

health information at the point of sale. How can those striving to reduce alcohol harm have any hope of success against the alcohol industry without support from leading journals such as yours?

I declare that I have no conflict of interest.

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- 1 The Lancet. A framework convention on alcohol control. *Lancet* 2007; **370**: 1102.
- 2 Greenfield TK. Warning labels: evidence on harm reduction from long term American surveys. In: Plant M, Single E, Stockwell T, eds. *Alcohol: minimising the harm*. London: Freedom Association Press, 1997.
- 3 Government News Network. UK to lead the way with picture warnings on tobacco packets. London: Department of Health, 2007. <http://www.gnn.gov.uk/environment/fullDetail.asp?ReleaseID=310521&NewsAreaID=2&NavigatedFromDepartment=False> (accessed Dec 4, 2007).
- 4 National Institute for Health and Clinical Excellence. Interventions in schools to prevent and reduce alcohol use among children and young people. London: NICE, 2007. <http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11893> (accessed Dec 4, 2007).
- 5 Prime Minister's Strategy Unit. *Alcohol Harm Reduction Strategy for England*. London: The Stationery Office, 2004.

Medical ethical violations in Gaza

Physicians for Human Rights Israel (PHRI) has issued an emergency appeal for medical supplies for Gaza¹ after the virtual closing of the border by Israel. 44 patients have died since June, 2007, because of denial or delay in access to medical care, and 85 types of medicine defined by WHO as essential are out of stock. The threatened disruption to electricity would cripple the running of hospitals, including haemodialysis machines and ventilators. All these actions are war crimes, and PHRI has been petitioning the Israeli High Court of Justice (without success to date).

PHRI is also highlighting the coercion being applied to patients by

the Israeli General Security Service to inform on others if they want permission to exit Gaza for medical treatment.

It is noteworthy that PHRI is speaking out, not the Israeli Medical Association (IMA), which, as the official body, is mandated to challenge breaches of medical ethics. Indeed the IMA also continues to stay silent about the continued use of torture by Israel. A report by the Public Committee Against Torture in Israel,² carrying detailed testimony of nine Palestinian men tortured between 2004 and 2006, again makes clear how Israeli doctors form an integral part of the running of interrogation units whose output is torture. Doctors, several of whom are named, saw the prisoners at various points before, between, or after episodes of torture (which in one case led to spinal damage and disability), did not take a proper history, made no protest on these men's behalf, and typically prescribed simple analgesia before returning them to their interrogators. There was also direct involvement in several cases by the Chief Medical Officers of the Israeli Prison Service and Police Service, and by no less than the Chairman of the Ethics Board of the IMA, all named. How long can this grotesque situation continue?

PHRI would welcome financial or other support at this critical time. Contact Hadas Ziv (hadas@phr.org.il) or Miri Weingarten (miri@phr.org.il).

We declare that we have no conflict of interest.

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- 1 Physicians for Human Rights—Israel. Emergency appeal for medical supplies for Gaza. <http://www.phr.org.il/phr/article.asp?articleid=506&catid=55&pcat=45&lang=ENG> (accessed Dec 4, 2007).
- 2 Public Committee Against Torture in Israel. "Ticking bombs": testimonies of torture victims in Israel. Jerusalem: Public Committee Against Torture in Israel, 2007. <http://www.stoptorture.org/il/eng/images/uploaded/publications/140.pdf> (accessed Dec 4, 2007).

The printed journal includes an image merely for illustration

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Department of Error

Schmoll H-J, Sargent D. Single agent fluorouracil for first-line treatment of advanced colorectal cancer as standard? *Lancet* 2007; **370**: 105–07—In this Comment (July 14), the conflict of interest statement should have stated that H-J Schmoll has received honoraria for invited lectures or consulting fees from Roche and Sanofi Aventis, and that D Sargent has received honoraria or consulting fees from Almac, Genentech, Genomic Health, Pfizer, Precision Therapeutics, Roche, and Sanofi Aventis.

Kitakaze M, Asakura M, Kim J, et al, on behalf of the J-WIND investigators. Human atrial natriuretic peptide and nicorandil as adjuncts to reperfusion treatment for acute myocardial infarction (J-WIND): two randomised trials. *Lancet* 2007; **370**: 1483–93—In this Article (Oct 27) on page 1488, the fifth sentence should read: "The change in ejection fraction was 3.66% in the 61 patients who were given nicorandil orally, and 1.47% in the 241 patients who were not (difference 2.20, 95% CI 0.17–4.22, p=0.0338)."