



bmj.com “Practices being railroaded” into consortiums, GP leader claims

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Doctors in UK alcohol network may refuse to sign action pledge because it is too weak

Adrian O'Dowd LONDON

Doctors in the UK government's “responsibility deal” network on alcohol are considering refusing to sign the group's plan of action because the policies don't go far enough in tackling the price and availability of alcohol.

The health secretary, Andrew Lansley, set up five such networks last summer. They cover alcohol, food, physical activity, health at work, and behaviour change in general and are made up of representatives of the government, industry, and healthcare organisations.

The threat by members of the alcohol group comes in the same week that an editorial in the *Lancet* by liver disease specialists predicted that an additional 250 000 people could die over the next 20 years if the government fails to take decisive action to tackle alcohol abuse in England and Wales (doi:10.1016/S0140-6736(11)60022-6).

The comment piece in the *Lancet* says that the government should act now to limit the price and availability of alcohol and accuses the government of being too close to the industry and allowing it excessive influence on public policy. The authors are Ian Gilmore, the former president of the Royal College of Physicians, Nick Sheron, head of clinical hepatology at the University of Southampton, and Chris Hawkey, professor of gastroenterology at Queen's Medical Centre, Nottingham.

Professor Gilmore and Dr Sheron are also mem-



JEFF MORGAN/IZALAMY

The network includes people “whose first duty is to their shareholders to deliver profits”

bers of the government's “responsibility deal” alcohol network. Members are being asked to sign an action plan that will go into a Department of Health document covering all five responsibility groups, but Dr Sheron said that the healthcare members of the alcohol network had problems with the document and might refuse to sign it.

“There has been a lot of discussion among the health members over the last couple of weeks as to whether we should continue it,” he said.

“All of the health members have very serious concerns, which we have raised in person with the two ministers responsible, Paul Burstow and Anne Milton.”

Referring to the group's industry members, he said, “You have a bunch of people there whose first duty is to their shareholders to deliver profits, and that means maintaining alcohol consumption and alcohol sales.

“Unless the drinks industry is prepared to discuss how they can change their fundamental business models to deliver the sorts of changes in alcohol consumption that we have seen in France and Italy and the associated reduction in death rates, then we haven't really even started the process.”

See **RESEARCH**, pp 479, 480; **PRACTICE**, pp 490, 493

Cite this as: *BMJ* 2011;342:d1224

English hospitals are failing to implement patient safety alerts

Clare Dyer BMJ

Half of all NHS trusts in England have not implemented potentially lifesaving patient safety alerts, says a new report from the patients' group AvMA (Action Against Medical Accidents).

Five trusts, including Barts and The London NHS Trust, had failed to comply with 10 or more alerts from the National Patient Safety Agency, and in 45 trusts at least five alerts had not been implemented. One trust, Stockport NHS Foundation

Trust, had 14 alerts outstanding.

Alerts are issued after untoward incidents, such as confusion over two different types of the drug amphotericin, which led to the death of Paul Richards, a patient at Heartlands Hospital in Birmingham in July 2007 (*BMJ* 2007;335:467-DB). The safety agency issued a rapid response alert to all trusts in September 2007, but more than two years after the deadline 10 trusts had not completed the actions required.

Other alerts that have followed deaths have covered, for example, safer use of injectable medicines, safer practice with high dose ampoules, and the use of oral methotrexate.

Peter Walsh, chief executive of AvMA, said that the results, obtained through a request made under freedom of information legislation, were a 50% improvement on the findings in its previous report, in August 2010. But 203 trusts had failed

to comply with at least one alert. And there were 654 instances of alerts not being complied with.

A spokesman for Barts and The London said that the trust had now implemented some of the outstanding safety alerts and had urgent plans for the remainder.

Implementation of Patient Safety Alerts: “Too Little Too Late?” is at www.avma.org.uk/data/files/patient_safety_alerts_report_feb_11.pdf.

