

the community about a trial taking place at their local hospital before, during and after it is done. Such a trial is said to be run under a 'no-consent' protocol.

In drafting the rule, regulators hoped to allow companies to develop products specifically for emergency medicine, a field that often relies on off-label use of an established product. "If a drug or biologic or device becomes FDA approved and has been tested in a controlled setting, that doesn't necessarily mean that you can transfer that information to a trauma setting or the battlefield," explains Susan Fish, research director of Emergency Medicine at Boston City Hospital. The no-consent rule provides a testing ground for emergency room products.

And bioethicists contend that the no-consent rule is ethically inappropriate, regardless of its apparent utility. George Annas, Professor of Health Law at Boston University's School of Public Health, argues that when the rule change was debated, "there was no good rationale for doing [emergency medicine] research without consent. In emergency rooms people use this lunatic thing called implied consent, but you don't imply anything by having a heart attack."

Last month, researchers at Mid-Carolina Cardiology, North Carolina, described difficulties encountered in another no-consent trial—testing a CPR vest developed by

Cardiologic Systems (*Ann. Emerg. Med.* 33, 224-229; 1999). The cost and difficulty of complying with the tough regulations resulted in the trial's termination despite apparently promising early results. Although Baxter overcame these problems, the negative results meant that the company abandoned development of HemAssist and is now focusing on pre-clinical research of a new blood substitute, the market for which is estimated at \$2-4 billion annually.

"I think because of Baxter's experience and the extreme amount of money required to do this type of study ... drug companies are going to shy away from [such] research," says Max Koeningsberg, medical director for the Chicago North EMS system and a leading investigator on the HemAssist trial.

FDA senior policy analyst, Bonnie Lee, says that the agency has an ongoing review of the regulations, but substantial alteration to this rule in the near future is unlikely: "I have heard that the rule is too burdensome. We certainly didn't mean for it to be easy—its purpose is to protect subjects." Different regulations must be applied to emergency situations, explains Lee. "If my child has been in a car accident and is bleeding profusely, you need to intervene as quickly as possible whether I'm there to sign a form or not," she says.

ALAN DOVE, NEW YORK

London college tailors staffing to increase RAE score

Efforts by one of the colleges of the University of London to shift teaching and research resources from civil into biomedical engineering have met with strong resistance from employees over fears that the civil engineering staff are likely to be made redundant.

The reorganization is being justified by Queen Mary and Westfield College both as a reflection of changing patterns in student demand, and as a way of building on the college's research strengths, as measured by its performance in the research assessment exercise (RAE) (*Nature Med.* 4, 990; 1998). Although many higher education establishments are known to rearrange departments to optimize RAE score, on which government funding is partly based, this is believed to be the first such drastic remodeling undertaken for this purpose.

"Like all universities, we are trying to plan for the next RAE, which is due to be held in 2001, and as part of this we are trying to improve our research profile," says college spokeswoman Delia Ray. According

to Ray, the college is attempting to build on its existing strengths in biomedical engineering, particularly in areas such as cochlear implants and artificial joints. "There has been a shift in focus, and this appears to be an area in which the government is interested."

The Association of University Teachers (AUT), which represents university lecturers in their negotiations with universities over pay and conditions, is threatening to 'gray-list' the college if it proceeds with this course of action. This would involve warning those seeking employment at, or academic collaboration with, the College that the AUT disapproves of its employment practices. Because of the AUT pressure, the college has agreed to delay the date by which it has asked for volunteers for redundancy until April. It is hoping that the offer will be taken up by those close to the end of their academic career who are considered less 'research productive' than others.

DAVID DICKSON, LONDON

Funds bolster Canadian research

As *Nature Medicine* went to press, it was widely anticipated that the Canadian budget announced on February 16th would include provision for a Canadian Institutes of Health Research (CHIR; *Nature Med.* 4, 989; 1998). In a pre-budget speech, Finance Minister Paul Martin told the Canadian parliament that it would also include "hundreds of millions of dollars for research and innovation." This is good news for Canadian biomedical researchers who have suffered cutbacks in federal funding over the last four years.

Alan Bernstein, director of the Samuel Lunenfeld Research Institute of Mount Sinai, a University of Toronto-affiliated biomedical research center, fully expects his institute to be included in the CHIR network. "We hear about doubling and tripling the NIH budget and because of our proximity to the US, brain drain is a big worry in Canada. But the CHIR, coupled with the new funds being made available is an opportunity for scientists in Canada to dream again," says Bernstein.

Last month, the Lunenfeld was the first biomedical group to receive new funding from an Ontario Challenge Fund established to increase collaboration between the academic and biotechnology sectors, and boost the province's scientific profile.

The Ontarian government will give CAN\$12 million (US\$8 million) to the institute because it has established successful links with three industrial partners—Bristol-Myers Squibb, GlycoDesign and MDS—bringing the institute's total budget to CAN\$60 million.

The money will support research in proteomics and bioinformatics, directed by Tony Pawson, and functional genomics and animal models of disease, headed by Janet Rossant. An industrial chair in glycobiology and a research training program for 10 post doctoral fellows will also be created.

The Lunenfeld fund was announced only days after the province's Heart and Stroke Foundation donated CAN\$13 million to cardiovascular research at the University of Toronto, where studies will focus on the molecular basis of atherosclerosis and heart failure.

KAREN BIRMINGHAM, NEW YORK

