Fatty acids for treating pancreatic cancer

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As I reported, the phase II trial showed that, depending on the subgroup, patients with inoperable pancreatic cancer have a threefold to sixfold dose response to lithium gammalinoleate in survival. None of the common toxic effects of chemotherapy for cancer were observed. These dose related effects, the investigators report, are "relatively robust with high degrees of statistical significance."

The potential to downregulate the hepatic acute phase response and energy expenditure with fatty acids might increase survival in pancreatic cancer patients who are losing weight. We make the experimental nature of these drugs quite clear to our patients, and, although there is some evidence of in vitro tumour cell killing, we emphasise that we consider these treatments to be palliative anti-
cachexia agents. It should also be mentioned that the toxicity profiles of both drugs are significantly better than those associated with conventional chemotherapy, which is an important consideration in patients who have a limited life expectancy.

The overstatement of medical data in the press may serve to undermine the confidence of patients and of practitioners responsible for their care.

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Informal complaints procedure in general practice

EDITOR,—P C Pietroni and S de Uray-Ura's paper reporting their experience of an informal complaints procedure in general practice raises several issues. Firstly, a patient liaison worker was chosen to handle the complaints, and this person may have been viewed as a member of the practice team. The patients may have wondered whether complaints would be resolved impartially.

Secondly, although the paper records the outcomes of the complaints, it does not mention the degree of satisfaction felt by the patients. The end point of the complaints procedure was decided by the patient liaison worker, not by the patients.

Thirdly, although complaints by staff were addressed, no explanation is given about what action could be taken if the member of staff was not satisfied with the outcome. Being able to air a grievance is often of therapeutic value, but if no positive steps can be taken it may lead to disillusionment with the procedure.

Fourthly, the cost implications of introducing the procedure are reported as having been minimal, but there is no evidence to show this in the article. I wonder whether it would be so easy to set up such a procedure in an already overstretched general practice.

Finally, I am concerned to see such a large rise in the number of complaints compared with previous years. It is difficult to see how this has been achieved or whether the complaints were genuine. I also wonder whether the cumulative effect (on stress levels and morale) of several small complaints dealt with at local level exceeds the effect caused by far fewer complaints that take longer to resolve. Although we must all persevere to provide a better service to our patients, I believe that we should not encourage complaints or forget our own wellbeing in trying to provide this service.

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Correlation

Doctors should supervise administration of methadone

An editorial error occurred in this letter by P D Thomas (2 July, pp 53-4). The last line of the letter should read, "It now seems that pharmacists in maintenance programmes have far more to offer than doctors concerned, so perhaps we will soon hear of the deregulation of methadone to pharmacy list status."