More people should be given the chance to die at home, MPs say

Clare Dyer BMJ

A lack of NHS and social support services is condemning many people to end their lives in hospital when there is no clinical need for them to be there, the House of Commons Public Accounts Committee has concluded.

In its report on end of life care in England, the influential committee of MPs calls for 24 hour district nursing and access to advice and treatment out of hours to cut the numbers of unnecessary hospital admissions.

The committee, which acts as a check on public spending, notes that most people express a wish to die at home but that 60% die in an acute hospital, even when there is no clinical need for hospitalisation.

“People should have the right to die in the place of their choice,” it says.

People who die in hospital are not always afforded the end of life care they deserve, including effective pain management and being treated with dignity and respect,” the MPs conclude.

They say that NHS hospitals that care for patients nearing the end of their lives should employ a specialist palliative care team and promote the use of the Liverpool care pathway, an evidence based framework for the delivery of care to dying patients.

The report highlights a lack of coordination between health and social care services, meaning that patients’ preferences for care are not communicated effectively. It recommends that people nearing the end of their lives be allocated a single health or social care professional contact to improve the coordination of care among services and providers.

The MPs call for more training in care at the end of life for health and social care staff and for three year rolling contracts between primary care trusts and hospices to enable hospices to plan allocation of resources better.

The report argues that more people could be supported to die in their own homes or in a care home if there were a more responsive system for providing the equipment and support services needed. It calls on the Department of Health to identify ways to improve the speed and flexibility of support.

A National Audit Office review of deaths of patients at University Hospital NHS Trust and Haringey Teaching Primary Care Trust, in north London.

The report said it was concerned that the boards of all the trusts with which the baby had contact had previously declared themselves as complying with all the core standards related to safeguarding children.

The commission’s chief executive, Cynthia Bower, said, “There were clear reasons to have concern for this child, but the response was simply not fast enough or smart enough. The NHS must accept its share of the responsibility.”

She added: “The process was too slow. Professionals were not armed with information that might have set alarm bells ringing. Staffing levels were not adequate, and the right training was not universally in place. Social care and health care were not working together as they should.”

The report says that poor communication between health professionals and between agencies meant that urgent action to protect Peter was not taken. For example, the consultant who saw Peter two days before his death did not have any contact with his social worker, and health professionals did not always attend child protection conferences to discuss Peter’s case.

Child protection procedures were not always followed. For example, skeletal x ray surveys that could have shown up the scale of his injuries were absent.

The report can be found at www.cqc.org.uk/.

Cite this as: BMJ 2009;338:b1967.

Systemic failings in NHS contributed to death of Baby P

Jacqui Wise LONDON

The NHS must accept its share of responsibility for the death of Baby P, the 17 month old boy who died at the hands of his mother, her partner, and their lodger, the new independent regulator of health and social care in England has said.

A report by the Care Quality Commission found systemic failings in the health care provided by NHS trusts to Baby P, whose first name has been revealed as Peter.

Excluding his birth, Peter had 34 contacts with health professionals at North Middlesex University Hospital NHS Trust and Haringey Teaching Primary Care Trust, in north London.

The commission said it was concerned that the boards of all the trusts with which the baby had contact had previously declared themselves as complying with all the core standards related to safeguarding children.

The commission’s chief executive, Cynthia Bower, said, “There were clear reasons to have concern for this child, but the response was simply not fast enough or smart enough. The NHS must accept its share of the responsibility.”

She added: “The process was too slow. Professionals were not armed with information that might have set alarm bells ringing. Staffing levels were not adequate, and the right training was not universally in place. Social care and health care were not working together as they should.”

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Cite this as: BMJ 2009;338:b1967.
Canadian company demands right to publish drug adverts

Ray Moynihan BYRON BAY, NEW SOUTH WALES

A long legal battle over advertising drugs directly to consumers is drawing to a close in Canada’s Superior Court.

The Canadian media giant Canwest is suing the federal government, claiming that the prohibition on advertising prescription drugs directly to the public is a contravention of the constitutional charter guaranteeing free speech.

