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European Union: Stem Cell Research

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While preparation for the 7th European Framework research programme is currently under way, Euro MPs have called on the European Commission (EC) to stop financing stem cell research.

The EC is resisting attempts by a large group of Euro MPs to prevent EU financing of embryonic stem cell and therapeutic cloning research. The MEPs' move to cut off funding comes as national governments and the European Parliament (EP) are preparing to finalise the terms of the EU's multiannual framework programme, which will run between 2007 and 2013.

Under the existing programme, four research projects involving EU finance have been given the go-ahead to use human embryonic stem cells. They include fundamental genomics research related to lymphatic vasculature, in vitro technology to study reproductive toxicology and the regeneration of beta cells to restore normal insulin production for diabetics.

The 73 MEPs, many of whom are German and Polish and come from the ranks of the centre right, have written to José Manuel Barroso, the EC President, reminding him of the stance that Parliament adopted earlier this year and asking him to stop the financing at the end of 2006. According to the resolution adopted in March, the EP asked the Commission "to apply the subsidiarity principle in connection with other forms of embryo research and embryonic stem cell research, so that Member States in which this kind of research is legal fund it from their national budget". The resolution also notes that "EU funding should concentrate on alternatives like somatic stem cell and umbilical cord stem cell research, which are accepted in all Member States and have already led to successful treatment of patients".

Within days, Barroso had sent his reply. He went out of his way to reassure the MEPs that their concerns were being taken into account as the Commission drew up the specific research programmes that flesh out the overall framework. He noted that the "nature of this subject and the rapid evolution of scientific knowledge imply that the door for debate is never closed". He confirmed that he would soon be asking the European Group on Ethics in Science and New Technologies to produce opinions on ethical questions connected with research policy with the aim of triggering further discussions.

But he pointedly refused to concede any change in existing practice, indicating that he and his colleagues are satisfied with the procedures in place. These require that any research proposals which raise ethically sensitive issues are carefully reviewed on the basis of their scientific merits and ethical implications by both national and European experts. Their opinions are then passed on to a regulatory committee containing representatives of all 25 EU governments. To be approved for EU funding, a project must secure a majority vote in the committee. "It is the most rigorous framework around," explains one Commission official.

The MEPs' attempts to cut off Union finance have provoked a counter-attack in the EP led by Robert Goebbels, a Luxembourg Socialist member and former finance minister. He is writing to Barroso explaining the need for the EU to remain involved in this particular area of research and is canvassing wider support among his colleagues. In his letter, Goebbels acknowledges that eight EU countries have very restrictive legislation on embryonic stem cell research. But he reminds the Commission President that when the EP pronounced on the current research framework programme, there was "a clear majority" in support of financing research on embryonic and adult stem cells. He also stresses that the Union cannot exclude itself from an area which promises significant therapeutic breakthroughs. He points out that a Swiss referendum has authorised research on embryonic stem cells and that another in California has established the use of public funds in this area even though the American federal budget is more restrictive. There are no restrictions on American private research, while countries ranging from Israel to China and Japan are making progress on embryonic and adult stem cell research. He also points out that Germany bans such research, but allows it on imported stem cell lines.

While there is certain to be a keen debate within the EP on whether the possibility of EU funding for such research should be prohibited or not, EU governments have, up till now, taken a more pragmatic approach, allowing it, even if banned domestically.

Agreement on the new multiannual research framework programme is also dependent on the successful outcome of a separate debate on the scale of the EU's overall budget for the same period. If this wider financial issue is not settled by the end of the year, it is unlikely that the research programme will be able to begin in January 2007 as intended.

Dräger Medical & Mobility

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At MEDICA 2005 in Düsseldorf, Frost & Sullivan awarded Dräger Medical the 2005 Award for Technology Innovation in the multiparameter patient monitoring market, in recognition of the Infinity® Pick and Go® continuous monitoring technology. Through the use of a single, transportable patient monitor, the Pick and Go system eliminates the need for separate transport monitors and enables patient vital sign data to be continuously tracked during procedures, transport from remote locations, and throughout a facility. This technology directly addresses one of the Society of Critical Care Medicine's guidelines for the transfer of critically ill patients, which stipulates that technology-permitting, patients should receive the same physiologic monitoring during transport to that received in the ICU.

Siemens Communications and Dräger Medical are further increasing mobility of medical staff in hospitals with an integrated wireless IP infrastructure. This solution will make patient monitoring data available hospital-wide using existing hospital networks and the latest Wi-Fi WLAN technology. Doctors and nursing staff will have access to clinical applications and real time patient monitoring data at any time, from wherever they happen to be on duty in the hospital. Further integrated solutions will also be possible. For example, using Infinity Gateway technology, alarms triggered by a patient monitor could be automatically routed through the hospital network using the intelligence built into the nurse call system – delivering the message directly to the most appropriate caregiver who can provide the quickest response to the emergency.

Dräger Medical & Pulsion Medical Systems

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Also at MEDICA 2005, Dräger Medical and Pulsion Medical Systems unveiled the Infinity PiCCO SmartPod for Infinity patient monitoring. This solution integrates Pulsion's PiCCO Technology for complete haemodynamic monitoring including preload volumetry, lung water measurement, contractility, and continuous cardiac output, with Dräger Medical's Infinity patient monitoring. The Infinity PiCCO SmartPod supports both adults and paediatric patients. Clinicians simply plug the PiCCO Pod into the Infinity patient monitor and have immediate access to a range of PiCCO-Technology parameters.

ESICM Awards

www.esicm.org

In September 2005, the European Society for Intensive Care Medicine (ESICM) held its 18th Annual Congress in Amsterdam, where outstanding research and contributions to the field of intensive care were recognized. The third Stoutenbeek Award was won by Professor Ken Hillman, Sydney, Australia, for the recently published MERIT trial conducted in 23 hospitals in Australia to evaluate effectiveness of the Medical Emergency Team (see Professor Hillman's articles on outreach in the summer and autumn issues of **ICU Management**). Professor Peter Suter, who retired from clinical practice in September and was the Society's first President, was awarded the ESICM medal for his unique contribution to intensive care at an international level. Dr A.M. Habib and colleagues in Belgium won the International Sepsis Forum abstract award. A further six ESICM abstract awards were received by researchers from China, France, Germany and the Netherlands, and also by the ETHICUS study group (see further below).

Joint research funding by ESICM and industry partners was announced: the Spacelabs Intelligent Monitoring Award, the iMDsoft Patient Safety Research Award, the Alain Harf Award on Applied Respiratory Physiology sponsored by Hamilton Medical, and the Eli Lilly – ESICM Sepsis Elite Award. The call for proposals for these research grants is open until 31st March 2006 and is restricted to ESICM members. For further information on membership and these grants, visit the ESICM website.

ETHICUS Study: End of Life Decisions

www.esicm.org

Dr S. L. Cohen and his colleagues won an ESICM abstract award for the ETHICUS study, in which they collected data on end of life (EOL) decisions prospectively from 37 European ICUs in 17 countries. Data from 4248 patients were collected, out of which 95% had lacked decision making capacity at the time of EOL decision; patients' wishes were known in only 20% of the cases. Further analysis showed regional differences, with physicians in Northern countries having more discussions and more information about patients' wishes than Central countries, and those in Southern countries having the least. Families were told of the decision in 88% of the cases and only asked about the decision in

38% of the cases. Dr Cohen and colleagues conclude that the study demonstrates a need to improve communication within European ICUs (see also Dr Todd Dorman's second installment on communication skills for intensive care on page 32 in this issue of **ICU Management**). The ETHICUS study is sponsored by ESICM and the European Commission.



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