

Editor and Editorial Director
OLIVIA TIMBS

Personal Assistant to the Editor
LYN MCCULLOCH

Deputy Editor
ANDREW HAYNES, *MRPharmS*
(The Society Section)

Managing Editor
GRAEME SMITH, *MRPharmS*
(Letters, Broad Spectrum,
Original Papers, Articles)

Assistant Editor
MICHAEL THOMPSON, *MRPharmS*
(Editor, *Pfj Online*)

Senior Staff Editors
HARRIET ADCOCK, *MRPharmS*
(Clinical News)
CLARE BELLINGHAM, *MRPharmS*
(News Features)
JONATHAN BUISSON, *MRPharmS*
(General News)

Staff Editors
DAWN CONNELLY, *MRPharmS*
(Contributions, Reviews)
ZOE GROSS, *MRPharmS*
(Notice-Board)
LIN-NAM WANG, *MRPharmS*
(Continuing Professional Development)

Production Editor
CHRISTOPHER ICHA

Website Controller
GOWAN CLEWS

Administrative Assistant
PAULINE HESLOP
(Copyright and Permissions)

Editorial Advisory Board
ANGELA ALEXANDER, *FRPharmS*
JUDY CANTRILL, *FRPharmS*
ANTHONY COX, *MRPharmS*
NOEL DIXON, *MRPharmS*
NICK HALE, *MRPharmS*
JOHN HALL, *FRPharmS*
NORMAN LANNIGAN, *MRPharmS*
CHRISTINA LOWE, *MRPharmS*
BOB RIHAL, *MRPharmS*
STEVE WICKS, *MRPharmS*

Head of Business Development
PHILIPPA STAHELIN

Office Administrator — Sales
JO COOK

Classified and Systems Support — Sales
CLARE KNIGHTS

Display Sales
STUART THOMAS

Classified Sales
DORINDA LEWIS
ZIA NAMOOYA

Head of Publishing Services
JOHN WILSON

Production Manager
JOANNE MARKS

Production Assistants
HELEN BLOY
ADAM JONES

Director of Publications
CHARLES FRY

The Pharmaceutical Journal
1 Lambeth High Street
London SE1 7JN

Telephone *editorial*, 020 7572 2420
advertising, 020 7572 2222
Fax *editorial*, 020 7572 2504
advertising, 020 7572 2505

E-mail *editorial*, editor@pharmj.org.uk
advertising, advertdept@rpsgb.org.uk
(see also "Notice-Board" page)

Pfj Online www.pjonline.com

BRAVE NEW WORLD

This week the Government pledged £50m to investigate the potential for genetics technologies in diagnosing, treating and possibly preventing diseases, over the next three years. However, on closer examination the money seems designed as a vote winner, rather than as real support for scientific endeavour.

The media have concentrated on the suggestion in the White Paper on genetics "Our inheritance, our future" published this week that in due course babies will be screened at birth to determine their future susceptibilities to a whole host of illnesses. Notwithstanding the enormous ethical implications that such a project would inevitably encounter, and the sense that Aldous Huxley might have anticipated it, it raises a number of questions about the emphasis of spending outlined in the White Paper.

The largest tranche of the money (£18m) is to be spent on upgrading genetics laboratory facilities, with more being spent on support services to ensure faster screening. Smaller sums are to be spent, for example, on pharmacogenetic research on existing medicines (ie, to determine why some patients respond to certain drugs and others do not) and to support gene therapy research for cystic fibrosis — the most common single gene disorder in this country.

We wish to give the Government the benefit of the doubt and assume that relatively small sums are being offered to a wide range of genetics research projects in order to find out which areas could benefit most from greater input. However, in the longer term, we hope that much greater emphasis is placed on treatments and prevention rather than screening and diagnosis.

GREEN LIGHT FOR PRESCRIBING

About six months after the go-ahead was given to supplementary prescribing, the first training course for pharmacists looks set to be accredited by the Royal Pharmaceutical Society at Keele University (p884). With only a handful of courses likely to gain accreditation by September, the Government's hope that 1,000 pharmacists will be prescribing by the end of 2004 is increasingly unlikely. The extra time need not be wasted. There is a huge job to be done in ensuring that patients understand the implications of supplementary prescribing. Supplementary prescribing will come to nought if patients lack confidence in pharmacists' abilities to play a full part in their clinical care.