

## Controversy over UK surgeon who amputated healthy limbs

A Scottish hospital came under fire last week after it was revealed that one of its surgeons, Robert Smith, had done single-leg amputations on two physically healthy individuals with psychiatric disorders. "I have no doubt that what I was doing was the correct thing for those patients", Smith said.

In a statement released on Jan 31, Smith, of the Falkirk & District Royal Infirmary, explained that the patients had apotemnophilia, a type of body dysmorphic disorder in which the patient wishes to be an amputee. Smith's statement distinguished between the majority of apotemnophiliacs, whose wish for amputation is driven by sexual motives, and the less-common form in which the individual feels "incom-

plete with four limbs" and resorts to extreme self-harm in an attempt to precipitate amputation. Smith's two patients came from the latter group and had undergone psychiatric and psychological assessment. "Following amputation, they both made a rapid and satisfactory recovery without complications. At follow-up both patients remain delighted with their new state", said Smith.

Less delighted are Smith's employers, the Forth Valley Acute Hospitals NHS Trust, who took over stewardship of the Falkirk hospital last year. Media coverage of the events has focused on the fact that National Health Service theatres and staff were used, although the patients, from England and Germany, had paid to have the amputations done privately

and Smith waived his fees. The practice seems to have come to the Trust's attention when Smith received an amputation request from an American last year, whereupon the Trust's ethics committee launched an investigation.

Reporting last week, the ethics committee pointed out that Smith had received permission from his then Medical Director and Chief Executive and advice from the appropriate professional bodies, including the General Medical Council. Nevertheless, on Jan 31, the Trust released a statement indicating that apotemnophiliacs are unlikely to receive surgical treatment in Falkirk again.

*Sarah Ramsay*

## Report urges changes in investigation of sudden infant deaths in England

"Firm central guidance, possibly backed by legislation", will be needed to implement effective arrangements for the investigation of sudden infant deaths (SIDS) in England, according to the country's most comprehensive study so far, which was launched on Feb 2.

The study, which was funded by the Confidential Enquiry into Stillbirths and Deaths in Infancy, the Foundation for the Study of Infant Deaths, and the Department of Health, investigated the deaths of 450 babies during 1993-96 in five regions of England. 325 of the cases were deemed sudden infant deaths where no cause of death

could be found. The study confirmed that factors such as a supine sleeping position and exposure to tobacco smoke increase the risk of SIDS. But there is no evidence to support hypotheses that long-haul air flights or mattress type are significant contributory factors, said the report.

When the study investigated the activities of professional bodies in the wake of a case of suspected SIDS, worrying trends emerged. Some necropsies had been insufficiently thorough, diagnoses had varied according to the professional in charge, and medical and family histories been made routinely available to those investigating the

cause of death. "As a result, the opportunities for determining the true cause of death, where this is possible, are not fully exploited, so that parents may not be properly advised, official statistics may be wrong, and vulnerable children may sometimes be left unprotected", says the report.

The answer, according to the report's authors, is a rigorous new system in which sudden and unexpected infant deaths are examined by a paediatric pathologist, or a general pathologist with special training. In addition, there should be a new system of issuing a provisional death certificate under such circumstances, in order to avoid distress and stigmatisation of parents. A final certificate would be issued once the investigations had been completed.

*Sarah Ramsay*

## Tuscany doubles organ-donation rates by following Spanish example

Official data released last week show that Italy's rate of organ donation increased by 10% last year: from 12.3 donors per million inhabitants (dpmi) in 1998, to 13.7 dpmi in 1999. "Northern Italy and Tuscany grouped together (30 million inhabitants) have a rate second only to Spain's"—the country with the highest rate in Europe—said nephrologist Alessandro Nannicosta, who was recently appointed director of the new national transplant centre based at

the Istituto Superiore de Sanità (Rome, Italy).

But the most striking finding is that Tuscany alone doubled its organ-donation rate to 26.9 dpmi in the space of just 1 year. "Tuscany", said Nannicosta, "achieved in one year what northern regions achieved in 4 or 5 years, after adopting the Spanish model for organ donation". This model relies upon "local transplant coordinators and excellent training of all staff involved", Nannicosta said.

Italy's new law on organ donation and transplantation was approved last year (see *Lancet* 1999; 353: 569), introducing presumed consent for organ donation. "This law has only been partly implemented so far, so last year's increase in organ donations cannot be ascribed to it", Nannicosta said, adding that it was encouraging that potential donors had not been dissuaded by the impending change in the law.

*Bruno Simini*