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The Phillips report on BSE and vCJD

The Phillips inquiry into bovine spongiform encephalopathy (BSE) and variant Creutzfeldt-Jakob disease (vCJD) reported last week (see News, p 1579). The mass media sought the guilty in the findings but the report, if anything, seeks to apportion blame to government departments or committees and systems of communication rather than to individuals. We will look at three important areas. The first two are in the Phillips report: the use of expert scientific committees by government and the role of the Chief Medical Officer (CMO). The third is the care and compensation packages offered as a Government response to the report.

The inquiry report highlights the way that the UK Government wrongly put expert scientific committees into the policy-making limelight, especially by manipulating its Spongiform Encephalopathy Advisory Committee (SEAC). On Dec 7, 1995, ministers and officials from the Ministry of Agriculture, Fisheries and Food (MAFF) "decided to use SEAC to try to get the message across that beef was safe". Prof John Pattison, chair of SEAC, was invited to write a letter to a newspaper, although his letter formed the basis for a press conference on Dec 14. Pattison's letter declared that because of SEAC's intervention measures for BSE, SEAC had "a high degree of confidence that the beef reaching the shops is safe to eat". We agree with the report that SEAC's proper role was to advise government and not to be seen to be supporting the beef market. Later the report details how MAFF and the Department of Health virtually delegated policy-making to SEAC. A clear conclusion from the inquiry is that expert scientific committees should be restricted to giving advice and should not be setting policy.

The two CMOs in tenure during the inquiry's remit come under scrutiny in the Phillips report. Both Donald Acheson and Kenneth Calman were wrong, says the report, to give the impression to the public that eating beef was without risk. The inquiry finds MAFF and the Department of Health guilty of interdepartmental rivalry—for instance, Acheson's suggestion for a BSE tsar fell on stony ground. In particular, the report finds no "secure basis" for the CMO being able to act on the

public's behalf at the Department of Health when such action would cause difficulty for Government.

It is time for the CMO to become a non-government appointment and to work and act entirely independently of the Department of Health. The precedent is the Food Standards Agency (FSA). But even this agency courts controversy. Early in October, the FSA quietly lifted part of the ban on calves' offal entering the human and animal food chain, ostensibly to bring the UK in line with European legislation. But neither the FSA nor the UK Agriculture Minister have publicly highlighted this change. Working this way is not concordant with the Phillips recommendation for openness, especially as the latest FSA decision appears to have been taken to bolster the beef industry rather than to protect human health.

The compensation and care packages for vCJD patients and their families might have to have unlimited budgets, given that the size of the vCJD epidemic is not predictable with certainty. But the compensation scheme has not been thought through. With the recent death from vCJD of a 74-year-old, relatives of elderly patients with dementia may demand necropsy while they seek a diagnosis of vCJD and thence compensation. And little thought has been given this past week to research directed at preventive or therapeutic interventions in humans, which is not as wild an idea as it seems. The infectivity and pathology of the abnormal prion protein that causes these spongiform encephalopathies are poorly understood, but the same was said once of retroviruses such as HIV. For that virus, after a massive research funding effort, there are now treatments that slow disease progression, and there may one day be a vaccine. The Government, via its agriculture and health departments, would do well to put money into research into BSE (and scrapie) and vCJD. Care for patients remains the responsibility of health and social services, and future budgets may need to be generously adjusted upwards. However, voluntary compensation, once started, would be hard to reverse, and research looks to be a better priority.

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