Lack of political will, clinical precision stalls RSI research

London. The British government is under growing pressure to fund more research into repetitive strain injury (RSI), the ill-defined condition afflicting keyboard users and other workers which trade unions say already costs UK industry £400 million a year in lost working time.

Occupational health experts say that the lack of money for research into the mystery ailment stems partly from the lack of a precise clinical definition, and partly from buck-passing between government departments about who should take responsibility.

Critics also charge that the government is siding with business interests which fear compensation costs arising from greater recognition of RSI. Many employers have been slow to recognize the syndrome, and drew encouragement when a judge presiding over a compensation case last year said that the label RSI was "in reality meaningless".

But a survey of 53 leading physicians specializing in occupational medicine has found that a better scientific understanding of RSI would help them to attack the problem. "Most people concerned with occupational health look upon musculoskeletal disorders as a major research priority," says Malcolm Harrington, professor of occupational medicine at the University of Birmingham's Institute of Occupational Health, who designed the survey.

Very little money is finding its way into RSI research. In June William Waldegrave — then UK science minister — told parliament that the Medical Research Council (MRC) was not funding any at all. In answer to another parliamentary question, the Department of Health said RSI was the responsibility of the Department of Employment.

Ron Mulelly, honorary secretary of the RSI Association — the main support group for sufferers — says the health department's attitude is "lamentable". "We are concerned with the medical problem," he says, "and if that isn't a matter for the Department of Health, I don't know what is."

A spokeswoman for the MRC says that all applications for grants are assessed on their individual merit, and that the council has no specified areas that it will or will not fund. But Peter Buckle, head of the ergonomics research unit at the Robens Institute of Health and Safety in Guildford says that, after making soundings at the MRC about a research proposal, he came to the conclusion that an application for RSI-related research would not be welcomed.

The growth of RSI was highlighted last month when the Compaq company said it would put warning labels on computer keyboards directing users to advice on how to avoid developing hand and wrist injuries.

Occupational health specialists say they need research to establish a more precise clinical definition of the illness. The current confusion, they say, makes it hard for sufferers to get recognition of their condition, proper treatment, sickness benefit or compensation in the courts.

Many bodies — including the Health and Safety Executive (HSE), the government

IMAGE UNAVAILABLE FOR COPYRIGHT REASONS

Carpal-tunnel syndrome: better defined.

workplace health and safety agency — prefer to use the umbrella term 'work-related upper limb disorders'. This encompasses accepted medical conditions such as tenosynovitis and carpal-tunnel syndrome, as well as the less well-defined but more familiar RSI.

Owen Tudor, national organizer of the Trades Union Congress's "Don't Suffer in Silence!" campaign, is calling for urgent action from the health department. "With 200,000 sufferers a year, the Department of Health should set up a whole research programme," says Tudor.

The Robens Institute has had some funding for RSI research from the HSE, and has been looking to industry for further support. But it finds that private sector employers fear that to fund RSI work on their own might be seen as an admission that the work they are asking employees to do could cause RSI.

Insurance companies, which are picking up much of the illness's associated costs and have seen related claims double in the past five years, have funded some research in the past. Suzanne Moore, a spokeswoman for the Association of British Insurers, says they may pay for more in the future.

But Harrington says that the best way forward would be to secure funding by industry through the British Occupational Health Research Foundation. This body was set up three years ago partly in response to cuts in government spending on occupational health. Harrington also stresses that, although prevention through ergonomic evaluation is crucial, it may not be possible to "engineer the whole thing away", and that the main need is to establish the pathogenesis of RSI and related complaints.

Maggie Verrall

India moves gently to liberalize drug industry

New Delhi. The Indian government is liberalizing the pharmaceutical industry, lifting price controls on several drugs and allowing greater foreign participation in drug companies.

Officials say the policy to be announced this week will help to make quality drugs available at fair prices, boost research and create a good climate for investment. But critics charge that it will push drug prices beyond the reach of the poor, and lead to the takeover of Indian drug companies by multinationals.

Current price controls cover drugs whose annual sales exceed Rs5 million (\$160,000). Under the new policy, this has been increased to Rs40 million. As a result, the price of 73 drugs will be controlled compared to 143 before. Foreign companies previously limited to stakes of 40 per cent in Indian affiliates can now take 51 per cent of companies making bulk drugs — and more than 51 per cent of companies making drugs with recombinant DNA technology.

The policy stops short of industry's demand for complete decontrol, says Anant Thakore, president of the Indian Drugs Manufacturers Association. "It is two steps forward, one step backward," he says, arguing that there is no need for any price controls. But according to Mira Shiva of the Voluntary Health Association of India, prices of some "uncontrolled" drugs registered a 100 per cent rise during 1990–92.

Prices of essential drugs, as listed by the World Health Organization, and those required for national health programmes will continue to be controlled. Price control will also cover drugs that are a monopoly of one manufacturer. A national pharmaceutical pricing authority will be set up to update the list of controlled drugs and fix their price, and a new national drugs authority in the health ministry will monitor drug quality.

The government hopes the new policy will encourage Indian companies to invest in research through tax benefits and duty concessions. Indigenously developed drugs and diagnostics will not be subject to price control for at least 10 years, for example. But Thakore says the 6–7 per cent profit the industry makes "is hardly enough to make the investments in research needed by us to survive in the post-GATT regime".

The new policy, together with expected changes in Indian patent law, may also encourage foreign companies to invest in Indian research, taking advantage of low salaries for scientists. At present India recognizes only process patents and not product patents, but under GATT (the General Agreement on Tariffs and Trade) it has pledged to accept both. **K. S. Jayaraman**

The National Medical Store Bank