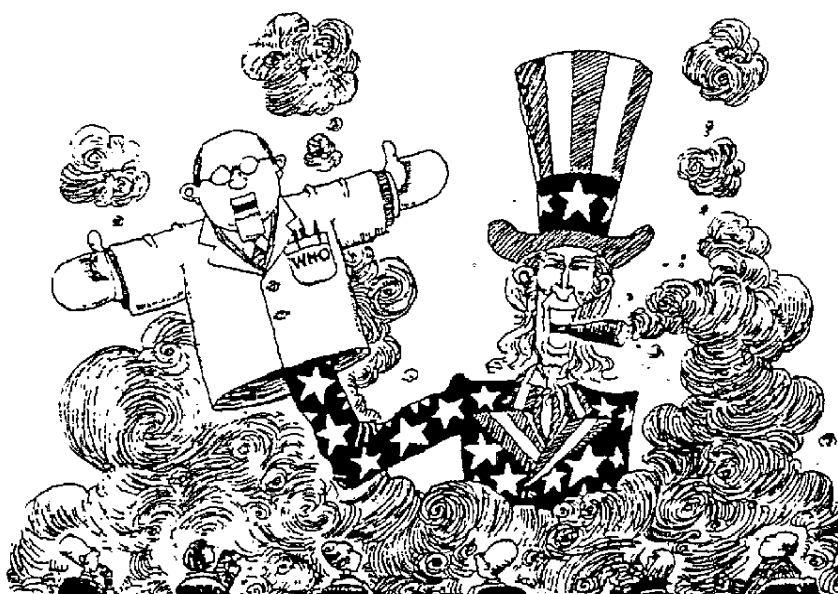


SCIENCE AND TECHNOLOGY



Smokescreens

The World Health Organisation is showing signs of allowing politics to get in the way of the truth

IS THE body that wiped out smallpox and has done so much to promote mass vaccination losing its way? In recent weeks the reputation of the World Health Organisation (WHO) has suffered a number of blows, as critics have accused it of bowing to political pressures rather than publishing unpalatable research findings.

One instance emerged this week. A controversial new study which looked for links between lung cancer and passive smoking found that non-smokers married to, working with or growing up with smokers were not at significantly more risk from lung cancer than anyone else. The research, commissioned by the WHO and co-ordinated by Rodolfo Saracci of the WHO's International Agency for Research on Cancer, involved a seven-year-long study of 650 lung-cancer patients. Since it was one of the biggest single pieces of research conducted into the issue, its results were eagerly awaited by the medical world and lobby groups. But instead of being released with a fanfare, they were summarised in three short paragraphs and buried in a bulky

WHO internal document.

Those paragraphs emerged in the British press—undoubtedly tipped off by the country's tobacco lobby—and were accompanied by gleeful accusations that the WHO was trying to suppress the findings. Certainly, the conclusions will have been an embarrassment to the organisation. Though the WHO has long admitted that the links between lung cancer and passive smoking are weak, it has nonetheless used the perceived dangers to rally public support against the tobacco industry, particularly in pressing for a worldwide ban on smoking in public places. Surely, say its critics, if this study had supported the WHO's anti-smoking position, it would have trumpeted the fact.

But the study not only clashes with the tenor of the WHO's own anti-tobacco campaign, it also appears to undermine the American government's war on public smoking. Unsurprisingly, many fear that the WHO's agenda is no longer governed solely by scientific principles. Rather, they suspect it is influenced by its biggest pay-

master—the United States. This view is reinforced by the stance the WHO has seemed to take on another awkward issue: the links between radiation and thyroid cancer.

Sources close to the organisation allege that Keith Baverstock, a leading scientist at the WHO, has been put under unrelenting internal pressure to leave the organisation following his work on the incidence of thyroid cancer after the Chernobyl nuclear accident in 1986. This research, which found cancer rates that were more than 100 times normal in some areas of the Ukraine and Belarus, conflicts with work done by the American government in its own study of dangers to public health from nuclear testing in Nevada in the 1950s.

