

nity, lawmakers, and patient groups — and evoked a pledge from Klausner that the cancer board would continue to look at the issue.

Rimer and Klausner deny that politics has influenced the board. "This issue of pressure has been overblown," Rimer said. "We're used to pressure." Klausner said that recommendations often change as researchers learn more. "We hope these new recommendations will clarify

what has been a confusing issue for women in their forties."

US President Bill Clinton, whose mother died of breast cancer, said he would take immediate steps to ensure that federal health assistance programs would cover the cost of mammograms for this age group, and he asked private insurance plans to do likewise.

MARLENE CIMONS
Washington, DC

Health and Cancer Rights Act of 1997, is the result of a bipartisan coalition led by Republican Alfonse D'Amato and supported by liberal Daniel Patrick Moynihan and others. "The doctor-patient relationship is sacred and corporate greed and the quest for profits should not be allowed to dilute that bond," said D'Amato.

Under the New York law, insurance companies must cover a stay in hospital following mastectomies, lumpectomies and lymph node dissection if both doctor and patient decide it is necessary, and for as long as is considered "medically appropriate." In addition, the costs of reconstructive surgery must now be covered. A proposed federal bill, under the same name, was introduced to Congress in January by Senators D'Amato, Dianne Feinstein (D-California) and Olympia Snowe (R-Maine).

The American Association of Health Plans, a trade group representing HMOs, denies that its members demand outpatient mastectomy and has said that it supports the principle that medical decisions should be made by a patient and her doctor.

VICKI BROWER
New York

Politicians call halt to "drive-through" mastectomies

New York has become the first state to ban "drive-through" mastectomy — the surgical treatment of breast cancer as an outpatient procedure. The state law, passed last month, comes ahead of a proposed federal bill that aims to stop this increasing practice in the USA.

Media reports of outpatient mastectomy have spread as insurance companies and health maintenance organizations (HMOs), which provide "managed care" plans, have reduced their coverage for complex surgical procedures.

Official statistics on the number of cases are not available, but in recent years, some companies are reported to have stipulated that individuals must have certain operations, such as mastectomy, as an outpatient in order to receive benefits.

Outside the United States, however, the practice is rare. In the United Kingdom, for example, patients normally spend a week in hospital for a mastectomy according to the London-based Royal College of Surgeons.

The New York law, called the Women's

Senate ban on euthanasia splits Australia's doctors

Australia's medical community has been deeply divided by the Senate's decision to overturn the world's first law allowing voluntary euthanasia. The Northern Territory's Rights of the Terminally Ill Act 1995, which came into effect last summer, was thrown out by the Senate before Easter in an emotional debate amid worldwide media coverage.

Keith Woollard, president of the Australian Medical Association (AMA) and a firm opponent of voluntary euthanasia, welcomed the move. "I think there's no question that the experience with the Northern Territory legislation has led to a shift in opinion among the doctors here [in Australia] against euthanasia," he said. But Philip Nitschke, a high-profile supporter of voluntary euthanasia who helped four people to die during the past eight months, strongly disagreed. "Every evidence that we have from here [the Northern Territory] is that there is a shift toward it."

The Senate decision has also highlighted the strain between the AMA and

some of its members. Many doctors and political observers, including a spokesperson for the Northern Territory health minister, say that Woollard is out of touch with his own constituency. They say that the AMA did not poll its members on their attitude to euthanasia.

A survey of 3000 doctors, published in the *Medical Journal of Australia* a few weeks before the Senate debate, concluded that almost one-third of deaths in Australia are the result of either passive euthanasia — the withholding of treatment — or active euthanasia, where doctors help people to die by administering drugs that hasten death. This gave pro-euthanasia advocates ammunition to argue that Australia needs to bring this illegal activity into the open by legalizing it.

Public sentiment in Australia overwhelmingly supports voluntary euthanasia. Polls show that, even among traditionally conservative Catholics, more than 60 per cent are in favor.

The next battleground will be South

Australia, where Anne Levy, a Labor member of the upper house, has introduced a bill to make euthanasia legal. The bill is expected to be debated at the end of June.

The Australian decision drew mixed reactions abroad. The Japan Society of Death with Dignity, which has more than 80,000 members, says it does not expect Japan's own heated debate on euthanasia to be affected. The country has guidelines permitting the withdrawal of treatment in certain circumstances. But reports that doctors have allegedly allowed unlawful euthanasia in hospitals have caused concern (*Nature Medicine* 3, 262; 1997). The British Medical Association, which presented arguments against euthanasia to a parliamentary committee two years ago, says it is pleased that the practice remains illegal in Britain. "We think it would irreparably damage the doctor-patient relationship," said a spokeswoman.

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Sydney