Cite this as: *BMJ* 2011;342:d1223

IN BRIEF

China promises more action on HIV:

China's cabinet, the State Council, has ordered more effort to tackle the country's HIV epidemic, including more public education, better blood safety, increased supply of affordable drugs, and efforts to reduce transmission from mothers to children. UNAIDS estimates that 740 000 people in China are infected.

Spain approves drug derived from cannabis for multiple sclerosis:

Spain has approved the use of Sativex, an oral spray that contains cannabinoids, for the relief of spasticity in people with multiple sclerosis. The spray will be prescribed only to patients who have been given a diagnosis of multiple sclerosis by a hospital doctor. Spain is the third country to approve Sativex, after Canada and the UK.

Gulf states report high rate of risk factors for heart disease:

Hani Najm, president of the Saudi Heart Association, has said that rapid improvement in the socioeconomic conditions of the Gulf states has led to an "extremely high" rate of risk factors for cardiovascular disease. Around a quarter of Saudis have diabetes, more than a quarter have hypertension, as many as 50% are obese, and around 6% have coronary disease, Dr Najm said ahead of the association's annual meeting this week. Although cardiac care is good in the states, preventive medicine is not, he said.

Adviser attacks use of pseudoscience:

The UK government's chief scientific adviser, John Beddington, has called on his fellow government scientists to be "grossly intolerant" if science is misused by religious or political groups. Speaking to an annual conference of around 300 scientific civil servants, he said that selective use of science ought to be treated in the same way as racism and homophobia. He described the "pernicious influence" of "what purports to be science by the cherry-picking of the facts and the failure to use scientific evidence."

Dutch underage drinkers face fines:

Young people in the Netherlands could be fined for possessing alcohol in public under government plans to tackle underage drinking by making teenagers "more responsible" for maintaining the 16 years age limit. Currently only retail outlets can be prosecuted for selling alcohol to under 16s. Public health campaigners oppose criminalising young people, arguing that it is adults who create a climate where drinking is acceptable.

Cite this as: *BMJ* 2011;342:d1161

BMA calls on government to abandon price based competition in NHS

Tomasz Pierscionek *BMJ*

The BMA's General Practitioners Committee last week called on the government to abandon its proposed move to competition on the basis of price in the NHS in England, saying that it would affect the quality of care.

The government introduced the concept of price competition in the NHS in its NHS Operating Framework for 2011-12, published in December (*BMJ* 2010;341:c7366, 21 Dec).

One clause of the framework said, "One new flexibility being introduced in 2011-12 is the opportunity for providers to offer services to commissioners at less than the published mandatory tariff price, where both commissioner and provider agree."

The idea of price competition also appears in the Health and Social Care Bill, which is currently being scrutinised by a House of Commons



David Nicholson:
"No question of... price competition"

committee (*BMJ* 2011;342:d996). Section 103 of the bill allows a "maximum price" to be set and for the commissioner and provider to "agree a price" that does not exceed that maximum.

The General Practitioners Committee said that evidence showed clearly that competitive pricing adversely affected the quality of care. It voted to endorse any amendment to the Health and Social Care Bill that would "preclude price competition within the National Health Service."

The committee's vote came in the same week that David Nicholson, the NHS's chief executive, wrote to the heads of all NHS trusts denying that there would be any change to the present arrangements. His letter said: "Services subject to tariff will continue to compete on quality: there is no question of introducing price competition."

Fewer hospitals are to perform children's heart surgery

Ann McGauran *LONDON*

Public consultation starts later this month on four newly published options to reduce the number of hospitals in England providing children's heart surgery from 11 to six or seven.

Safe and Sustainable—the NHS review into the future of children's congenital heart services in England—put forward the proposals on 16 February. New quality standards are also proposed to ensure better care and survival rates.

While specialist surgical care would be centralised, the NHS would like more expert assessment and ongoing care services closer to families' homes. The four month consultation launches on 28 February.

