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Editorial

Two major papers in this issue of the Journal profile complementary aspects of a single problem; the exposure of human subjects to possibly noxious chemical agents in the course of health care. Each paper makes an unusual contribution to the field, and before delving into any of them it is worth considering why.

The first thing to be done in looking at any health risk is to try and document the extent and nature of the problem. Kromann-Andersen and his colleagues do that on a single concrete matter: how many patients are known to have been killed by medicines in a single European country over the course of twenty years? Here one finds an answer, documented both in terms of quantity and quality. In absolute terms, it is a reassuring one; not very many Danes are actually *known* to have been killed by medicines, certainly when one compares the figures to the total use of medicines over those two decades. But beware: how much do we really know? These authors have some notion of the extent of underreporting and there is more to be said on the issue. When Stuart Walker some years ago examined a sample of British practitioners to see how many adverse reactions eligible for reporting were indeed submitted to the authorities, he found a reporting rate of only some 6%, rising to around 15% where the reaction was a serious one; those were estimates from a country with a sound reporting system and from practitioners who knew that their behaviour was being monitored. Take a sample from most other countries and you will probably encounter a much lower level of notification; one has heard authoritative voices in the U.S.A. set the level of reporting in that country at well under 1% for all drug reactions, and only some 10% for major calamities. These things do not necessarily matter provided that the sample obtained is a representative one, and that one acknowledges that it is a mere sample. Some of the silliest things written about adverse drug reactions have reflected the naive conviction that one can obtain percentages of some value by setting the number of reports against the level of drug sales, ignoring the need for a large multiplier. That is one easy way to cloud-cuckoo land.

Ingar Palmund provides a refreshing view on a matter which has all too long been the province of the doctors alone, manipulated as they are to a considerable degree (along with the rest of society) by those whose interest it is that oestrogens be viewed as an elixir for a great part of the population. Just as with amalgam, one is here deliberately viewing the reverse side of the conventional medal. In individuals who need them, oestrogens have done good, much more than the sceptics originally anticipated. But that is no reason at all to use them recklessly, or to ignore the powerful and sometimes insidious processes which can in such matters drive society into a particular pattern of care irrespective of the state of hard knowledge as to the efficacy/risk balance. Thirty years ago Vance Packard

suddenly made Western society aware of the hidden persuasion exercised by the subtler forms of commercial advertising to a mass public. We know much too little about the analogous processes which mould the view of those in authority where matters of health and medical risk are concerned. Ingar Palmlund's monumental retrospective analysis of those processes at work in one field of care gives every reason for concern.

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