as possible. Second, they urge universities to ease any conflicts by helping academics to learn more about legal requirements, and by negotiation of more informed and fairer collaboration with industrial partners (both points are applied to both parties). Third, NAPAC insists that government be far-sighted in its view of the general benefit to society of academic research, and does not seek short-term commercial gain only. This is especially important because government funding via research councils is often for projects with seemingly little commercial application. In addition, academic institutions should not be judged on the profit they eventually generate but more on those research projects deemed worthwhile in themselves.

The European Parliament has just rejected a directive about gene patents (see *Lancet* March 11, p 639). The directive had the broad support of NAPAG because it would allow biotechnology to flourish as a European industry. NAPAG believes that a European patent system should continue to exclude inventions that offend public order or morality (eg, altering the sexual orientation of a human embryo), but some gene research should be patentable if it had "utility".

Despite their pronouncement on authors' copyright, the group did not seem to take evidence from academic journals or editors. Yet here, for many publishers, lies another aspect of the commercial dissemination of intellectual property. NAPAG thinks that confidential submission for publication and peer-review could run concurrently with patent application if the process of acquiring patents could become more efficient. The US system allows 12 months of grace during which publicity can be sought without jeopardising the patent application, but NAPAG would not like to see any grace period of more than a "few" months.

*David McNamee*

## UK priorities for health research

Nine priority research areas for the health and life sciences sector have been identified in the UK's technology foresight exercise. In descending order of priority the areas are: integrative biology; neuroscience and the cognitive sciences; ageing; genetics in risk evaluation and management; drug creation and delivery; recombinant technology; diagnostic applications of molecular biology; immune manipulation; and medical information technology (*Progress through Partnership 4*, Office of Science and Technology, ISBN 0-11-430119-0).

The health and life sciences panel had focused on strategically important areas where changes are needed. Its the consultation on trends and driving forces that will effect major long-term changes revealed a high degree of consistency in the view that health needs, trends in health policies and health services organisation, environmental issues, business trends, and technological trends would be important influences. A bibliometric survey commissioned to review the UK's relative position in disciplines within the health and life sciences sector found that the UK was second only the USA in many disciplines. For the UK to hold its position, the panel identified areas for attention within the infrastructure for the development and exploitation of the life sciences. Among these is the development of "technology incubators", or units that are linked to an academic centre of excellence and and that facilitate new company formation and collaborations between academia and industry.

Time constraints prevented discussion of tropical medicine and social sciences in medicine. These topics have been recommended as the starting point for the next foresight exercise.

*Vivien Choo*

## Debate on genetic testing for cancer in USA

American doctors at the Preferred Oncology Network in Atlanta, Georgia, USA, will soon offer genetic tests to predict the development of cancers of the thyroid, colon, and breast. Their plans, together with those of colleagues planning similar initiatives throughout the US, have sparked a fierce debate between entrepreneurial physicians and more cautious researchers within the Human Genome Project. For instance, Francis Collins, director of the Project, reportedly described these trends as "alarming".

Yet, public opinion seems to be decidedly set against the more gradualist approach advocated by most scientists. In an editorial, the *New York Times* (March 28, p A18) concludes that the individual's right to know the results of these tests outweighs any theoretical anxieties about how to interpret the test results accurately. And although physicians have little knowledge about how to respond to positive test data, the editorialist goes on to make a plea for "the tests to come to market while research goes forward".

Several biotechnology companies have negotiated agreements with universities where genes were first discovered. One approach might be to target those people believed to be at particular risk of developing cancer—eg, those with a family history of disease. But the risk of false-negative tests is real and many individuals may be falsely reassured because of the rudimentary knowledge about how genes interact to cause cancer. Discrimination by employers or insurance companies based on the results of these tests is a further risk. Despite these concerns, it seems that the marketplace and not the clinical trial will be the setting to prove the efficacy of these new genetic tests.

*Richard Horton*

## German doctors to ensure quality of care

Last week the Medical Council (Budesärztekammer) and the Practitioners' Federal Agency announced a joint venture to establish a central agency to ensure quality of medical care in Germany. They plan to do so by developing guidelines for good hospital and outpatient care and by getting the regional medical councils to make sure the guideslines are used. This initiative is a reaction to the recent health-care reforms of federal minister Horst Seehofer, who is trying to limit costs of medical care. Quality insurance guidelines should prevent a lowering of medical standards, while at the same time taking economic aspects into account. According to a press statement issued last week, the establishment of the central agency is in accordance with Seehofer's plans to give priority to the self-regulation of the medical profession.

The agency is also a reaction to the failure of an association formed at the end of 1993 for the support of quality insurance in medicine. The association has members from the health-insurance companies and the German hospital society as well as doctors' representatives. The only two meetings held were unsuccessful because of participants, conflicting economic priorities as well as their unwillingness to sponsor the association properly, the doctors said.

Now the doctors want to take quality insurance into their own hands. Much of the work leading to the new guidelines has already been done; the medical societies have formed committees that recently produced a set of guidelines for the various specialties, currently in press. They will presumably form the basis of the agency's main task.

However, for most medical specialities quality insurance will be a complete novelty. Only a few specialties, such as perinatal medicine and cardiac surgery, have introduced them to any extent. In addition, several smaller projects have been set up, often sponsored by research money. Funding for quality insurance will continue to be one of the main problems. Guidelines have already been issued by the Bundesärztekammer—for instance, in microbiology and radiodiagnostics—but have not been introduced because of lack of funds.

*Annette Tuffs*