debates on the 1961 Human Tissue Act or in subsequent expert committee reports on tissue storage indicates it. If it was such an abuse, how did our legislators come to ignore it and leave the law in such an untidy and unsatisfactory state?

However, in this whole matter emotion and media attention-seeking has taken precedence over common sense. There will now be change – but as I seriously asked, will it *overall* be for the better?

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Ethical approval for health research

Editor – The article by Coker and McKee (*Clin Med JRCPL* Jan/Feb 2001, pp197–9) highlights the importance of developing sound ethical review for biomedical research. We wish to draw attention to some important activities regarding ethical review in Central and Eastern Europe not mentioned by the authors. More thorough research and direct involvement in the region shows that, as in Western Europe, the role of ethics committees is not to provide 'ethical supervision' of biomedical research nor to act as fraud-busters. Rather, well functioning ethics committees are there to provide 'consideration, comment, guidance and, where appropriate, approval' on research protocols. Similarly, the global need for greater public involvement in bioethics is not a burden that needs to be squared on the shoulders of ethics committees.

We are concerned that no reference has been made to the activities carried out by the Council of Europe (CoE), partially in collaboration with the European Commission. The Demo-Droit Activity on the Ethical Review of Biomedical Research (DEBRA) at the Council of Europe has been active in developing both a regional framework for ethical review as well as in-country activities. Under the auspices of DEBRA, bilateral meetings have been held in most of the 'transitional economy' countries with the participation of many Western European experts. The launch of this focused programme took place at a meeting at the Royal College of Physicians of London in 1997, at which delegates from many of the Central & Eastern European countries were present. The RCP Guidelines on ethical review[1] were presented as well as the *Guidelines and Recommendations for European Ethics Committees* (EFGCP)[2]. The meeting was followed by a Special Issue of the Quality Assurance Journal[3] devoted to current issues in this field and again made available to relevant personnel in all participating countries.

During 1997–2000 in-country meetings were held in Bulgaria, Croatia, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, the Russian Federation, Slovakia, Slovenia, and Ukraine. Further initiatives are planned for 2001–2002[4]. Numerous countries have participated in study visits to Western Europe, some to the UK, and have received legislative expertise. The participation of Central and Eastern European Member States in COMETH (Standing Conference of European National Ethics Committees) has also been supported by DEBRA with funding provided by the Council of Europe, the European Commission, and the Kingdom of Norway. A partial overview of these activities was published last year in the book *Ethics Committees in Central & Eastern Europe*[5].

The Council of Europe, through the Steering Committee on Bioethics (CDBI), participated in the drafting of the *Operational Guidelines for Ethics Committees that Review Biomedical Research*[6], published in March 2000 by the Special Programme for Research and Training in Tropical Diseases (TDR) of the World Health Organisation. Turkish and Russian were among the first translations of these global Guidelines, that also function as the key international reference document for the recently adopted UK guidelines for research ethics committees[7]. Poland and Georgia are in the process of translating these guidelines, as are other countries in the region.

In March of this year, the World Health Organization collaborated with the European Forum for Good Clinical Practice (EFGCP) and the Institut Pasteur in St. Petersburg, on a workshop on ethical review in Russia and the Confederation of Independent States. The Council of Europe also assisted with this workshop. This led to the formation of the Forum for Ethics Committees in the Confederation of Independent States (FECCIS). This Forum is now assisting, from within the region, in the building of in-country infrastructure as well as cross-national understanding. FECCIS is supported in its work by the recently established Strategic Initiative for Developing Capacity in Ethical Review (SIDCER), an overeaching framework for for established in Asia & the Western Pacific, Africa, and Latin America as well as FECCIS.

While our interest in sound ethical review is continually deepened, so too is our understanding of how ethical review is practiced in different countries. The differences in economic and political structures between Central and Eastern Europe, on the one hand, and Western Europe, on the other hand, do explain some of the challenges to ethical review as we cross boundaries. At the same time, we should be mindful not to insist too much on these differences in explaining practices or accounting for 'development' in ethical review. European countries across the board have largely common needs and interests concerning the ethical review of biomedical research; they also share much the same regard for best practices along with many of the same frustrations. No one country is a model, nor is any one side of the divide a shining example. We can all learn from one another.

References

1 Royal College of Physicians. *Guidelines on the practice of ethics committees in medical research involving human subjects*. London: RCP, 1996.
2 European Forum for Good Clinical Practice. *Guidelines and Recommendations for European Ethics Committees (revised edition)*. Brussels: EFGCP, 1997. {Available at www.efgcp.org}.
3 Crawley FP (guest ed). Special Edition: Ethics and Quality Assurance in Clinical Trials. *The Quality Assurance Journal* 1997; 2:4.
4 Information about the CoE DEBRA programme is available from peteris.zilgalvis@coe.int and from the CoEthics website http://www.legal.coe.int/bioethics/gb/html.ethique.htm. See also: Zilgalvis P, Crawley FP (guest ed). An international dialogue in research ethics: the experience of the Council of Europe. Good Clinical Practice in a global research setting: achieving best practices in ethics and science. The Millennium Issue. *Good Clinical Practice Journal* 2001;**6**:25–7.
5 Glasa J (ed). *Ethics Committees in Central and Eastern Europe*. Bratislava: Charis, 2000.

