

## University “tainted” by tobacco money, *BMJ* editor resigns teaching post

*British Medical Journal* editor Richard Smith has resigned his professorship in medical journalism at the University of Nottingham to protest the school’s acceptance of funds from a tobacco company.

“I am resigning both because I said that I would do what the *BMJ*’s readers said I should do and because I’ve argued so strongly that the university shouldn’t have taken this money,” said Smith, who also serves on *CMAJ*’s editorial board.

Smith put the question of whether he should quit the post to *BMJ* readers in an online poll conducted May 4–10. Of the 1075 people who voted, 54% felt he should resign if the university refused to return the Can\$8.5 million British American Tobacco (BAT) grant, which will fund an international centre for the study of corporate social responsibility.

Although the vote itself was close, an overwhelming 84% of respondents thought the university should return the

money. However, many *BMJ* readers said Smith should stay at the university and continue to draw attention to the case, a point of view the editor can understand. “Yes, [that has] some validity,” Smith told *CMAJ*. “But I’ve made the point in my letter of resignation that I’m privileged to have a public position where I can still take part in the debate. The main point of this exercise was to prompt debate, and we seem to have succeeded.”

The decision will cost him £900. “I remembered during the episode that they were supposed to pay me £300 a year, and they did once. It didn’t seem right to ask for the last 3 years’ money as I was resigning.”

Since the funding deal was finalized last December, the university’s decision has come under fire from health advocates and the media, with many critics claiming this is simply a new way for “Big Tobacco” to promote its products.

“Far from attempting to ‘bypass constraints on promoting tobacco’ — as some of the more entrenched critics sug-



Steven Wharry

**Dr. Richard Smith: tobacco protest is more than academic**

gest — we are supporting moves toward a deeper understanding of what corporate social responsibility means today,” said Michael Prideaux, BAT’s director of corporate and regulatory affairs. “We know we are embarked on a challenging path, but no one should doubt the seriousness of our commitment.”

“I can’t think of any other industry that has behaved so consistently in an unethical manner as the tobacco industry,” responds Smith. “The university is tainted by taking this money.” — *Steven Wharry, CMAJ*

## Liver damage main reason drugs pulled from market

Liver injury is the major reason drugs are withdrawn from the market, the *FDA Consumer* ([www.fda.gov/fdac](http://www.fda.gov/fdac)) reports. The online magazine, published by the US Food and Drug Administration, says that rare, liver-related drug problems often go undetected during clinical trials. The FDA says that unless a drug is used to treat a life-threatening illness, a significant rate of severe injury (> 1 in 50 000 exposures) can lead to limitations on its use, withdrawal from the market or a warning. Other drugs have “significant limitations on their use” because of potential liver damage. These include acetaminophen and the antimicrobial drug trovafloxacin. The limitations range from warnings to dose restrictions and monitoring by a physician. — *CMAJ*

## Female MDs face greater suicide risk: study

Female physicians are twice as likely to commit suicide as other women, a British study shows, while male doctors are less likely to kill themselves than other men.

The study, published in the *Journal of Epidemiology and Community Health* (2001;55:296-300), was conducted at the Centre for Suicide Research at Oxford University. It found that the suicide rate among women doctors from England and Wales was 12.6 per 100 000 population for 4 periods between 1979 and 1995. During the same periods, the suicide rate in the general female population was 6.3 per 100 000.

Among male doctors the suicide rate was 14.3 per 100 000, well below the level of 21.0 per 100 000 found in the general male population.

The researchers said that the high rate among female physicians may be partly explained by women’s tendency to commit suicide by poisoning and the fact that physicians have easy access to this means. But they say the “particular stresses” facing female physicians are a more “relevant explanation.”

Professor Keith Hawton, the principal investigator, says the main stressors are “working in an environment where male ‘standards’ apply and, possibly, multiple responsibilities: family, as well as work.” He added that the findings are in line with several studies (*Br J Psychiatry* 1996;168:274-9) from other countries.

The authors concluded that the increased risk facing female physicians should be carefully monitored, especially because more than half of medical students are now female. — *Barbara Sibbald, CMAJ*