Per Capita payments for clinical trials

Sir—Much research and development in district general hospitals is financed by 'profits' from commissioned clinical trials. Traditionally these are usually financed on a per capita basis. We admit an interest, but are very concerned about both the practical and ethical implications of suggesting that per capita payments, other than for clearly identifiable expenses, are unethical. In the addendum to the *Guidelines on the practice of ethics committees in medical research involving human subjects (second edition)*, it is stated that practitioners or their departments may be given fair reward for extra work arising from research. The easiest way to ensure fair reward is payment for work done. Any system which distorts this is likely to have not only practical but also its own ethical difficulties.

Where recruitment is predictable and easy, the difference between the suggested method, lump sum based on the estimated work, and per capita payments is purely cosmetic. The difficulty arises where recruitment is unpredictable, particularly where a large amount of work is involved which represents a large proportion of the researcher's cash flow. In this situation the range of recruitment of equally competent centres may be wide.

From the practical point of view, are the centres who are lucky to recruit more than the median number to provide their services free for the excess patients, or is the commissioning firm to pay over the odds so that there is a fair payment for the centre which happens to recruit the most patients? Neither seem realistic propositions. Any adjustments upwards or downwards in the lump sums on the basis of actual recruitment would be effectively per capita payments.

From the ethical point of view, it is true that per capita payments may induce the unscrupulous to recruit too many, but what are the implications of the alternative? Some researchers may have an ethical objection to receiving a lump sum for little or no work, despite their best endeavours to recruit. More subtly, the obtaining of commissioned work depends on a good reputation for recruitment. The prepayment of a lump sum might increase rather than reduce the pressure to achieve a target. Certainly this is how we personally would feel.

We would suggest that there are sufficiently strong arguments for the College to reconsider its new Guidelines. The proposals distort the relationship between the researcher and the commissioner, and could only be justified if they were shown to have overwhelming ethical or practical advantages over fair payment for actual work done. We submit that they do not. In reconsidering the revision, we do suggest that the College give firm guidance with regard to practices which are far more difficult to justify ethically, eg no payments for subjects withdrawn because of failure of therapeutic response, or high premiums for completed patients. We would suggest that payments should be on a pro rata basis for patient attendances, including attendances of patients who do not eventually satisfy the criteria for the study. Given good faith of both investigator and commissioner, and the eventual loss of reputation if too many unsuitable subjects are recruited, we feel that this is the most satisfactory solution both from the practical and the ethical point of view.

C. K. CONNOLLY
Consultant Physician
P. N. TREWBY
Consultant Physician

For a change . . .

Sir—I agree with you most strongly that Latin no longer has a place in College business (your editorial July 1992, page 253). Could I also put in a plea, as a recently elected Fellow, that there should be greater openness about all College proceedings and that the election of the President should conform to modern standards of democracy by allowing at least all Fellows to vote in whatever way will secure the highest level of participation. Being disenfranchised merely because of other professional commitments, because of being sick or on holiday or simply because of the distance and expense involved in travelling to vote in person is not acceptable.

JOLYON OXLEY
Secretary, Standing Committee on Postgraduate Medical Education (SCOPME)

Sir—May I question one part of your editorial (July 1992, page 253) that Membership candidates between 1936 and 1963 were invited to translate 'depressingly dull paragraphs of obscure French and German medical texts'.

When I sat the Membership in 1942 I learnt that Lugol in the later nineteenth century was confronted with a young lady with thyrotoxicosis and atrial fibrillation. He intended to prescribe for her tincture of digitalis but by a *lapsus scriptorum* he wrote 'tincture of iodine'. When she returned a fortnight later she was in sinus rhythm. I suspect that this was the origin of Lugol's iodine and certainly was not, Sir, a dull paragraph!

R. I. S. BAYLISS
Honorary Consultant Endocrinologist, Westminster Hospital, London

In pursuit of a dubious principle

Sir—All my life, I have been dogged by good fortune. Minutes after hearing the verdict in the case of Dr Cox, I was rung up by a journalist from the *Mail on Sunday*, and asked to comment. I was saved from hasty