

Editors in distress

George Dunea

This year we learnt that aspirin could cause a headache as well as cure one. Despite the reports of its effects on preventing heart attacks the compound remained unlikely to be approved in America. In a way it was bad luck, as Sir Richard Doll put it, because aspirin seems indeed to reduce the risk of attacks. The American study had shown a 47% reduction among 22 000 doctors taking one tablet every other day for five years. The British study of 5000 doctors taking 500 mg daily for six years also showed a reduction but this was not statistically significant (*BMJ*, 30 January, p 307). A remarkably low cardiovascular death rate among the American doctors was noted but not explained. And despite a small excess of haemorrhagic strokes among doctors taking aspirin, there was great enthusiasm among all.

A consensus seems to be building on both sides of the Atlantic that aspirin may help prevent a secondary stroke or heart attack (secondary prevention), but that for primary prevention in asymptomatic patients the risks outweigh the benefits in all but very high risk patients. As a result 10 aspirin manufacturers have recently complied with the government's request to limit their advertising to secondary prevention.

Order of publication

Clearly many doctors will now want to treat at least some of their normotensive patients with 300 mg of aspirin a day, or even less, at least for secondary prevention. Judging from the fuss about the publication policy of the *New England Journal of Medicine*, however, you would think that thousands were dying from lack of information about this new miracle cure. Reuters agency broke its contract with the journal and published the data two days earlier than it had agreed to. (But Reuters said that they had obtained the information elsewhere and not from their routine early copy.) The journal then got into trouble with doctors complaining that their patients knew about the study before they did. The *New York Times* published a somewhat confused article about the scandalous way in which the "medical guardians" restricted the flow of information under the pretext of protecting the public and screened or manipulated data

in the name of peer review but really for profit. Then lawyers from the Securities and Exchange Commission implied that early preferential disclosures of drug studies were akin to insider stock trading and were potentially violating the law. As the arguments dragged on the editor had to defend his policies and explain that restrictions applied largely to publishing detailed versions in lay newspapers not to presenting at scientific meetings or publishing legitimate abstracts.

Problems of anonymity

Another headache afflicted the editor of *JAMA* when he published an anonymous article of a young doctor who eased permanently the sufferings of a patient with ovarian cancer with 20 mg of morphine given intravenously (*JAMA*, 8 January, p 272).

At first the article attracted no attention because the newspapers were preoccupied with the love letters from jail of Chicago's most notorious mass murderers. But when this enlightening series came to an end the state's attorney discovered the *JAMA* article. The outcome was an investigation and a subpoena to *JAMA*. Presumably he wanted the name of the author, the letter of submission, the comments of the three reviewers, the statistician's report, and the pharmacologist's opinion on whether 20 mg of morphine was a fatal dose.

The editor said no; and there were fears that he might disappear forever behind Chicago's Lubliana prison or even be sentenced to write for the local medical society journal. But the criminal court chief judge was not interested. He was not convinced that a crime had been committed or indeed that the house officer ever existed. So the subpoena was squashed.

But the article did not pass unnoticed by the guardians of medical morality, who came down mercilessly on the house officer. He was rash, unadvised, his cold bitter anger was shocking, as was the speed and spontaneity with which he had acted. He behaved scandalously, unprofessionally, and unethically. His name should be turned over to the police, his hospital director, and the local medical society. He would have been charged with murder in our country, said a Dutch euthanasia expert who had "euthanised"

at least 100 persons, but always with the consent of two doctors and the family's agreement. The director of *Americans Against Suffering* did not think a sleepy house officer should make such decisions in the middle of the night.

The ethicists also bore down on the editor and thought that the American Medical Association's Council on Ethical and Judicial Affairs should conduct an inquisition. They were joined in their indignation by other doctors and by medical editors who do not publish anonymous articles. The president of the Chicago Medical Society wrote on behalf of his 11 000 flock fearing that the article would give a wrong impression of doctors and harm their image.

But the journal's editor stuck to his guns. The letter, he said, demanded anonymity and was published to stimulate discussion. He was backed by a vote of confidence by the trustees of the American Medical Association and by at least a few medical ethicists. Support also came from journalism groups concerned with the preservation of a reporter's privilege not to divulge his sources and from those who saw the issue as one of free speech. Among many doctors, however, the feeling persisted that the very soul of medicine was on trial and that doctors would lose the respect due to healers if they became killers.

Stimulation of euthanasia debate

Some doctors, however, dissented. One wrote to *JAMA* saying that it was admirable "that at least one of us has risked his career to relieve the suffering of another." The general public also seemed more sympathetic. "To all those physicians who would deny me a lethal injection on request as I lie dying, I say, whose life is it anyway?" wrote a woman to *JAMA*. It was also mentioned that in the debate over euthanasia doctors were more conservative than the general public. Last year in a poll 66% of doctors but only 38% of the general public said that it was wrong for a doctor to end a patient's life on request. There was indeed at the time a drive to have a referendum included in the November ballot to allow Californians to vote on this issue. Clearly the debate over euthanasia is just beginning.