journalists before on the issue of the public's right to know. Four years ago, reporters demanded to know how identical-twin fertility experts, Drs. Stewart and Cyril Marcus, attending physicians at New York Hospital, came to die together of acute barbiturate withdrawal. Journalists insisted that, in view of reports of covered-up incidents in the operating room and elsewhere involving the obstetricians-gynecologists, there was a legitimate need for the public to know whether New York Hospital was protecting their interest by controlling impaired physicians. Thompson's response was similar to his current stance. He invoked the canon of confidentiality. But in that case he only stonewalled for 5 weeks. Then, under great pressure, he issued a full, detailed statement—confidentiality notwithstanding.

Two days after the Shah departed for Texas, Osborne and Thompson issued a statement saying that the Shah had instructed them to say no more, and the hospital was bound by doctor-patient confidentiality. But they disassociated the hospital from Kean's trips to Mexico, saying he had made the distant house calls on his own, and he was still on his own if he wanted to talk.

Privately, doctors at the hospital, both those involved in the case and otherwise, were disturbed at what they believe to be physicians letting the time-honored tradition of doctor-patient confidentiality become perverted for political purposes. None would go so far as to advocate that New York Hospital violate confidentiality, but most felt the hospital allowed itself to be used by the Shah—for whatever purposes the Shah may have had. There was a strong feeling that the hospital and the State Department, in view of the sensitivity of the Shah's admission to the country, should have made the Shah's agreement to full medical disclosure a precondition.

Confidentiality is between doctor and patient, and it belongs to the patient. The patient may violate it, not the doctor. The patient may order the doctor to say he has the grippe when, in fact, it is the mumps. A doctor may refuse to lie overtly, but he is duty-bound to keep silent about the truth if the patient insists. However, in the case of the Shah, doctors at New York Hospital were told to tell some of the truth some of the time to some of the people.

At one point, New York Hospital doctors reported their finding that the Shah was suffering from an advanced form of diffuse histiocytic lymphoma. But then, when they realized the lymphoma wasn't

(Continued on page 286)

Diesel Makers Win Waiver from EPA

The dieselization of the American automobile came a step closer to reality in December as the result of a decision made by the Environmental Protection Agency (EPA).

General Motors and two foreign manufacturers won partial waivers of clean air rules from the EPA, allowing them to install slightly substandard diesel engines in 1981 and 1982 model cars. As anticipated, the EPA justified the small tactical concession on the grounds that it would strengthen its long-term strategy for diesels and demonstrate that the government has not taken an inflexible attitude (*Science*, 21 December 1979).

The issue arose because the Clean Air Act requires that 1981 autos emit no more than 1 gram of nitrogen oxide pollutants (NO_x) per vehicle mile (gpm). This improvement over the 1980 standard of 2 grams per mile will be difficult to achieve, particularly for diesels. For this reason, the law allows the administrator of EPA to grant waivers of up to 4 years from the NO_x standard for diesel engines emitting no more than 1.5 gpm. Five manufacturers asked for waivers on nearly a score of engines. Three (GM, Daimler-Benz, and Volvo) won waivers, but only for four engines and only for 2 years.

EPA Administrator Douglas Costle explained himself as follows: "My decision to waive the NO_x standard for diesels in 1981-1982 represents a balancing of risks between a more gradual decline in NO_x emission reductions if I grant the waivers, and the possible increase in particulate emissions if I deny." EPA officials said that this meant the agency is more concerned about particulate pollution than NO_x, and is mustering its heavy guns for a later battle. The technology now in use to control NO_x actually increases particulate emissions when applied to diesel engines. Particulate pollution is considered a serious threat to public health, and tests of carcinogenicity are now in progress. The EPA did not want to take any action that might later compromise its hard line on particulates.

There are methods for reducing NO_x and particulate emissions simultaneously, but they have not been developed into marketable technologies. By giving the car manufacturers an additional 2 years to refine these techniques, the EPA will be in a stronger position to argue in 1983—when strict particulate limits are scheduled to go into effect—that it has dealt fairly with the industry.

The auto companies are eager to produce diesels because they are more efficient than gasoline engines of similar power. Thus they will make it easier for the companies to meet the government's mileage standards without major changes in auto design. Many of today's gas guzzlers are about to become diesel guzzlers. GM says that the engine for which it received a waiver is a V-8 model, developed for use in Cadillacs, Oldsmobiles, big Chevrolet station wagons, and other heavy cars.

Robert Rauch, an attorney for the Environmental Defense Fund who lobbied against the grant of waivers, said he was unhappy with the decision but did not plan to file a lawsuit challenging it. He thought the agency had abandoned a point of principle in granting an exemption for diesel production before the question of safety has been settled. The auto makers, he said, "essentially got what they wanted—a foot in the door for wholesale dieselization."

A Clinical Trial for Laetrile This Spring?

Laetrile, the ever popular but unproved cancer medicine, will be given a full clinical trial this year by the National Cancer Institute (NCI), provided it passes a preliminary screening required by the Food and Drug Administration (FDA). Laetrile advocates have been pushing for such a test for years. The NCI agreed to conduct tests on humans in December 1978, pending FDA approval of the protocols. Now the final FDA clearance is in sight.

The cancer institute will test Laetrile as a new drug, even though all previous animal experiments had found it ineffective in treating tumors. According to Lorraine Kershner of the NCI, "We would not normally apply for [clinical trials] given that background,

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