In a document tendered to the court Canwest’s legal team has described the prohibitions as “paternalistic and anachronistic.” It argues that “truthful, balanced and fair statements containing information that is useful to patients cannot be curtailed” under the Canadian Charter of Rights and Freedoms.

The summary of the media company’s position, given in a 67 page “factum” provided to the court, is that the Canadian government already allows its citizens to be “bombarded” with direct to consumer advertisements in United States television, magazines, and the internet, “all of which the government permits to be distributed in Canada without restriction.”

It is estimated that drug companies collectively spend more than US$4bn (£2.7bn; €3bn) a year on such advertising in the United States. Although the industry is currently allowed to freely advertise prescription drugs directly to consumers only in the United States and New Zealand, it is pushing strongly for liberalisation of the ban in Europe, framing the aim as providing “information,” not advertising.

Arguing against any lifting of the prohibition in Canada, the federal government has told the Superior Court that the current restrictions do not impinge on the freedom of speech of media companies and that such restrictions are in place to protect the public’s health. The factum from Canada’s attorney general says that the benefits of such advertising are theoretical but unproved and that “the evidence of harm is much stronger and the known and potential harms outweigh any possible benefits.”

Unusually the court has given leave to an ad hoc coalition of interest groups, including unions and healthcare groups, to intervene in the case. In its own factum this group argues that advertisements subject patients to “biased, misleading or deceptive” claims, exposes them to greater risk of side effects, damages the doctor-patient relationship, unnecessarily increases the overall costs of drugs, and neglects non-drug solutions to health problems.

Cite this as: BMJ 2009;338:b1912

Publisher apologises for fake journal sponsored by Merck

Ray Moynihan BYRON BAY, NEW SOUTH WALES

Merck has begun the defence of its anti-arthritis drug rofecoxib (Vioxx) in the Federal Court of Australia, amid revelations that it lobbied to quash similar legal action in Britain, and as a publisher apologised for a journal sponsored by the company.

The United States based company is fighting a class action from more than 1000 Australians, led by Graeme Peterson, who had a heart attack in 2003 after taking rofecoxib for several years.

Over the past month Mr Peterson’s lawyers have released many internal company documents showing, they claim, how Merck’s marketing tried to minimise safety concerns about the drug and to “neutralise” and “discredit” potential critics. They also say that the company created an entire medical journal that appeared to be a legitimate peer reviewed journal but that in reality was simply a “marketing publication” (BMJ 2009;338:b1714, 28 Apr).

Opening the defence case last week, Merck’s legal representative Peter Garling said that the marketing was “consistent with the scientific data” from careful studies involving large numbers of patients. He said that the company would present evidence showing that Mr Peterson’s heart attack “was the result of pre-existing risk factors and not the medicine,” adding that “each person’s medical history and other surrounding facts and circumstances are different.”

Merck has previously settled class actions in the United States, paying out close to $5bn (£3.3bn; €3.7bn) but without admitting fault or causation.

On the eve of the company launching its defence in the Australian class action, in the United Kingdom the Guardian reported that Merck had run a campaign to “head off government support” for similar legal action there (www.guardian.co.uk/business/2009/may/04/merck-vioxx-campaign-parliament). It said that documents released under freedom of information legislation show that government ministers retreated from supporting people affected by rofecoxib, after a Merck campaign that involved a lobbying firm.

Asked about the alleged lobbying, Merck told the BMJ that the company had simply responded “properly” to comments made by a member of parliament.

Meanwhile one of the world’s leading publishers of medical journals, Elsevier, released a statement last week from a senior executive apologising for the “improper” publication of Merck sponsored marketing material “that was made to look like journals,” published between 2000 and 2005. “We regret that it took place.”

Elsevier had published the Australasian Journal of Bone and Joint Medicine, the Merck sponsored journal that was described in the Australian federal court last month as a “marketing publication.” Merck has not denied the claims but told the BMJ that “according to published reports, Elsevier published a series of similar journals.”

The trial before Justice Jessup continues.

