

bmj.com news roundup

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Plan to put outside managers in NHS is criticised

Government plans to set up a register of non-NHS managers to run failing NHS trusts have been given short shrift by health service managers and the Institute of Directors—although some doctors believe the plans could work.

Health secretary Alan Milburn announced his plans for a register when he named the four failing trusts that are to come under franchised management from April. These are Ashford and St Peter's Hospitals NHS Trust, Dartford and Gravesend NHS Trust, Portsmouth Hospitals NHS Trust, and Barnet and Chase Farm NHS Trust. However, management of this first round of trusts will go to the best NHS managers, not private sector ones.

Ruth Lea, head of policy at the Institute of Directors, doubted whether people from the private sector would even consider the job of running an NHS trust. "You'd be running a failing trust, which is a big risk," she said.

Meanwhile Dr Gill Morgan, a former public health director and now head of the NHS Confederation, argued that steps needed to be taken before an organisation failed, rather than calling in private managers when it was too late.

But Professor George Alberti, president of the Royal College of Physicians, felt the proposal could work. "Providing they have a reasonable feel for the public sector, they could make a fair go of it. They have to understand it is all about people—all about patients and all about professionals."

Lynn Eaton *BMJ*

Hepatitis C compensation case could open floodgate to claims

A man who claimed he was infected with hepatitis C as the result of a transfusion of unscreened blood during a hospital operation in 1993 has won a lawsuit against the Hungarian government.

The patient, who requested



This portrait of Dr James Finlayson, from the Isle of Harris, features in a book by Rosie Donovan and John Baine entitled *Singlehanded: General Practitioners in Remote and Rural Areas of Scotland*

Practice in remote areas could disintegrate

Action is needed now in Scotland to prevent the disintegration of health services in remote areas, according to a report that calls for new ways of working to help isolated health professionals.

The report from the Remote and Rural Areas Resource Initiative proposes a number of solutions and recommends that examples of good practice should be sought in countries such as Norway, Canada, and Australia, which also have to deliver health services to populations thinly scattered over large areas.

Scotland is already experiencing difficulties in recruiting family doctors to work in remote areas. A recent survey showed that 10% of posts in Argyll and Bute and 45% in the Kintyre area are vacant. Professional isolation and heavy commitments to working on call have been blamed for the situation.

The report recommends that pilot projects be conducted to test new ways of working and identifies the three most important areas for the pilots to examine: a new contract for doctors working in rural and remote areas that is based on a salaried service; closer working between medical, nursing, and ambulance staff, to reduce the need for long hours on call; and better training for all staff in remote areas.

Bryan Christie *Edinburgh*

Solutions for the Provision of Health Care in the Remote and Rural Areas of Scotland in the 21st Century is available at www.rarari.org.uk

anonymity, was awarded three million forints (\$10 700; £7600; €12 000) in compensation and 15 000 forints (\$54; £38; €62) in monthly benefits.

The decision by the Central Court in Budapest could open the door for legal action by thousands of other patients who contracted the disease through similar circumstances. Medical sources have reported that 100 000 to 150 000 Hungarians have been infected with hepatitis C through transfusions.

Carl Kovac *Budapest*

GMC issues new guidance on clinical research

The General Medical Council—the body that registers doctors in the UK—has issued new guidance on the standards expected for research in the NHS, universities, and the private sector.

Trust between participants in research and healthcare professionals is emphasised as the central principle in conducting

ethical clinical research. The guidance warns: "Doctors involved in research have an ethical duty to show respect for human life and respect people's autonomy. Partnership between participants and the health care team is essential to good research practice and such partnerships are based on trust. You must respect patients' and volunteers' rights to make decisions about their involvement in research."

The guidance is designed to help doctors implement the principles of informed consent, voluntary participation, and confidentiality in clinical research.

Susan Mayor *London*

Research: The Role and Responsibilities of Doctors is available from the GMC (www.gmc-uk.org or tel 020 7915 3507).

Editorial board charged with wrongly accusing author

The editorial board of a European journal has been charged with wrongly accusing an author of misleading the scientific community and imposing sanctions on him without due process.

The author, who had complained to the Danish Committees on Scientific Dishonesty about the journal's stance, was also charged with redundant publication and violating accepted principles on disclosure when submitting a manuscript.

The Danish Committees' subcommittee on health and medical science took its decision last month after taking advice from a specially appointed ad hoc committee.

The dispute between Professor Hans Bisgaard of University Hospital, Copenhagen, and Professor Marc Decramer, editor in chief of the *European Respiratory Journal*, arose after the latter informed Professor Bisgaard and his coauthor that they would be banned from publishing in the journal for two years, on the grounds that he had misled the scientific community by submitting data that, although similar to those he had already published in the November 2000 issue of