

ANTI-ATKINS ADVICE

US experts have advised that low-carbohydrate diets, such as the Atkins diet, should not be recommended for weight loss as they fall short of being indisputably safe.¹ Steffen and Nettleton said that low-carbohydrate diets are associated with ketosis, constipation or diarrhoea, halitosis, headache and general fatigue; further, the Atkins diet is not nutritionally balanced. They were commenting on a case report of life-threatening ketoacidosis in an obese woman.² In this patient, an underlying ketosis — due to strictly following the low-carbohydrate, high-protein Atkins diet for a month — was thought to have been exacerbated by a mild illness which compromised her oral intake.

1. *Lancet* 2006; 367: 880-881
2. *Lancet* 2006; 367: 958

NORTHWICK PARK REACTIONS

Recently in the UK, eight healthy volunteers were the first human beings to receive a new humanised monoclonal antibody — TGN1412, a superagonist of a T cell receptor, designed to mitigate autoimmune disease and immunodeficiency. The six men who received the active component rapidly developed catastrophic multisystem failure. The tragedy has sparked a renewed call for an open culture in medical research, as prior disclosure of the trial protocol may have flagged potential problems — for example, the ethical issue of giving an agonist drug targeted at compromised immune systems to individuals with intact immune systems.¹ It has also retaught us the lesson of thalidomide — relative lack of severe toxicity in animal models should never be construed as a guarantee of safety in people. Meanwhile, researchers in the relevant discipline expressed concern a tragedy of another kind might occur — that is, that the very potency of monoclonal antibody therapies, possibly demonstrated so forcefully by recent events, might hinder or even prevent the rapid future development of these agents.²

1. *BMJ* 2006; 332: 677-678
2. *Lancet Online*, 24 March 2006

PERINEAL PROTECTION

Australian authors Beckmann and Garrett say doctors should advise their pregnant patients of a simple, inexpensive practice which may help prevent tears to the perineum and reduce the need for episiotomies during vaginal delivery — manual perineal massage. They conducted a systematic review of trials of this practice, now in *The Cochrane Library* and reported in *JAMA*. In three trials involving 2434 women, there was a 15% reduction in the number of episiotomies among women who had practised perineal massage, which involved gently stretching the perineum, during the last 4 or 5 weeks of pregnancy. The benefit was greatest in women experiencing their first vaginal delivery.

JAMA 2006; 295: 1361-1362

ANOTHER "GIFT OF LIFE"

The first child born to a solid-organ transplant recipient is now 48 years old; since that first birth in 1958, about 14000 births among women with transplanted organs, including the liver, heart, lung and pancreas-kidney, have been reported worldwide.¹ Debate has shifted somewhat from whether such women should have a baby to when they should fall pregnant.² Nevertheless, a review article says that we still lack sufficient data and knowledge about risks and outcomes, particularly in the long term, for both mothers and their offspring.¹

1. *N Engl J Med* 2006; 354:1281-1293
2. *N Engl J Med* 2006; 354: 1313-1316

THE MOTHER-CHILD NEXUS

Vigorous treatment of depression in mothers may benefit their children's mental health, according to US researchers. Weissman and colleagues studied 151 mother-child pairs; in each pair, a depressed mother was being treated with medication. After 3 months of treatment, remission of maternal depression was associated with reduced symptoms of behavioural and emotional disorders in the children; the greater the maternal response to treatment, the fewer current diagnoses and symptoms in the children. Conversely, unremitting maternal depression was linked with an increase in child psychopathology. These study findings are particularly timely, given the many concerns about the safety of treatment of psychiatric disorders in children.

JAMA 2006; 295: 1389-1398

ETHICS IN SPACE

Should female hormones be given to male astronauts to obviate the need for shaving in space? Should training for spaceflight involve prolonged sensory deprivation? Should an astronaut's legs be amputated in order to enhance tolerance to gravitational forces? UK ethicist Gibson considers all of these actions to be ethically unacceptable, irrespective of whether or not an astronaut has given informed consent, as either the benefit is too small or the risk or harm too great to warrant such measures. He supports his recommendations with references to unethical practices in the past, such as a prototype British full pressure suit which bolted the pilot to the aircraft, giving no means of escape. Gibson aims to assist today's aviation medical practitioners to develop a morally justifiable code of practice that will effectively balance society's needs with individual ambitions and corporate goals.

J Med Ethics 2006; 32: 129-132

Dr Ann Gregory, MJA