Cite this as: BMJ 2009;338:b1914
A/H1N1 flu more than doubles in four days

Agency’s National Institute of Biological Standards and Control that the agency’s researchers had succeeded in working out the full genetic code of the A/H1N1 flu virus, the first step towards producing a European prototype of a vaccine. Researchers now hope that European manufacturers will be able to take delivery of possible vaccine prototypes in the coming months so that the first steps can be taken in the mass production of vaccine.

Researchers from the US Centers for Disease Control and Prevention had already published genetic information on the virus, but the team from the Health Protection Agency had been working on getting the full genetic fingerprint of the virus that has infected Europeans.

Meanwhile an analysis of the A/H1N1 virus published on Tuesday 12 May said that around one in three people around the world could become infected. The study, led by Neil Ferguson of Imperial College London and published in the journal Science (doi:10.1126/science.1176062), said that the new virus was as dangerous as the one that caused a pandemic in 1957 (killing two million people) but not as dangerous as the virus that caused the 1918 Spanish flu pandemic, which killed between 50 and 100 million people.

Professor Ferguson told BBC Radio 4’s Today programme: “This virus really does have full pandemic potential. It’s likely to spread around the world in the next six to nine months, and when it does so it will infect about a third of the world’s population.

“Normal seasonal flu every year probably infects about 10% of the world’s population, so we are heading for a flu season which is perhaps three times worse than usual.”

He said it was uncertain how many people would die from this swine flu, but he estimated that it could be between four in every 1000 infected people and 14 in every 1000.

Cite this as: BMJ 2009;338:b1962

Gaza patients “forced” to help security services in exchange for Israeli medical treatment

Merav Sarig JERUSALEM

A report issued this week by Physicians for Human Rights-Israel indicates that the Shin Bet security services conduct a policy of forcing patients to provide information as a condition of being allowed to leave the Gaza Strip for medical care.

According to the human rights organisation the number of Palestinian patients who are summoned for interrogation as a precondition to receiving an exit permit from Gaza for treatment has risen. Between January 2008 and March 2009 at least 438 patients were interrogated by the Shin Bet.

The report, which was presented this week to the United Nations Committee against Torture, in Geneva, also shows that the Shin Bet has begun interrogating minors in need of medical care, to photograph patients against their will, and to detain patients for undisclosed periods of time. According to testimonies, patients who do not cooperate are returned to Gaza without receiving a permit to exit the territory for medical treatment.

Physicians for Human Rights-Israel gathered testimony from 30 patients who underwent interrogation. One patient, known as R, has cancer and is being treated at a hospital in central Israel. R said that she came to the Erez crossing after being informed that an exit permit had been approved for her and her mother. According to her testimony, at 9 am R and her mother were told to wait in the departure hall. At 11.30 am, three Shin Bet agents approached and asked R to come with them for questioning. R was removed from her mother for interrogation. She was asked questions about her father and an uncle, including about their place of employment. Only at 5 pm was she permitted to leave for Israel.

Another patient in the report is W, a Gaza man with kidney stones, who was interrogated in December 2008 after being referred for treatment at St Joseph Hospital in east Jerusalem. He told researchers that he was asked which members of his family belonged to Hamas and which to Islamic Jihad. He told them, “There aren’t any people like that in my family.” W was sent back to Gaza.

Hadas Ziv, director of Physicians for Human Rights-Israel, called for an end to the use of patients for the purpose of gathering intelligence.

Shin Bet categorically rejected all claims of “extortion” of patients.

“The position of the security service is determined by concrete circumstances and balances an estimate of the level of threat posed by the individual requesting entrance to Israel for medical treatment against medical need,” the agency said in a statement.

“The entry of most of those asking to enter Israel is enabled eventually, despite the complex security circumstances and despite the large number of examples of the use of forged permits, in part for purposes of terror.”

Cite this as: BMJ 2009;338:b1879
UK adopts growth charts based on data from breastfed babies

Rebecca Coombes BMJ

All newborn babies and children up to 4 years old in the United Kingdom will have their growth measurements plotted on new charts from this week, which will lead to more infants classed as overweight or obese.

