considered only if it has been registered with these reference DRAs. The Food and Drug Administration in the USA, the UK Medicines Control Agency, and The Australian Therapeutic Goods Agency are some of the reference DRAs for Sri Lanka.

The product data sheets for mibefradil approved by the reference DRAs, as well as DRAs in other developed countries, showed no extra indications, no fewer adverse effects for mibefradil than for other calcium antagonists. However, interactions with statins and propranolol indicated serious disadvantages with mibefradil compared with other calcium antagonists. Therefore, mibefradil was rejected because it had similar effects to existing calcium antagonists but disadvantages that the existing ones did not have.

The Sri Lankan DRA had the advantage of considering mibefradil after some of the clinical problems had been identified. That other countries continued to register mibefradil after the clinical problems became known is, however, disconcerting.

Drug registration is becoming increasingly complex with a strong drive by the multinational pharmaceutical companies towards global harmonisation. The series of International Conferences on Harmonisation over the past few years in Geneva (to which the developing countries, where the majority of the world's population lives, were not invited) might result in a global dossier for registration. If such a situation arose, would countries be able to reject an application such as mibefradil?

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1 Po ALW, Zhang WY. What lessons can be learnt from withdrawal of mibefradil from the market? *Lancet* 1998; **351:** 1829–30.

Jehovah's Witnesses and blood transfusions

Sir—The strict ban on blood transfusions and certain blood products by Jehovah's Witnesses poses a challenge to the medical community. The prevailing perception among the medical community is that Jehovah's Witnesses consistently and uniformly refuse blood-based treatment. Criticism of this doctrine among the dissidents and reformers has urged the medical community to re-evaluate their practice of accomodating this doctrine.[1]

The new development at the European Commission of Human Rights (ECHR) in March, 1998, has triggered further discord among members of this religion (http://194.250.50.201/eng/E276INFO.248.html, accessed on Aug 14). In the agreement established at the ECHR between the church organisation of Jehovah's Witnesses and the government of Bulgaria, the church claimed that the members now "should have free choice" to receive blood transfusions "without any control or sanction on the part of the association".

For many years, Jehovah's Witnesses who wilfully received blood transfusions and did not repent were denied fellowship and ostracised. This response is the harshest religious sanction of the religion. Since it was established, this public agreement has caused confusion inside and outside of the religious organisation. Some members viewed the agreement as a fundamental change in policy and believe they are now free to receive blood transfusions. However, the headquarters of the church organisation in New York swiftly denied any such change in a press release on April 27. How they could reconcile their position with the public agreement at the ECHR is unclear. On July 16, an information secretary of the church organisation confirmed in the Swedish newspaper *Helsingborgs Dagblad*, that they no longer deny fellowship to those members who receive blood transfusions.

Such confusion is of serious concern. There have been differing views on acceptance of the blood policy among Jehovah Witnesses,[1] but now there is obvious confusion among the leaders in the religion. If this confusion continues for much longer there will be important consequences including unintended withdrawal of necessary blood transfusions that may result in unnecessary death of patients. This religion has a history of similar delay in lifing the ban on haemophiliac treatment for several years in 1970s, during which time some of the members continued to refuse treatment not knowing the doctrinal change at the level of the headquarters. Prompt clarification by the church organisation with streamlined policy on the blood doctrine is urgently called for.

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1 Muramoto O. Bioethics of the refusal of blood by Jehovah's Witnesses: Part 1. Should bioethical deliberation consider dissidents' views? *J Med Ethics* 1998; **24:** 223–30.

"I will come for the benefit of the sick"

Sir—On July 17, 1998, a 19-gun salute marked the burial of the last Russian Emperor Nicholas II, his wife Alexandra, their children, and four servants. The funeral especially affected me because I am a physician, and among the oak coffins lowered into the crypt of St Petersburg's SS Peter and Paul Cathedral was one that contained the remains of Yevgeny Sergeevich Botkin, Court Physician to the Tsar's family.

He was the son of Sergei Petrovich Botkin (the William Osler of Russian Internal Medicine, so famous that streets are named after him, and a bronze statue of Doctor Sergei Botkin still stands in front of his clinic at the St Petersburg Military Medical Academy). Yevgeny Botkin, brilliant researcher, excellent physician, specialist in infectious diseases and paediatrics was doomed to fame. In recognition of his talents he became Court Physician to the family of the Russian monarch. But then came the moment when Doctor Botkin had to make a decision to sacrifice his life to serve his patients. He had many opportunities to leave the Imperial Family, but decided to stay to take care of royal family, especially the haemophiliac son Alexei. Botkin stayed with the Romanovs to the very last moments, when he was ordered by the prison guard to wake the family and accompany them to the basement to share their fate. Botkin fulfilled his physician's oath, he "came for the benefit of the sick", and kept his patients "from harm and injustice" until his last breath.

At first I was bothered by Yevgeny Botkin being named as Tsar's servant. But aren't we physicians destined to serve the needs of our patients and relieve their pain and suffering? We sometimes forget that this is the essence of our profession.

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DEPARTMENT OF ERROR

Dr Theobald Smith would be proud—In this review by Ellis Tobin of the book *Lyme Disease* (July 18, p 245), the fourth characteristic mentioned in the first sentence of the second paragraph should read: "d) exemplification of an emerging disease . . .".

Co-administration of cyclosporin enables oral therapy with paclitaxel—In this Research Letter by Terwogt and colleagues (July 25, p 285) the penultimate sentence of the second paragraph should have read: "The highest detected plasma ethanol concentration was 0·01% (v/v) . . .".