

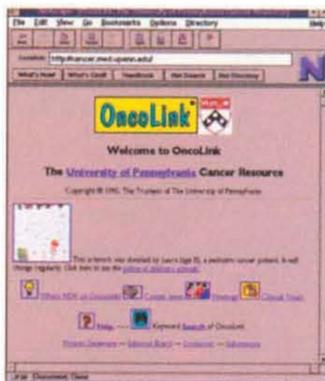
Medicine, some of which apparently infuriated physicians at the University of Pennsylvania.

Buhle started OncoLink in March 1994 because his 8½ year-old daughter had acute lymphoblastic leukaemia (her cancer has been in remission now 2½ years). In the autumn Buhle's coeditors, Joel Goldwein and Ivor Benjamin, began to complain that he was ignoring their requests that certain information be removed.

Oncolink ran on a computer in Buhle's laboratory and he had sole access to make changes or deletions to the programme. In December, department chairman W. Gillies McKenna ordered Buhle to give equal access to his coeditors. At the same time, OncoLink crashed for 22 hours.

Users of OncoLink, many of whom found comfort in the patient support section and the breadth of available information, feared that the university was pulling the plug and swamped it with angry messages. Buhle claims it was doing just that; university officials say the computer went down accidentally during a backup operation.

Most of the press stories at the time im-



**Screen dump of OncoLink: the controversial on-line cancer information service, which is now under the control of the University of Pennsylvania.**

plied the university was trying to censor information. But McKenna says the issue is not censorship. "It's like freedom of the press. You have the right to publish what you want but you don't have the right to publish it anywhere you want." OncoLink carried the imprimatur of the University of Pennsylvania Cancer Center, and Buhle did

not want to accept the responsibilities that go with that, he says.

Some information posted by Buhle, such as the use of shark cartilage as a cancer treatment, was deemed unacceptable by members of the department, but Buhle refused to remove it when asked.

Those who support the university's position, almost all of whom are from the medical community, believe physicians have a responsibility to control the information they give out even on the anarchic Internet, because if it is not properly interpreted, it could have serious consequences for patients. Peer-reviewed papers are subject to dispute within the specialties, so how is a patient to make the right decision?

OncoLink costs the department of radiation oncology some \$100,000 a year, although the department is now seeking funding from either the medical school or outside sources.

The OncoLink cancer information service may be reached on the WWW at <http://cancer.med.upenn.edu>

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## Doctors petition for the Endangered 'medicines' Act

Although potentially valuable leads to new drugs may be strewn about rain forests and other exotic environments, opportunities for drawing on these resources may be forever lost if endangered organisms and their habitats are not conserved, warns a coalition of physicians, biomedical researchers, and ecologists. With such concerns in mind, participants of a recent conference drafted a strongly worded petition calling on federal officials and the US Congress to renew the Endangered Species Act. However, given that a majority in Congress seems to be gunning for this law, the chances of success seem at best remote.

As part of the broad effort to conserve biodiversity, the Act represents an important but primarily domestic measure. A more far-reaching instrument, but one that faces an even gloomier outlook given the current makeup of Congress, is the Convention on Biological Diversity. This international treaty, which Congress considered in mid 1994 but then dropped, officially took effect throughout most of the world at the end of 1993 and has been signed by dozens of countries. Although the treaty temporarily enjoyed broad support from US industry representatives, as well as environmental groups, a last-minute campaign led to a

scare campaign and scuttled that good will. With subsequent upheavals in the political landscape, the treaty is now accorded a near-zero likelihood of being ratified.

For many of the participants who met this April at a conference on Biodiversity and Human Health, sponsored by the US National Institutes of Health (NIH), the National Science Foundation and the Smithsonian Institution, this seeming disregard for global biodiversity is shortsighted. According to Thomas Lovejoy of the Smithsonian, biodiversity is "the ultimate library" needed for building the biotechnology industry, pointing to researchers who are scanning genomes or scrutinizing metabolites of plants and micro-organisms for new medicinal compounds.

Although shamans and native healers may not use the sophisticated tools of molecular biology, many of them are knowledgeable about how native plants can be used to treat disease. However, this resource is as endangered as the environments in which such healers dwell, warns Paul Cox of Brigham Young University in Salt Lake City, Utah. He has worked closely with native healers in, for example, Samoa, where shamans have helped him to identify several promising leads to new drugs, such as a

topical prostaglandin synthesis inhibitor from tree bark, an antiviral phorbol ester from a rain forest tree related to Pointsettias, and an immunostimulatory compound that a Swedish research group is now testing.

The prospect for developing profitable, mass-market pharmaceutical products based on such leads raises difficult questions of equity. Although no single solution has been identified for compensating countries from which researchers and companies derive valuable materials, several approaches are under consideration. For example, officials at the NIH are developing a model agreement for collecting such materials, according to Tom Mays of NIH's National Cancer Institute. Although specific terms will vary, the draft document specifies that NIH will compensate the 'source' country in return for its promise to maintain the source material in a sustainable fashion.

Another approach, being developed by the non-profit Healing Forest Conservancy of Washington, DC, promises potential source countries that sign it a return on any profits from future product sales, regardless of where the plants used to produce commercial products originate.

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