The UK is the first in Europe to adopt the new standards, which are based on World Health Organization data collected for breastfed babies. The charts replace those in use for nearly 20 years and which used measures based predominantly on babies fed with formula milk.

All children, regardless of whether they are breast or bottle fed, will be plotted against the new standards. As breastfed babies grow at a slightly slower rate, the average weight of infants at the age of 1 year in the WHO chart is 1 kg less than in the old charts. As a result, the Department of Health expects the number of children classified as overweight at the age of 1 to double to 6%.

The new measurements are based on the results of a 15 year programme of data collection and analysis by WHO in six countries—the United States, Brazil, Ghana, India, Norway, and Oman. The 8500 children measured were all breast fed, on good diets, and with non-smoking mothers. All countries studied had similar growth rates.

Charlotte Wright, from the Royal College of Paediatrics and Child Health, who helped develop the UK charts for the Department of Health, said, “This is a description of optimum growth that sets the breastfed infant as the norm. British babies grow at a very similar rate to the WHO standards.

“The only difference is that by the age of 1, British babies are plumper. They are rising away in terms of weight, rather than height. The likeliest answer to this is that very few UK infants are breast fed throughout their first year. So babies are getting an early introduction to high energy feeding that may be pushing infants to overconsumption, leading [them] to become overweight.”

She hoped it would also take the pressure off breastfeeding women to give their babies formula. “Parents of small babies who breast feed have come under pressure to supplement feeding. This gives parents a more realistic take on where the child is.”

Moreover children who are in danger of becoming fat might have been rated as normal on the old charts, and now might be pushed into the overweight areas of the chart. “It might make parents think before giving their child another yoghurt,” she said.

The UK has adopted the charts as part of its drive to raise breastfeeding rates in the UK. In England 78% of mothers start breast feeding, but rates tail off rapidly, with only 22% breast feeding at 6 months.

The charts are at www.growthcharts.rcpch.ac.uk.

Cite this as: BMJ 2009;338:b1892

GPs should get specific training on how

Adrian O’Dowd

With the right training and support, doctors could take on the role of preventing the overuse of alcohol by their patients as part of routine care, MPs were told earlier this month.

At an evidence session of the parliamen-
tary health select committee’s inquiry into alcohol, expert witnesses said that primary care could do more to help patients with alcohol problems.

MPs asked clinicians what more the NHS could do to prevent the development of alcohol related problems.

Mike Kelly, director of the Centre for Public Health Excellence at the National Institute for Health and Clinical Excellence, said that the institute was currently undertaking three related reviews: prevention of alcohol misuse, management and treatment of people with alcohol problems, and dealing with alcohol dependency.

“The NHS has to recognise alcohol as a major priority,” said Professor Kelly. “We have seen changes over the last 30 years in patterns of alcohol consumption . . . and alcohol related disease which are the consequence of cultural and other kinds of changes. That means you can change it back.
Giving private and NHS drugs separately will be hard, MPs say

Rebecca Coombes BMJ

Seriously ill patients who choose to top up their NHS care by buying additional drugs for treatment at the end of life are likely to be treated on the same ward as patients who can’t afford the extra drugs, MPs warned this week.

Since November 2008 a change of rules has allowed patients to buy additional drugs without losing their right to NHS care—as long as these drugs are administered separately from NHS treatment. The change came after an increasing number of challenges to the NHS by patients to provide new unapproved drugs to treat cancer and other life threatening conditions.

But in its report on top-up payments this week, MPs from the health select committee said that the government had fudged the issue. “We are very concerned that separation will be hard to achieve in practice,” they said.

“Some 55% of doctors and nurses were told to give GPs and nurses too much overload and with appropriate training, and we mustn’t have looked at suggests that you can embed non-judgmental way. The evidence that we interventions in an NHS setting have to be done in a way.”

Interventions and screening tools that were known to work need to be implemented. “It’s an educational and a motivational approach to public health.”

The witnesses said there was currently too much focus on cases of alcohol dependency and not enough on the less severe types of drink related health problem that affect much more of the patient population.

