

## Spanish doctors draw up advice on ethics of virginity certificates

Concerns that requests from Muslim immigrants for medical certificates of virginity could soon become common have led Spain's conservative party Partido Popular to propose a new law in the parliament of Andalucía.

The party wants Andalucía's health department to warn doctors that virginity certificates are an invasion of a patient's privacy and that "doctors must preserve [such privacy] as guaranteed by the Spanish constitution."

Ms Esperanza Oña, the Partido Popular's health coordinator in Andalucía—the Spanish region with the greatest Muslim population—said she had passed on her party's initiative to the Official Medical College of Malaga and that the Official Medical College of Barcelona was drawing up a consensus report.

Dr Jaime Padrós, secretary of the Official Medical College of Barcelona, agreed with Ms Oña that virginity certificates invaded the privacy of women and that it was not ethical for a doctor to draw up and sign such a certificate. He argued that the aim of medical certificates was to certify "health states," and whether a woman was a virgin was not a medical condition.

"Certifying that a woman has an intact or ruptured hymen isn't a doctor's work and has nothing to do with medical practice, either in public or private sectors," Dr Padrós said.

He added that the college's ethical commission would soon release an "official position report" so that Catalan doctors were aware of how to act.

Xavier Bosch *Barcelona*

## MI patients should be sent to hospitals providing angioplasty

Primary coronary artery angioplasty, which is known to be superior to thrombolytic therapy in restoring blood flow to an



## Rich countries must not exploit poorer nations for research purposes

Companies or organisations in wealthy countries that plan to carry out research in developing countries should ensure that certain ethical standards are in place before they go ahead with studies that may hold little value to participants, warns the Nuffield Council on Bioethics.

In a report published this week the council advises developed nations to pay special attention to how they plan to gain consent from the people they wish to participate in trials. They need to take into account cultural considerations, such as local customs and traditions, the standards of care available locally, and what will happen to participants once the trial ends.

"It is critically important that the local social, cultural, and economic context is taken into account when research is designed," said Dr Fred Binka, a member of the working party that wrote the report. "There are concerns that people in poorer countries will sometimes bear the risk of research while those in wealthier countries receive the benefits."

Zosia Kmietowicz *London*

*The Ethics of Research Related to Healthcare in Developing Countries* is accessible at the council's website at [www.nuffieldbioethics.org](http://www.nuffieldbioethics.org)

ischaemic heart, can be safely implemented in hospitals that lack pre-existing angioplasty programmes and on-site cardiac surgery departments, a new study has found.

The report further suggests that treatment of acute myocardial infarction should be reorganised according to a trauma care model so that patients who have had a heart attack are preferentially directed to a facility where angioplasty is available (*JAMA* 2002;287:1943-51).

Two thirds of patients who have heart attacks in the United States are sent to hospitals that do not perform coronary angioplasty. Most community hospitals in the United States do not offer angioplasty despite the availability of trained interventional cardiologists and cardiac catheterisation facilities on-site,

because in 1993 both the American College of Cardiology and the American Heart Association advised against the performance of angioplasties if cardiac surgery was not also available on-site.

A total of 451 patients with acute myocardial infarction recruited from 11 community hospitals in Massachusetts and Maryland over three years were randomised into either a primary angioplasty arm or a thrombolytic arm with tissue plasminogen activator (tPA).

The researchers found that at six months, participants in the angioplasty arm experienced fewer complications and lower death rates than those in the thrombolytic arm. Mortality was 6.2% in the angioplasty cohort and 7.1% in the thrombolytic arm.

Deborah Josefson *Nebraska*

## Czech cancer treatment sparks row

A row has broken out over a controversial new cancer treatment in the Czech Republic.

Bowing to pressure from patients, Horska Hospital in Vrchlabi, east Bohemia, has agreed to perform, from next month, "devalisation" treatment, which "suffocates" tumours by tying them up and cutting off the blood supply but leaves them in the body.

The hospital's unprecedented move comes despite a lack of official approval. The health ministry suspended trials of the treatment at four hospitals, including Horska, late last year, six months after launching them.

Health ministry spokesman Otakar Cerny told the *BMJ* that the trials had shown "no significant benefit to human health" but that the results were still being evaluated. Of the 200 patients in the final stages of cancer on whom the treatment was tested, 80% died, although Cerny conceded that they had been seriously ill and might have died anyway.

But the ministry says it is powerless to stop any hospital offering a treatment if it wants to. Katka Krosnar *Prague*

## Primary care trusts need local flexibility to deliver on public health

Primary care trusts must be given the flexibility and funding to develop local priorities if they are to deliver on public health in the United Kingdom, an all parliamentary group inquiry has found.

Primary care trusts, of which there are currently 302, came into effect on 1 April to oversee the strategic development of local health services. Taking over some of the functions of local health authorities, they will eventually control 75% of NHS budgets, and are seen as pivotal to the UK government's agenda for tackling health inequalities.