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Regulators accused of bias against cannabis based medicines

Annabel Ferriman *BMJ*

A select committee of Britain's House of Lords this week accused the Medicines Control Agency of not dealing with cannabis based medicines in the same impartial manner as it dealt with other medicines.

In its report it said that the agency's insistence that new toxicology data were needed on one of the 60 cannabinoids present in raw cannabis would delay the approval of new cannabis based medicines, which patients with severe conditions, such as multiple sclerosis, needed.

The select committee on science and technology also deplored the "postcode prosecuting" of people who used cannabis for their own therapeutic purposes. It called for an end to the prosecution of genuine therapeutic users who possessed or grew cannabis for their own use.

It claimed that the medical authorities were making it more difficult than necessary for drug companies to produce cannabis based medicines. So far only two trials into cannabis based products had been approved by the Medical Research Council, one in Derriford Hospital, Plymouth, and one in Hammersmith Hospital, London. Only one of those had started recruiting patients.

The committee was particularly critical of the Medicines Control Agency for "not approaching the question of licensing cannabis based medicines in a properly balanced way, especially given the long-established history of cannabis use and the needs of patients for whom there is no medicinal alternative."

"To end the delay in the development of an effective cannabis-based medicine, we

recommend that the MCA [Medicines Control Agency] should reconsider their position on the licensing of medicines containing cannabidiol [one of the 60 cannabinoids in raw cannabis]."

The agency had said that it was satisfied enough with the toxicological profile of delta-9-tetrahydrocannabinol (THC) for it to be used in trials but that it was unhappy with the toxicology data on cannabidiol, in particular the evidence that it inhibited spermatogenesis in animals. The committee pointed out that the studies which the agency took to indicate an inhibition of spermatogenesis involved doses at least 100 times higher than the doses contemplated.

"The attitude of the MCA in not allowing patients to make their own decisions could be regarded as over-protective," the

report said. It could delay the production of a useful medicine by the pharmaceutical company, GW Pharmaceuticals, by two or three years.

The report added, however, that since February, when the committee had taken evidence from the agency, the agency had conducted a review of its decisions on cannabis and was considering modifications to its position.

The committee, which is chaired by Lord Winston, said that it stood by its original recommendation that cannabis should be rescheduled from a schedule 1 to a schedule 2 drug under the Misuse of Drugs Regulations Act 1985, in order to facilitate research (*BMJ* 1998; 317:1337). □

The select committee's report is available at www.parliament.uk

Plastic surgeon sacked days before employment tribunal due to begin

Clare Dyer *legal correspondent, BMJ*

A female plastic surgeon who has been on special leave since June 1999 was told last week that she would not be reinstated, just days before her claims of sex discrimination and victimisation under the Race Relations Act were due to be heard by an employment tribunal.

The row between Judy Evans, a consultant plastic surgeon at Derriford Hospital in Plymouth, and her employers, Plymouth Hospitals NHS Trust, began with an incident in February 1999, when she backed up a black trainee female surgeon who complained that a senior male consultant had made a racist remark.

That surgeon, who has since resigned, was alleged to have

told the trainee after she made a minor mistake: "You are not operating on bloody Nigerians here. You are operating on normal human beings." Dr Evans, the regional representative of a women's mentoring scheme set up by the Royal College of Surgeons, supported the trainee.

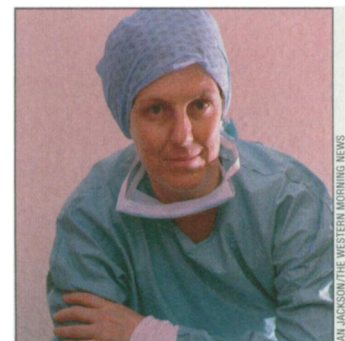
Soon after, two fellow consultants, including the surgeon alleged to have made the remark, made complaints about her clinical competence. An investigation by independent plastic surgeons found no problems with her work on skin cancer—the bulk of her caseload—but a higher than expected rate of complications in breast reduction and reconstruction and in head and neck cancer.

The inquiry recommended that she should return to work, but she was unable to agree terms. The trust now wants her to take early retirement at the age of 49.

Dr Evans, who has been on full salary while the hospital employed locum surgeons to carry out her work, said the head of the plastic surgery department had refused to work with her. She is continuing with private practice work.

The trust said one of the reasons for deciding she could not return to the hospital was "the disharmonious relationships between healthcare professionals (including Dr Evans) within and outside the plastic surgery department." As the *BMJ* went to press, her two week tribunal case was due to start on 26 March in Exeter, but she was in negotiations with the trust over her future.

Dr Evans also supported another plastic surgeon, Krish Kumar, who went off sick and



Plastic surgeon Dr Judy Evans

then took a sabbatical, alleging bullying. He has an employment tribunal claim for race discrimination pending.

An earlier tribunal claim brought by two Asian doctors who alleged race discrimination because they were denied merit awards was settled when the hospital agreed to make payments to them after five days of evidence. □