despite efforts to cut spending, the device sector saw increased expenditure over the recent past resulting in a period of strong growth. "The ageing of the population, increasing health consciousness, and product innovation were the most important driving forces for this development", the *Panorama* said. It predicted that medium-term prospects for the industry are "quite good" since demand for products will continue to rise throughout the 1990s. However, in the longer term, moves to control health expenditure in most industrialised nations are expected to slow down this growth in demand for medical devices.

The *Panorama* also sounded a positive note for health campaigners in reporting that between 1986 and 1992, EU tobacco production and consumption decreased steadily and could be linked to legislative restrictions and antismoking campaigns. It found that "possibilities for expanding production are connected with exports, which have risen rapidly in recent years".

The EU wine market has also been shrinking since the late eighties in line with consumption trends for all alcoholic drinks, which the *Panorama* says is the "result of consumers' greater awareness of health problems and the campaigning of increasingly active health protection groups". However, beer production and consumption have remained virtually unchanged for ten years, but the *Panorama* warned that "health and safety on the road constraints plus the reduction in the 18 to 35 years old population group constitute the major threat for consumption."

Sara Lewis