OTHER JOURNALS IN BRIEF

A selection of abstracts of clinically relevant papers from other journals.
The abstracts on this page have been chosen and edited by John R. Radford.

HEPATITIS C – COST OF TREATMENT

Newsdesk – Elimination on the agenda for hepatitis C

Burki T. *Lancet Infect Dis* 2014; **14:** 452–453

'...now we need economic and political measures to get the drugs to all the carriers.'

Worldwide, there are some 185 million people infected with hepatitis C, with half a million deaths each year. The number of deaths are in the same order as those who die from HIV/AIDS. Sofosbuvir, a polymerase inhibitor, in combination with ribervarin could 'conceivably' cure hepatitis C in a large majority of patients. In contrast to the cheaper standard interferon-based therapy, these drugs do not have 'nasty' side-effects. Interferon therapy, involves daily injections for at least 6 months and up to 72 weeks, 40% experience depression and only cure 30-60% of patients. Yet for many countries, sofosbuvir is prohibitively expensive with one tablet costing $1000 and a course requiring a daily tablet for 12 weeks. Gilead Sciences, Inc., the developer and manufacturer of sofosbuvir, has been criticised sharply because this business has shown 'corporate greed'. Yet of note, a few months ago Gilead Sciences agreed to supply sofosbuvir to Egypt with a 99% reduction in price. Egypt has the highest prevalence of hepatitis C in the world, the unintended consequence of administering with multi-use needles, intravenous tartar emetic for schistosomiasis, back in the 1970s.

DOI: 10.1038/sj.bdj.2014.730

THE ADOMAKO TEST

Medical manslaughter: a recent history

Edwards S. *Ann R Coll Surg Engl* (Suppl) 2014; **96:** 118–119

Although very rare, if a healthcare professional is convicted of medical manslaughter (gross negligence manslaughter or involuntary manslaughter), they can expect a custodial sentence.

The Adomako Test has to be met in order to prove medical manslaughter. The two important pillars are, 1) that the breach was grossly negligent although otherwise lawful, and 2) the breach contributed significantly to the patient's death. Adomako was an anaesthetist who was found guilty of manslaughter following a failure in duty, that was reckless, when he did not notice that an oxygen pipe had become disconnected from the ventilator for six minutes resulting in the tragic death of a patient. The number of charges of medical manslaughter against doctors in the UK has been rising. This paper summarises six recent cases, including the death of a patient after a delay in ultrasound for a patient with kidney infection (two-year custodial sentence), and a patient who died from diabetic ketoacidosis having been erroneously diagnosed with depression (two-and-a-half year custodial sentence and erasure). For the dental implications of the overarching Corporate Manslaughter and Corporate Homicide Act 2007 see *Br Dent J* 2008; **204:** 497–502.

DOI: 10.1038/sj.bdj.2014.731

LOW-BACK PAIN

Efficacy of paracetamol for acute low-back pain: a double-blind, randomised controlled trial

Williams CM, Maher CG *et al. Lancet* 2014 doi:10.1016/S0140-6736(14)60805-9

This robust study questions 'the universal endorsement of paracetamol' for those with lower back pain.

Although generally lacking rigor, there is much comment that dentists suffer from musculoskeletal problems. Paracetamol is the recommended analgesic for acute lower-back pain. But on what is this based? This paper reports a multicentre, double-blind, randomised, placebo controlled trial carried out in Australia, with patients who had a new episode of acute lower-back pain. In summary, patients (n = 1,552; 1,543 analysed) were allocated to groups to receive for up to 4 weeks, 1) regular doses of paracetamol (3,990 mg paracetamol per day), 2) as-needed doses of paracetamol (maximum 4,000 mg paracetamol per day), or 3) a placebo. A 'rescue' drug naproxen, was taken only by 1% of the participants. Regardless as to which group the patients were allocated, the median time to recovery was 17 days, and by 12 weeks 85% had recovered. The investigators ask the question why paracetamol is effective for toothache but not lower-back pain?

DOI: 10.1038/sj.bdj.2014.732

STATINS

Report of the independent panel considering the retraction of two *BMJ* papers

Independent statins review panel report. Available online at http://www.bmj.com/content/independent-statins-review-panel-report-0 (accessed Aug 2014)

'It is not surprising the *BMJ* investigates itself and exonerates itself.' Professor Sir Rory Collins.

Was it sufficient for the *BMJ* to retract only the erroneous assertion, but not the paper by Abramson *et al.* (*BMJ* 2013; **347:** f6123), that 20% of those who take statins experience side effects? This claim was based on a study by Zhang *et al.* (*Ann Intern Med* 2013; **158:** 526–534). In the subsequent heated debate, peppered with 'rapid response(s)' published in the *BMJ*, it is conceded that Abramson *et al.* confused association and causation. Professor Sir Rory Collins, an author of the meta-analysis by the Cholesterol Treatment Trialists' (CTT) Collaboration, called for retraction of the paper by Abramson *et al.* and an 'opinion piece' by Malhotra (*BMJ* 2013; **347:** f6340) published in the same edition of this journal. He argued these papers misled 'doctors and the public with gross over-estimates of the rates of side-effects with statins.' The Editor of the *BMJ* convened a review panel. In their 19 page determination they concluded that these papers should not be withdraw, as the COPE (Committee on Publication Ethics) criteria for retraction had not been met.

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