6 TDR World Health Organsation. *Operational Guidelines for Ethics Committees that Review Biomedical Research*. Geneva: TDR WHO, 2000. {Available at http://www.who.int/tdr/publications/publications/ethics.htm}.
7 Central Office for Research Ethics Committees (UK). *Governance arrangements for NHS Research Ethics Committees* (draft for consultation until 13th July 2001). 'The Pink Book'. London: 5th May 2001. {Available at http://www.corec.org.uk/wordDocs/fred.doc}. See also: Research Ethics Committees (UK). *Governance arrangements for NHS Research Ethics Committees in Scotland* (draft for consultation until 10th August 2001). 'The Pink Book'. Edinburgh {available at http://www.corec.org.uk/wordDocs/Scotsresearchethics3may%5B1%5D.doc}.

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Erratum

Vol 1 No 3
May/June 2001, p247
Letters to the Editor –
'Aspirin against cancer'
The name of author of this letter was incorrectly spelt. We would like to apologise to Ricky A Sharma, Oncology Department, University of Leicester.

Clinical & Scientific letters

Letters not directly related to articles published in *Clinical Medicine* and presenting unpublished original data should be submitted for publication in this section. Clinical and scientific letters should not exceed 500 words and may include one table and up to five references.

Capillary blood gas analysis for long term oxygen therapy assessment

Long-term oxygen therapy (LTOT) prescription requires the performance of arterial blood gas analysis (ABG) which is usually done by arterial puncture[1]. Arterialised capillary blood gas analysis (CBG) involves the measurement of oxygen and carbon dioxide levels in a sample of blood secured from a stab of an anaesthetised earlobe to which a vasodilator cream has been applied. Whilst not an unqualified substitute for ABG, capillary gas analysis is a valuable measure of blood gas levels of oxygen and carbon dioxide particularly when oxygen levels are low[2]. There is no risk of arterial injury; it is less painful, does not require medical staff and is performed by trained non-medical staff. The college working party on domiciliary oxygen therapy services in the UK acknowledges the value of CBG analysis in the assessment of patients for LTOT and identifies it as an alternative to arterial sampling in this situation[1].

We conducted a telephonic survey of all the lung function laboratories[3]; only 35 of the 153 laboratories contacted used CBG for LTOT assessment. 122 used arterial gases (4 labs used both). In the labs that used CBG, the procedure was performed by a respiratory technician (27/35;77%) or a specialist nurse (8/35;23%). In the 122 labs that used arterial stabs, the procedure was performed by a junior doctor in 105 (86%), by respiratory nurses in 7 (6%), by doctors and nurses in 6 (5%) by a physiotherapist or a respiratory technician in 4 (3%). Six labs indicated that they planned to start using CBG in the near future. The common reasons given for not using CBG were the absence of a blood gas analyser in the laboratory and the physician-in-charge not being convinced of the validity of the technique.

Despite studies highlighting its value[4,5] and the college working party on domiciliary oxygen therapy endorsing it for LTOT assessment, capillary gas analysis remains unpopular. Whilst capillary sampling is not a substitute for arterial sampling, it is a useful tool in measuring oxygen levels at the lower end of the scale, where long term oxygen therapy is a therapeutic issue. Performed by respiratory technicians as part of standard lung function testing, perhaps in those with an oxygen saturation of less than 92% (as measured by pulse oximetry), CBG analysis might improve selection of those patients with COPD who are appropriate candidates for long term oxygen therapy. Capillary sampling is also a useful tool in ascertaining the flow level (litres/min) of oxygen therapy. Oxygen and carbon dioxide levels should be assessed at various flows of oxygen to ensure that oxygen does not worsen the hypercapnia[1]. Repeated capillary gas analysis at various flow levels of oxyen is a less traumatic alternative to repeated arterial stabbing.

References

1 Royal College of Physicians. *Domiciliary oxygen therapy services. Clinical guidelines and advice for prescribers*. London: RCP, 1999.
2 Hughes JMB. Blood gas estimations from arterialised capillary blood versus arterial puncture: are they different? *Eur Respir J* 1996;9:184–5.
3 *Directory of training posts and services in Respiratory Medicine*. London: Hawker Publications, 2000.
4 Pitkin AD, Roberts CM, Wedxicha JA. Arterialised earlobe blood gas analysis: an underused technique. *Thorax* 1994;49:364–6.
5 Dar K, Williams T, Aitken R, Woods KL, Fletcher S. Arterial versus capillary sampling for analysing blood gas pressures. *Br Med J* 1995;310:24–5.

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