Dr Cassidy said; “GPs often think about alcohol dependents, and these are the patients who seem to give us the biggest problems, but it’s the non-dependent drinkers, of whom there are a lot, that are seen in everyday practice.”

Watchdog warns government over poor data on road deaths

Anne Gulland LONDON

A report on the UK Department for Transport’s road safety strategy has called on the government to improve the use of data on serious injuries and deaths arising from road traffic collisions.

The National Audit Office’s report into government measures to reduce the number of pedestrians and cyclists injured and killed on the roads highlights the overall fall in the number of deaths in these two groups since the mid-1990s but says that the number of cyclists killed between 2004 and 2007 rose by 11%.

In 2007 more than 30 000 pedestrians and 16 000 cyclists were injured on the roads, and 646 pedestrians and 136 cyclists were killed.

The Department for Transport’s targets for the period from the mid-1990s to 2010 were to reduce:

• By 40% the number of people killed or seriously injured

• By 50% the number of children killed or seriously injured

• By 10% the rate of slight injuries per 100 million vehicle kilometres.

By 2007 the respective reductions were 36%, 55%, and 32%.

However, the report says that the “underlying picture is complex,” with different trends in different groups. One trend noted was that the number of cyclists killed between 2004 and 2007 rose by 11%, without any corresponding increase in the number of cyclists on the road.

The National Audit Office warned the Department for Transport not to rely solely on data collected by police when it publishes its strategy for 2010 and beyond this autumn, as not all collisions were reported or recorded. Data from the NHS Information Centre showed that 7688 pedestrians and 6956 cyclists were admitted to hospital with serious injuries in 2006-7. Figures from the police were much lower: 5432 serious injuries to pedestrians and 2119 to cyclists in the same period. The National Audit Office said the department should speed up its work to match hospital and police data.

Improving Road Safety for Pedestrians and Cyclists in Great Britain can be seen at www.nao.org.uk/publications/0809/improving_road_safety_for_ped.aspx.

Cite this as: BMJ 2009;338:b1906

to deal with patients’ alcohol problems, MPs are told

It’s not an inevitable juggernaut.”

Interventions and screening tools that were known to work need to be implemented effectively, he added. “Any direct interventions in an NHS setting have to be done in a non-judgmental way. The evidence that we have looked at suggests that you can embed this in routine care.

“However, if doctors and nurses are to do this routinely, that needs to be backed up with appropriate training, and we mustn’t give GPs and nurses too much overload and yet more things to be done in a general practice consultation.”

MPs asked about the effectiveness of brief interventions in which a doctor might spend between 5 and 10 minutes with a patient in a focused discussion on alcohol and asked whether such sessions involved “scare tactics.”

Professor Kelly said: “Those brief interventions are effective in reducing alcohol consumption, injury, mortality, morbidity, and the social consequences.”

Paul Cassidy, a GP in Gateshead and research assistant at University of Newcastle working in alcohol studies, also giving evidence, said, “These interventions are not scare tactics. It’s an

Cite this as: BMJ 2009;338:b1913
### Young women at more risk of HIV infection than young men

**Michael Day** **MILAN**

The unchecked sexual exploitation of girls and women is contributing to the fact that young women are “bearing the brunt” of new HIV infections, Unicef has warned in a report.

Unicef adds that this route of infection is undermining medical progress against the HIV and AIDS pandemic.

It says that of the 5.5 million people aged 15-24 worldwide with the virus, two thirds are women. In southern Africa, which is home to 67% of all people with HIV, women under 25 are 2-4.5 times more likely than male peers to become infected.

Anita Tiessen, deputy executive director of Unicef UK, said, “Unless we do more to prevent infection in young people, particularly young women, we’re never going to control the pandemic.”

The Unicef UK report says that girls are put at risk by having multiple sexual partners, having sex with older men, abuse, or working in the sex trade.

“Equally shocking,” said Ms Tiessen, is the UNAIDS statistic that for every two people taking antiretroviral treatment there are another five new infections. “At the moment it’s two steps forward and five steps back.”

