

Lancet publisher to sell arms business

Responding to pressure from physicians, readers and leading medical journals, the company that publishes *The Lancet* will stop hosting trade shows that promote arms and the defence industry (*CMAJ* 2007;176[10]:1265).

Reed Elsevier will begin withdrawing from its exhibitions, conferences, congresses and meetings in the second half of this year, CEO Sir Crispin Davis said in a June 1 news release.

"Our defence shows are quality businesses which have performed well in recent years," Davis said. "Nonetheless, it has become increasingly clear that growing numbers of important customers and authors have very real concerns about our involvement in the defence exhibitions business."

In March, more than 50 editorial consultants at *The Lancet* posted a letter at cmaj.ca arguing that Reed Elsevier's involvement in the arms trade was incompatible with the journal's commitment to health. That was followed by an online petition which contained nearly 1000 signatures, and calls by *The Lancet*, *BMJ*, the *Journal of the Royal Society of Medicine*, the London School of Hygiene and Tropical Medicine, and by *CMAJ* Editor-in-Chief Paul Hébert asking Reed Elsevier to stop participating in the arms' trade.

"We have listened closely to these concerns and this has led us to conclude that the defence shows are no longer compatible with Reed Elsevier's position as a leading publisher of scientific, medical, legal and business content," Davis said in the news release.

Pressure from *The Lancet* and *BMJ*, and the public Campaign Against Arms Trade, was critical in influencing Reed Elsevier, says Anna Jones, the campaign coordinator.

"It was the concerted efforts of Reed's stakeholders, and particularly healthcare professionals, which brought the pressure of that concern to bear," she wrote to *CMAJ* in an email. "The voices of readers and contributors to Reed's publications ... were extremely important in persuading Reed

Elsevier that continuing to take part in the arms trade was compromising their credibility within the scientific, medical, legal and business communities."

In a related issue, members of Physicians for Global Survival have written the CMA asking MD Management to create an ethical investment portfolio for physicians who do not wish their money to support the arms and defence industries.

Despite Reed Elsevier's decision, MD Management is not planning further restrictions on its funds, says Guy Bélanger, president and CEO of MD Funds Management. MD funds currently do not hold any tobacco company stock.

"We haven't really received any significant requests from clients generally to increase the number of restrictions on our portfolio," Bélanger told *CMAJ*, adding that if individual physicians do request ethical investments, the fund managers can find them.

Although MD Management has received "the odd letter" requesting that it divest from arms manufacturers or the defence industry, "we also receive the [odd] letter on the other side of the equation, which makes it difficult to manage within a fund," Bélanger said. — Laura Eggertson, Ottawa

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Canadian Blood Services to screen for Chagas disease

Canadian Blood Services will commence testing for a tropical disease rarely found north of the 49th parallel when the blood donation production process is overhauled in mid-to-late 2008.

Dana Devine, Canadian Blood Services vice-president of medical, scientific and research affairs, says 2 tests for Chagas disease (also called American trypanosomiasis) are in line for Health Canada approval. But testing donated blood for Chagas will be delayed until the agency switches to the "Buffy Coat" method of blood platelet production. (Used in Europe for 2

decades, the method produces a more consistent product and yields more platelets. Buffy Coat refers to the layer of white blood cells left atop the mass of red cells when whole blood is centrifuged). "This is a production method that allows us to prepare a pool platelet product for transmission that we can test for bacteria," says Devine.

Between 8 and 11 million people in Mexico, Central America, and South America are believed to have Chagas, with upwards of 45 000 deaths a year. Caused by *Trypanosoma cruzi* parasites, it is transmitted by insects found mainly in rural, poverty-stricken areas. While some victims are symptom free, others suffer fever, swelling, an enlarged spleen, liver and lymph nodes, and heart inflammation immediately after infection or sometimes decades later (*CMAJ* 2006; 174[8]:1096).

Insects bite sleeping victims, usually on the face (earning them the moniker "kissing bugs"). The parasites, carried in feces, infect through mucous membranes or breaks in skin. Infection also occurs through consumption of contaminated uncooked food, congenital transmission, organ transplants and accidental laboratory exposure.

Two cases are known to have been transmitted via blood transfusions in Canada, both in Manitoba (1986 and 2000). The patients died of underlying conditions. Studies of high-risk populations in Washington and California showed 1/500 may have been infected, with 20% of those able to transmit the infection. Devine says potential Chagas sufferers in Canada have been screened out for years via an agency questionnaire that asks if potential donors have visited or lived in affected areas.

Is waiting until 2008 to test too long?

No, says Dr. Jay Keystone, Toronto General Hospital's Tropical Disease Unit staff physician. "There has always been a low but definite risk to the blood supply from people from the Chagas areas of the world." But while it's prudent to test, suggesting Chagas is a medical emergency "takes it all out of perspective," he adds. — Pauline Comeau, Ottawa

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