All centres would need at least four consultant congenital heart surgeons treating the ideal minimum of 500 children each year. Rather than closing, surgical centres that do not provide children's heart surgery would cover children's cardiology instead, the review added.

All children's congenital heart services would be coordinated by congenital heart networks, managed and led by clinicians. According to the review, this would "provide better coordination of the existing fragmented services as well as



The review says that the Royal Brompton Hospital should become a children's cardiology centre

strengthened local services, meaning that many children would no longer need to travel long distances for cardiology services."

In line with an interim recommendation made last October (*BMJ* 2010;341:c5863), the review recommends that the lowest ranking centre—the John Radcliffe Hospital in Oxford—should not be considered viable in any of the four options. It recommends that London should be served by two—not three—surgical centres. The preferred configuration in London is that Great Ormond Street Hospital and the Evelina Children's Hospital would remain surgical centres, with the Royal Brompton Hospital envisaged as a children's cardiology centre.

The recommendations in the review have been agreed by a committee of NHS specialist commissioners from across England.

Safe and Sustainable is at www.specialisedservices.nhs.uk/safeandsustainable.

Cite this as: *BMJ* 2011;342:d1129

The letter seems to be at odds with the previous messages from the Department of Health. When asked by the *BMJ* whether this meant that the government was rowing back on its plans to introduce price competition, a department spokesman said, “There is no U turn, because we never intended to introduce price competition. There has been incorrect reporting around this, and Sir David’s letter simply sets that straight.”

“There is no change to the policy set out in the 2011-12 Operating Framework and first set out under the previous government in December 2009. Given the potential risk to NHS business planning of the incorrect speculation that this policy amounts to price competition, Sir David’s letter serves to reaffirm this policy—that we want to see competition on quality, not price. Anyone can see that it is difficult for the government to U turn on a policy which it inherited from the previous administration and which it has not amended since coming into office.

“The NHS Operating Framework published last December remains unamended.” For all the latest information and comment on the changes to the NHS in England, visit the *BMJ* NHS reform microsite at bmj.com/nhsreforms.

Cite this as: *BMJ* 2011;342:d1142

BMA is pressed to oppose health bill

Jacqui Wise LONDON

The BMA is facing mounting opposition to its policy of critical engagement with the government, with calls for the organisation to oppose the Health and Social Care Bill in its entirety.

The BMA’s emergency meeting on the bill, to be held on 15 March, will see a heated debate over the union’s stance so far. Several motions have been submitted urging the union to actively oppose health secretary Andrew Lansley’s plans.

North East Regional Council has submitted a motion stating that “the mutually reinforcing market based policies enshrined within the Health and Social Care Bill are ideologically driven and will undermine the founding principles of the NHS leading to increasing fragmentation and privatisation of the English NHS; and since these market based policies are the fundamental pillars of the bill and its objectives, we call upon the BMA to oppose the bill in its entirety.”

Clive Peedell, a consultant clinical oncologist, a BMA council member, and co-chairman of the

NHS Consultants’ Association, told the *BMJ*, “I think the initial BMA policy of critical engagement was wrong. The period of consultation is now over, and the government hasn’t listened.”

In an open letter published in the *BMJ* on 4 January, Dr Peedell and more than 100 co-signatories criticised the BMA’s General Practitioners Committee for treating the white paper as if it were already policy by calling on practices to start setting up embryonic consortiums (*BMJ* 2011;342:d7). More than 100 respondents have endorsed the letter on bmj.com.

Louise Irvine, a GP and chairwoman of the Lewisham BMA division, said, “The bill is a fundamental attack on the NHS. The BMA must now take a much tougher stance and I hope will oppose the bill in its entirety.”

A BMA spokesperson said, “Given the Health and Social Care Bill is a complex bill with huge ramifications for the NHS it is not surprising that there are wide ranging views. The meeting has been called to allow doctors to debate the bill in detail and will help to inform the BMA’s position going forward.”

The BMA said an agenda will be published in full ahead of the meeting.

