EUTYCHUS

Lessons in spiritual history taking

What is a spiritual history? The Joint Commission on Accreditation of Healthcare Organisations (The US answer to CHI, NICE and GMC all rolled into one) sets down guidelines: 'Spiritual assessment should, at a minimum, determine the patient's denomination, beliefs, and what spiritual practices are important to the patient. This information would assist in determining the impact of spirituality, if any, on the care/services being provided and will identify if any further assessment is needed. The standards require organisations to define the content and scope of spiritual and other assessments and the qualifications of the individual(s) performing the assessment.'

The guidelines go on to say that 'examples of elements that could be but are not required in a spiritual assessment include the following questions directed to the patient or his/her family' : 'Who or what provides the patient with strength and hope? Does the patient use prayer in their life? How does the patient express their spirituality? How would the patient describe their philosophy of life? What type of spiritual/religious support does the patient desire? What is the name of the patient's clergy, ministers, chaplains, pastor, rabbi? What does suffering mean to the patient? What does dying mean to the patient? Has belief in God been important in the patient's life? etc'

There is much here that CHI, NICE and the GMC could learn from! *(www.jcaho.org/standard/pharmfaq_mpfrm.html)*

Help for Refugee Doctors

Thirty refugee doctors per year will be helped to train to work in the UK under a new programme being launched by the University of London's Queen Mary College. The Mercers' company of the City of London have funded the programme with a £300,000 grant (*British Medical Journal* 2002; 324:868, 13 April)

Heated debate on euthanasia

The November *BMJ* editorial by Doyal and Doyal arguing for the legalisation of euthanasia and physician assisted suicide (see *Triple Helix* 2002; Winter:16) attracted 110 electronic replies to the *BMJ* website within a week of the piece being available on bmj.com and 70 within a week of the publication of the printed journal. Of those expressing a firm viewpoint, 30 responses supported euthanasia and physician assisted suicide and 54 were against. Only 6 letters were published in the *BMJ* itself, including one by Malcolm Savage, CMF's North England staffworker (*British Medical Journal* 2002; 324:845-8, 6 April)

Birth defects from assisted reproduction

Babies born as a result of assisted reproduction techniques have nearly one in ten risk of major birth defects – twice the risk among babies born naturally. Researchers at the Institute of Child Health Research at the University of Western Australia in Perth found that at one year of age 8.6% of babies in the ICSI group (intracytoplasmic sperm injection) and 9% in the IVF (in vitro fertilisation) group had at last one major birth defect diagnosed. Birth defects covered the full range of defects found in newborns, and may be due to the underlying cause of infertility itself, drugs used to promote ovulation or some aspect of the techniques themselves (*New England Journal of Medicine* 2002; 346:725-30). Another study in the same journal found that assisted reproduction increased the number of low birth weight babies six fold (2002; 346:731-7)

Wrong Diagnosis

An Australian woman suicide victim, who was allegedly suffering from incurable bowel cancer, was apparently free of the disease at post-mortem, and had been told so before her death. Nancy Crick, who was 69, took her own life with an overdose of barbiturates, on an evening in May, whilst friends, relatives and euthanasia campaigners drank champagne in the next room. The country's most prominent right-to-die advocate Philip Nitschke said that since she was in agony and wanted to die, it was irrelevant whether she had cancer or not. Marget Tighe, president of the Australian Right to Life group, said Nancy Crick 'was a sick vulnerable person who was used'. (*The Times* (2) 2002; 18 June)

Scientific spin

The Prime Minister's enthusiasm for developing new treatments for degenerative diseases like Alzheimer's, Diabetes and Parkinson's (*The Daily Telegraph* 2002, 24 May) is most welcome, but his implication that opponents of embryo cloning are being unscientific and uncaring in their objections to the practice was grossly unfair. Using cloned embryos in stem cell research remains highly controversial and the considerable international opposition to the practice is based on strong ethical and scientific arguments, that it is: untested and technically problematic, unethical in using embryos as a means to an end, unnecessary because ethical alternatives exist and dangerous because cloned babies could well follow.

Mind the Gap

The gap in research funding between developed and developing world (see *Triple Helix* 2002; Spring:14-15) remains wide. Of the 1,200 drugs that reached the global market between 1975 and 1997, only 13 were for tropical infectious diseases that primarily affect the world's poorest people according to the 10/90 Report on Health Research (*wwwglobalforumhealth.org; British Medical Journal* 2002; 324:1114, 11 May)

Further folic foot dragging

A BMJ editorial has criticised the British government of public health malpractice for failing to make folic acid fortification of flour mandatory. It was ironically a UK study which demonstrated that supplementation with synthetic folic acid prevents about 75% of cases of spina bifida and anencephaly. Canada and the US have already enacted the appropriate legislation (*British Medical Journal* 2002; 324:1348,9, 8 June)

Fatal genetic flaws from cloning

Scientists at the University of Connecticut may have discovered why so many cloned animals are stillborn or die prematurely. The study, published in the journal *Nature Genetics*, found that nine out of ten genes examined on the X chromosomes in dead cloned calves were abnormal in the way they were activated or expressed (*The Independent* 2002; 27 May). Other researchers in the University of Pennsylvania have reported that only a small number of cloned mouse embryos properly expressed the gene which is absolutely critical for development past the 4 day stage (*British Medical Journal* 2002; 324:1236-7, 25 May) The same flaws could also jeopardise the use of stem cells derived from human embryos for 'therapeutic' purposes.