She said that the best course of action was “a three pronged approach—by making sure people have the right information, can access health services, and get protection when they need it.”

According to Charlotte Watts, a specialist in sex and HIV at the London School of Hygiene and Tropical Medicine, however, more emphasis is needed to tackle local social and cultural barriers. “Improved information about HIV will not enable girls to negotiate condom use with an older man who is pressurising, coercing, or paying her to have sex,” she said.

“When you’re seeing a significant proportion of women with HIV becoming infected in the first couple of years of their sexually active life, this is horrendous. There needs to be a national level response to address these issues.”

She noted that several countries in southern Africa are failing to enforce laws against sexual assault or underage sex.

HIV Prevention with Young People: The Key to Tackling the Epidemic is at www.unicef.org.uk/unite.

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### Agencies search for alternatives to DDT

**John Zarocostas** **GENEVA**

The World Health Organization and the United Nations Environment Programme (UNEP) have launched a new initiative to boost the use of environmentally friendly, sustainable alternatives to the toxic chemical DDT, used to control malaria.

WHO estimates that every year malaria kills about a million people worldwide, more than 90% of whom are in sub-Saharan Africa, and causes around 300 million cases of acute illness every year, three quarters in children.

The initiative, backed by nearly $40m (£27m; €30m) in funding from the Global Environmental Facility, a partnership of international institutions, non-governmental organisations, and the private sector, foresees the introduction of 10 projects in about 40 nations in Africa, the eastern Mediterranean, Asia, and the Pacific. These projects aim to build on the successful results of pilot projects conducted in Mexico and central America.

The pilot projects, carried out in eight countries between 2003 and 2008 by UNEP and the Pan American Health Organization, which also serves as the regional arm of WHO in the American region, used non-chemical methods to reduce the incidence of malaria by more

### Psychiatrist is again found guilty of murder of former boss

**Melissa Sweet** **SYDNEY**

One year after his first conviction was overturned on appeal, the deregistered Australian psychiatrist Jean Eric Gassy has again been convicted of the murder of his former boss, Margaret Tobin.

Dr Tobin, a psychiatrist who was director of mental health for South Australia, was shot four times on 14 October 2002 as she left a lift while returning from lunch to her office in central Adelaide.

On Wednesday 6 May a jury of the Supreme Court of South Australia returned a guilty verdict after deliberating for less than four hours.

Mr Gassy was previously convicted in 2004 (BMJ 2004;329:759). But in May last year the High Court of Australia ordered a retrial, holding that the original trial judge’s direction to a deadlocked jury had not been balanced enough (BMJ 2008;336:1154-5).

Mr Gassy represented himself in both trials and also in an unsuccessful appeal to the South Australia Court of Criminal Appeal. He refused an offer of senior counsel to appear pro bono on his behalf before the High Court.

The prosecution argued that Mr Gassy had harboured resentment towards Dr Tobin, who had been his boss at St George Hospital in Sydney in the early 1990s, for her role in the proceedings that led to his deregistration.

He had compiled a “hit list” with the personal details of other doctors involved in these proceedings and of a specialist who had refused to treat him for the HIV infection he was convinced he had contracted, despite negative test results.

One of the doctors on the list, Peter Arnold, who gave evidence at both trials, expressed great relief at the jury’s decision. The High Court’s decision had caused anxiety to many, Dr Arnold said.

“The possibility of his being found not guilty caused great distress to those on his hit list,” he said. “We will never know why he chose Margaret Tobin as his first victim—it could have been any one of us.”

The case has prompted debate about the legal system’s ability to respond appropriately to defendants with delusional disorders, who may present as rational and lucid.

The High Court judgment (www.austlii.edu.au/au/cases/cth/HCA/2008/18.html) made scant
Hackers demand $10m for the return of medical records

**Jeanne Lenzer** NEW YORK

Computer hackers have broken into a US state's prescription monitoring website and deleted more than eight million medical records, replacing the website's homepage with a $10m (£6.6m; €7.5m) ransom note.

