

## GMC member forced to stand down from disciplinary panel

A controversial member of the General Medical Council had to stand down from a disciplinary panel last week after allegations that she had made "biased remarks" and prejudged the outcome of the case.

Jennifer Colman, one of five members hearing the case of Peter Robson, a GP accused of sexually harassing three female patients and a receptionist, was asked by Dr Robson's counsel to withdraw from the case. After an hour long discussion in private with the other members, she stood down voluntarily.

Dr Colman, aged 57, told Dr Robson during the hearing: "You will have an uphill struggle to persuade me that you are safe to treat vulnerable patients... How can you prove to me that you are safe to treat vulnerable female patients?"

After Dr Colman—formerly known as Dr Colman-Archer—was elected to the GMC last year, it emerged that many of the doctors who had voted for her were unaware that she herself had been struck off for serious professional misconduct in 1987. The GMC was criticised by doctors for failing to inform them fully about her background while she was standing for election (*BMJ* 2000;320:1357).

Clare Dyer *legal correspondent, BMJ*

## Healthy woman dies in research experiment

A 24 year old previously healthy woman has died as a result of participating in a research project as an experimental subject.

Her death raises serious questions about the safety and ethics of human experimentation. The woman, Ellen Roche, worked as a laboratory technician at the Johns Hopkins Bayview Medical Center's Asthma and Allergy Center in Baltimore, Maryland.

She volunteered as a research subject in a baseline physiologi-

cal test, which induced asthmatic reactions in people without asthma to determine how bronchiolar reflexes differ between the two populations. Specifically, the study was designed to test a controversial theory of asthma, which holds that people with asthma and those without both react similarly to inhaled irritants—experiencing bronchiolar vasoconstriction—but that people without asthma are able to overcome this reaction through deep inspiration.

The researchers sought to elucidate the neural mechanisms underlying these reactions. The study was directed by Dr Alkis Togias, an associate professor and clinical immunologist at the Johns Hopkins Medical Institutions.

Deborah Josefson *San Francisco*

## Prisoner dies after "seriously deficient" care

A High Court judge last week ordered the home secretary to set up an independent inquiry into the death of a prisoner who died during an asthma attack in his cell.

The unprecedented ruling—made under the Human Rights Act, which puts the state under an obligation to safeguard life—has serious implications for the inquest process.

Paul Wright, aged 33, died of an asthma attack in his cell at Arnlley prison, Leeds, in 1996, while under the care of a prison doctor who was forbidden to practise unsupervised. He had been disciplined by the General Medical Council for neglecting his responsibilities to dying patients—a fact that had not emerged at the inquest into Mr Wright's death.

The prison doctor treating him, Kumar Narain Singh, had been before the GMC several times between 1994 and 1999. He was subject to restrictions on how and where he was permitted to practise. Mr Justice Jackson said: "The prison service had been notified of the conditions that the General Medical Council had set on Dr Singh practising... He appears to have been unsupervised when practising within the prison service."

Clare Dyer *legal correspondent, BMJ*

## Dutch patients travel to Spain for orthopaedic surgery

Tony Sheldon *Utrecht*

Dutch patients are now travelling to Spain for orthopaedic surgery, courtesy of their insurance companies, to avoid long queues at home.

Ten Dutch patients last week flew home to the Netherlands after receiving orthopaedic surgery for knee conditions using spare beds in a Spanish hospital. The scheme was organised by two orthopaedic surgeons from the Rode Kruis Hospital in The Hague.

The Dutch medical team, including the surgeons and a physiotherapist, travelled with their patients, whose health insurance company, Delta Lloyd, agreed to fund the scheme within their existing health cover. A similar scheme for hip and knee operations is planned for August.

The patients had to wait between one and three months for treatment. Normal waiting times for a total knee operation at The Hague hospital, posted on the website of the Dutch Hospitals Association ([www.nvz-ziekenhuizen.nl](http://www.nvz-ziekenhuizen.nl)), are currently 32 weeks. This is partly due to a lack of specialist operating theatre assistants.

Some other hospitals in the Netherlands also have long wait-

ing times for total knee surgery, ranging from 32 weeks to up to a year. The orthopaedic patients' organisation said that the picture is variable but the combination of shortages in bed capacity and insufficient nursing and operating theatre staff often result in longer waiting times.

Another Dutch health insurer, the Agis group, also has contracts to use spare capacity in German and Belgian hospitals.

The Dutch consumers' organisation, the Consumentenbond, wants to see health insurers being forced to provide a service to patients within a specified time. It has tried to set a legal precedent by taking legal action against Agis to make it provide care for three patients who have already waited several months for treatment. It was forced to drop its action, however, when it was announced that the three patients were to receive care, in the Netherlands, in Germany, and in Belgium.

A report commissioned by the Dutch government last year concluded that waiting times were "unacceptably long" and that the number of people on waiting lists for hospital treatment had increased by 2% to 148 600 in the previous year (*BMJ* 2000;321:530). □



Mrs Onbelet returning to Holland after her knee operation in Spain