

SATURDAY 25 OCTOBER 1980

ASTM CODEN: BMJOAE 281 (6248) 1087-1160 (1980)
WEEKLY. SECOND CLASS POSTAGE PAID AT NEW YORK NY

CORRESPONDENCE

Transplants—are the donors really dead? W B Jennett, FRCS; P J E Wilson, FRCS; J S Garfield, FRCS; A R Luksza, MRCP, and others; J K F Mason, FRCPATH; C Pallis, FRCP..... 1139	Early intervention in Down's syndrome A R Ludlow, BSC..... 1143	Medical audit W G Notcutt, FFARCS..... 1145
Management of patients after self-poisoning Sir Douglas Black, FRCP, and D A Pond, PRCPsych 1141	Can insulin-treated diabetics be given beta-adrenergic-blocking drugs? U Smith, MD, and others..... 1143	Royal Medical Benevolent Fund Christmas Appeal 1980 Sir Thomas Holmes Sellors, FRCS..... 1146
Vaccination against smallpox J Leahy Taylor, MB; F Kellerman, MD... 1141	Anorexia nervosa in diabetes mellitus S D Garner, MB..... 1144	Points A dilemma in domiciliary obstetrics (G P Pogrel); Hazards of surgical glove powders (K Hashemi); Treatment of axillary hyperhidrosis (K Gisborne and R I Felix); Music, chess, and infant prodigies (F L P Heyes); Malapropisms and neologisms (M F Hawkins); Corvo's "Chronicles of the House of Borgia" (H E Schablin); Women in hospital medicine: childminders (A Sisman); Fish poisoning (H A Reid, T Cubitt)..... 1146
Management of acute stroke in the elderly T C Twining, MSc, and J R Chapman, PHD 1142	Site of action of intrathecal morphine J S Crawford, FRCOG..... 1144	
Mental health review tribunals L Gostin..... 1142	Community medicine—a second chance? J S Dodge, MFCM; P O Nicholas, MFCM.. 1144	
	Staffing in thoracic medicine G F Baines, FRCP..... 1145	
	Full-time negotiators for the medical profession? B W Hill, MB..... 1145	

We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

Transplants—are the donors really dead?

SIR,—Two important issues for doctors are raised by the *Panorama* programme "Transplants—are the donors really dead?" One concerns the criteria for diagnosing brain death and the other how TV programmes dealing with controversial medical issues are made and presented.

Brain death has gradually become more common over the last 20 years as resuscitation and intensive care have been established in most new hospitals. Long before transplantation developed doctors had become concerned to spare patients the indignity and relatives the distress of maintaining "life support" after death and also to avoid having highly trained nurses and expensive equipment assigned to ventilating a corpse—in the earthy words of the Liverpool coroner. The Royal Colleges' criteria of 1975, the outcome of more than three years' discussion among many experts, have been of benefit to everyone concerned—and incidentally have put organ donation on a sound and safe basis. These criteria have been circulated to every hospital doctor in the country by the Department of Health and Social Security, which has also distributed a teaching film it had commissioned.

By contrast, in America there is no national code: rules for this, as for many other matters, vary from State to State; practice is often governed by the guidelines of individual hospitals. In many fields of American medicine there is much more reliance on instrumental data than in this country, where the stress is

on clinical observation. It was apparent from this programme that some American doctors do not invariably use the basic rules for diagnosing brain death on clinical grounds. All these American patients would have been excluded by the preliminary parts of the British code, as Dr C Pallis has explained in detail (18 October, p 1064, and this issue, p 1141). Indeed, the film could be used to teach medical students of the obvious pitfalls for the ignorant and inexperienced, which I described five years ago.¹

It is a terrifying testimony to the power of television journalism that this lapse from good medical practice in America could persuade many viewers that British doctors should be regarded as even less safe and trustworthy. Such persuasion depends on the skilful juxtaposition of fact and opinion and also on the exclusion of crucial evidence. It is even more likely to succeed if those giving evidence are prevented from challenging each other on the screen. Better still, as in this case, they should not even know who the other witnesses are, let alone their evidence; nor should they know which part of their own evidence will be used, or in what context. This excludes the possibility of a pre-emptive strike in print by witnesses who believe that they have been manipulated, or by those who wish to challenge the evidence of others.

The execution of *Panorama's* plan, which some might regard as a calculated attempt to alarm the British public, was almost flawless.

Their one mistake was the programme's scary and sensational trailer in the *Radio Times*, complete with photographs of three American patients who have supposedly survived brain death—the first hint that this kind of evidence was to be presented. Until then it had been only a nagging fear in a few men's minds that a badly distorted picture of medical practice was about to be shown to millions. Now it was certain. Moreover, the doctors had four days in which to try to influence events—a long time in the world of current affairs journalism. They lost no time. Several sent telegrams to the Director-General, Sir Ian Trethowan; and on the morning of transmission Lord Smith rang up Sir Ian, who agreed to meet a small deputation representing the Royal Colleges, the BMA, and the DHSS. The deputation asked for 10 minutes of open discussion at the end of the programme, but this was refused. They were, however, granted a preview of the programme—but only a few hours before transmission, and several hours after the press had seen it and had been questioning other doctors (including participants) about a film which the latter had not yet seen.

On a personal note, I must record that soon after *Panorama's* initial approach I suspected that a balanced programme about the issues involved was not the intention and I refused to be interviewed to camera. I immediately informed Lord Smith of this and of my disquiet about the programme—he had been chairman of the Conference of Colleges when