In return for the ransom money the hackers said they would “gladly send along the password” to allow officials to restore the records.

The intrusion into the Virginia website, which is used by pharmacists to track prescription information for certain classes of drugs such as sleeping pills and painkillers, was discovered on 30 April. The website has been removed.

The ransom note in the case was posted on the homepage of the website maintained by the Virginia Department of Health Professions.

It said: “In my possession, right now, are 8,257,378 patient records and a total of 35,548,087 prescriptions. Also, I made an encrypted backup and deleted the original. Unfortunately for Virginia, their backups seem to have gone missing, too.”

Sandra Ryals, director of the Virginia Department of Health Professions, released a statement this week, saying: “A criminal investigation is currently under way regarding a potential security breach. While DHP cannot comment directly on an ongoing investigation, we can assure the public that all precautions are being taken for DHP operations to continue safely and securely.

“We are satisfied that all data was properly backed up and that these backup files have been secured.”

The website is maintained by pharmacists to monitor potential misuse of controlled drugs. It can be accessed by prescribers and pharmacists and by authorised law enforcement and regulatory personnel who are investigating open cases. In addition, sanonymised data are available for research and education purposes.

Information kept by the programme includes the patient’s name and address, date of birth, and the drugs and quantities prescribed and the date of prescription, along with identifying information about the prescriber.

The state of Virginia has posted a question and answer webpage for patients whose information may have been stolen (www.dhp.virginia.gov/PMPQA050609.pdf).

The state has also issued advice about possible identity theft, saying: “Although we are not aware of any evidence indicating any personal information may be at risk, we nonetheless recommend that you remain vigilant.”

Kathy Siddall, spokeswoman for the Virginia Department of Health Professions, said that the FBI and state police were working around the clock on the case but that so far no one has been arrested.

Cite this as: *BMJ* 2009;338:b1917

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**to control mosquitoes**

than 60%. The methods ranged from eliminating mosquito breeding sites and protecting homes with mesh screens to biological controls such as mosquito repellent trees and fish that eat mosquito larvae.

“We want to be part of the process of decreased reliance on DDT and eventually eliminate use of DDT, while fighting and combating malaria and reducing the disease burden,” said Maria Neira, WHO’s director for public health and the environment.

“Clearly this is a terrible challenge,” Dr Neira told reporters.

The goal of the new projects is to achieve a 30% cut in the use of DDT worldwide by 2014 and to phase out use of the chemical completely by the early 2020s, if not sooner.

For more information see www.unep.org and www.pops.int.

Cite this as: *BMJ* 2009;338:b1942

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BREEDING FISH THAT EAT MOSQUITO LARVAE (ABOVE) IS ONE ALTERNATIVE TO THE USE OF DDT

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[Reference to Mr Gassy’s mental state, despite the belief of many mental health experts that it was the central feature of the case. They said it explained such things as his belief that there had been a conspiracy against him, the loss of his medical registration, his dangerousness, and his insistence on his mental fitness to plead.]

Dr Arnold questioned the reliability of the decision making of juries and judges in a case where the accused is clearly psychotic but does not acknowledge it.

“The ‘ivory tower’ majority decision of the High Court is especially worrying,” he said.

“It is one thing to have 10 guilty men go free rather than have one innocent jailed for life; but, had Gassy been let out of jail, the system was truly gambling with the lives of another dozen people. Are juries and judges competent to safely handle cases involving psychosis, or should our legal system allow for expert psychiatric assessors on the bench to advise judges and juries?”

Ian Hickie, a senior psychiatrist who was a close friend and colleague of Dr Tobin’s, said the case raised questions about the healthcare system as well as the legal system and its definition of mental responsibility, which he said is “based on 18th and 19th century concepts.”

“It’s a tragic case of a doctor with a diagnosed illness failing to receive treatment,” Professor Hickie said. “The essential issues behind the whole thing have never been unfolded because of the artificial divide between legal definitions of mental responsibility and modern understanding of mental illness.”

Mr Gassy will be resentenced. In October 2004 he was sentenced to life imprisonment, with a non-parole period of 34 years.

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