

National ethics committee urgently needed

David C Whiteman,* Penelope M Webb,†
David M Purdie,‡ Adèle C Green§

*Peter Doherty Research Fellow, †Research Fellow, ‡Biostatistician, §Deputy Director, Queensland Institute of Medical Research, Royal Brisbane Hospital, PO Royal Brisbane Hospital, Brisbane, QLD 4029
daveW@qimr.edu.au

TO THE EDITOR: We are writing to add our wholehearted support to the plea made by Carapetis et al¹ for a simplified ethical approval process for multicentre studies.

We are conducting two national case-controlled studies of cancer in Australia, funded by grants from the National Institutes of Health and the Department of Defense in the United States, as well as the National Health and Medical Research Council (NHMRC). Our ability to achieve full population coverage was a major competitive advantage in terms of securing international funding. However, to realise this objective, we have spent more than a year obtaining ethics approval from the myriad institutions controlling access to patients and the public.

We have been required to make more than 60 separate ethics applications, lodging about 550 copies of the proposal (a total of 40 000 sheets) at a cost of more than \$7000 for paper and printing alone. When labour is included the cost of the initial submissions escalates to \$16 000 (excluding substantial investigator time). Other costs include the extraordinary requirement of one ethics committee in Victoria that an investigator from Queensland personally attend a 10-minute interview at which no substantive issues were raised.

The ethical benefit of this investment must be questioned when the majority of changes required by committees have dealt with minor issues such as grammatical style that have little to do with patient protection. Inevitably, such directives are inconsistent across institutions. It is thus impossible to comply with all requests while maintaining a standard set of study documents.

These problems are accentuated for the increasing number of Australian researchers relying on overseas funding. For example, regulatory authorities in the United States insist that all ethics committees reviewing US-funded projects involving humans must have US federal approval to do so. In our experience, few Australian hospital ethics committees have this approval. Therefore, in addition to fulfilling standard institutional ethics requirements, we have also had to help several committees go through the lengthy process of securing US accreditation simply to approve our study!

For all the above reasons, we strongly believe that Australian researchers and patients would be best served by a single national ethics committee for large multicentre studies. This would also reduce the enormous burden currently placed on the individual committees. In the meantime, we thank Breen and Hacker² for their reminder to institutional ethics committees that the NHMRC national statement “empowers ethics committees to minimise unnecessary duplication”.

1. Carapetis JR, Passmore JW, O'Grady KA. Privacy legislation and research [letter]. *Med J Aust* 2002; 177: 523.
2. Breen KJ, Hacker SM. Privacy legislation and research [letter]. *Med J Aust* 2002; 177: 523-524. □

Inappropriate use of hospital emergency departments

Michael K Marks,* Daniel Steinfors,†
Peter L J Barnett‡

*Paediatrician, †Former Research Student, ‡Deputy Director, Department of Emergency Medicine, Royal Children's Hospital, Flemington Road, Parkville, VIC 3052. marksm@cryptic.rch.unimelb.edu.au

TO THE EDITOR: Both adult and paediatric hospital emergency departments (EDs) are subject to inappropriate use.^{1,2,3} Some families use the ED as a primary care provider,^{4,5} often claiming that they have no regular general practitioner.⁶ Such families may experience poorer overall health.^{7,8} We hypothesised that providing such families with information about GPs in their area and emphasising the benefits of having a GP responsible for their long term health-care might:

- facilitate the establishment of ongoing relationships between patients and GPs; and
- encourage families to use GPs more as their primary source of care.

We conducted a controlled trial (week-on, week-off randomisation) of families identified as having no regular GP who presented to the Royal Children's Hospital ED over four months. Information about the GPs interested in seeing children was located on a computer database. Medical staff were able to search for a GP whose surgery was close to the patient's street address. Families were provided with detailed information about the GP's practice (eg, opening times, languages spoken, etc). Parents were given a list of GPs and a map showing the locations of their surgeries, together with a letter of introduction; the families decided which GP they would attend. Families in the control group were just treated as usual. Families were then contacted after two months to see if they had visited a GP and whether regular contact had been established.

Over the four months, 216 families were enrolled; 96 were allocated to the intervention group. Despite our active encouragement, the ED medical staff provided the intervention material to families in the intervention group on just 49% of occasions.

We found that, two months after the initial ED visit, intervention-group fam-

Correspondents

We prefer to receive letters by email (editorial@ampco.com.au). Letters must be no longer than 400 words and must include a word count. All letters are subject to editing. Proofs will not normally be supplied. There should be no more than 4 authors per letter. Each author should provide current qualifications and position and full details of postal address, telephone and facsimile numbers.

There should be no more than 5 references. The reference list should not include anything that has not been published or accepted for publication. Reference details must be complete, including: names and initials for up to 4 authors, or 3 authors et al if there are more than 4 (see mja.com.au/public/information/uniform.html#refs for how to cite references other than journal articles).