That study, published by the government's National Cancer Institute (NCI) last year, was inconclusive, and failed to tackle the issue of cancer risk. Indeed, it left out a vital piece of research by the NCI's own scientists. This had found a high incidence of thyroid cancer associated with radioactive iodine. An independent committee was set up by America's National Academy of Sciences to look into the NCI's conclusions about the health risks from nuclear testing. Dr Baverstock is the only WHO employee on that committee.

A smoking gun?

Why should Dr Baverstock be under such pressure? One explanation is that, if the health risks associated with nuclear tests and accidents have been underestimated or understated, the American government could face new lawsuits on everything from the Nevada tests to the Three Mile Island nuclear accident in 1979.

And there is a third instance where the WHO has apparently been embarrassed by its own findings, and embarrassed America into the bargain. On February 21st *New Scientist* claimed that the WHO had "caved in to political pressure" by failing to include data suggesting that cannabis is less harmful than alcohol or tobacco when it published a report on the effects of the drug. *New Scientist* alleged that the WHO was persuaded not to publish by warnings

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from America's National Institute on Drug Abuse, and also from the United Nations, that its findings would play into the hands of groups campaigning to legalise pot.

The WHO has countered some of these accusations, though it would not comment on the case of Dr Baverstock, saying the issue is between him and his regional director. In the case of the passive smoking study, Richard Peto, an epidemiologist at Oxford University who advises the WHO, says that accusations of a cover-up are nonsense. The WHO tried to get its findings published by the *British Medical Journal* late last year, but they were rejected on the grounds that the *BMJ* had just published a much bigger "meta-analysis" study on passive smoking, collating almost 40 research papers on more than 4,000 cancer patients.

This larger study came to the conclusion that there was indeed an increased risk of lung cancer from passive smoking (25% higher than for those living in a smoke-free environment), but that it was tiny compared with the 2,000% increased risk for active smokers. The *BMJ* therefore decided that the WHO's results were not noteworthy enough to print. The WHO says it is still trying to have the study published. It submitted the research to the *Journal of the National Cancer Institute* in February and is waiting for it to be peer-reviewed.

As for the study of the impact of cannabis, the organisation denies accusations of suppressing data. Alan Lopez, who manages its substance-abuse programme, says the decision to withhold the findings on cannabis was because epidemiological data on the drug are less reliable than those for alcohol or tobacco.

There are lessons, though, in the ease with which the WHO's motives have been impugned by sceptics. It is dangerous to become involved in campaigns that are not solidly based on scientific evidence. For instance, even the small ill-effects of passive smoking found by the meta-analysis were the result of chronic exposure at home or at work, not casual whiffs in a pub. Although passive smoking is unpleasant and irritating for non-smokers, that alone cannot justify banning it in public places.

The danger, if the WHO appears to be campaigning against passive smoking primarily for political reasons, is that it will weaken the message about the real risks of smoking (which causes 6% of all deaths and is the world's fastest-growing killer after AIDS). The organisation ought rather to concentrate on where its research, rather than politics, leads it.

Unfortunately the structure of the WHO makes this difficult. It exists at the pleasure of its 191 member states, which finance it but demonstrate no real understanding of how to run it. Its regional directors are appointed not by the organisation's director-general, but independently by health

ministries in each country. Because the member countries pay the fees and appoint the directors, the WHO could find it difficult to resist pressure to support their political agenda. Critics claim that the result is an organisation which is dispirited, confused and lacking in vision.

The WHO needs once again to become a neutral arbiter of health information, ready to put its advice into practice, as it did in its fight to eradicate smallpox. There are hints of change. The new director-general, Gro Harlem Brundtland, who will replace Hiroshi Nakajima this summer, is considering altering the way regional directors are appointed to make them more directly answerable to the organisation. With the WHO turning 50 this year, it needs to overcome its mid-life crisis.