Cite this as: *BMJ* 2011;342:d1132

NICE publishes guidance to improve diagnosis and management of food allergy in children

Susan Mayor LONDON

Guidance published on 23 February recommends that GPs in England and Wales should take a careful history and arrange for appropriate testing of children who have signs of possible food allergy to ensure prompt diagnosis and effective management.

The evidence based guidance from the National Institute for Health and Clinical Excellence, aimed at improving NHS care for this growing problem, warns parents against using alternative or high street testing services for food allergy in children, after finding no evidence that they work.

A member of the guideline development group, Adam Fox, a consultant in paediatric allergy at Guy’s and St Thomas’ Hospital NHS Foundation Trust, London, said, “We are seeing more and more children and young people being diagnosed with food allergy, so this guideline will be absolutely crucial in helping to diagnose and assess this condition.”

The latest figures for the UK indicate that around 5% of children have a food allergy and that the prevalence is growing, Dr Fox noted.

He said, “Most children whose parents take them to see their GP with symptoms suggestive of a food allergy do turn out to have an allergic reaction to a particular food.” But some doctors have been uncertain of how to diagnose food allergy, particularly as the number of children with delayed symptoms—rather than those more obviously associated with allergic reactions—is rising.

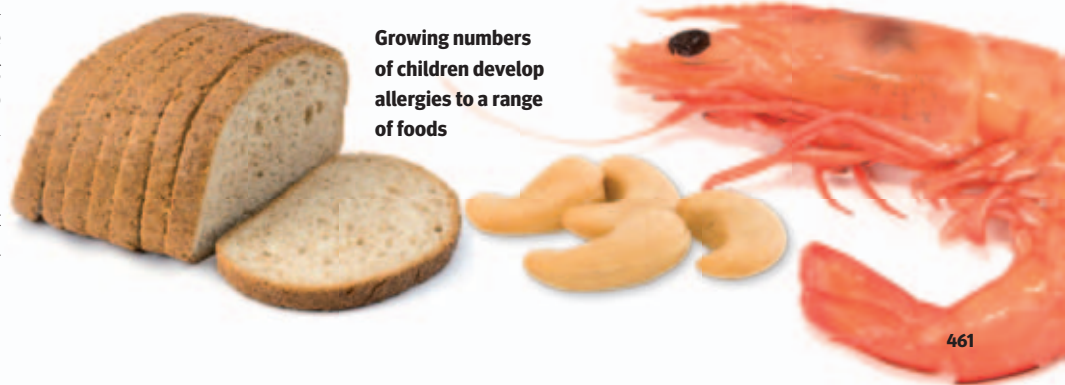
The guideline recommends that GPs consider food allergy not just in children with anaphylaxis and other allergic reactions such as redness and swelling around the mouth but also in children with skin conditions such as eczema or acute urticaria; gastrointestinal problems, including vomiting, nausea, or constipation; and respiratory symptoms.

Where a food allergy is suspected the guideline recommends that GPs or other primary healthcare professionals should take an allergy focused clinical history tailored to the presenting symptoms and the child’s age. Parents should be given information on the type of allergy suspected, and further diagnostic tests, including trial of an elimination diet, skin prick tests, or specific IgE antibody testing.

Referral to secondary care should be considered in children with ongoing problems.

Diagnosis and Assessment of Food Allergy in Children and Young People in Primary Care and Community Settings is at www.nice.org.uk. A summary of the guidance is available on bmj.com.

Cite this as: *BMJ* 2011;342:d1206



Growing numbers of children develop allergies to a range of foods

Asian healthcare needs to innovate to beat poverty

Jane Parry HONG KONG

Asian countries need to find new ways to meet their healthcare needs, such as affordable medical devices and alternative ways to finance healthcare, concludes a new report by the Economist Intelligence Unit.

The unit's report, *Healthcare in Asia: The Innovation Imperative*, was released to coincide with a round table meeting on healthcare in Asia in 2011, held on 17 and 18 February in Hong Kong.

How to fund affordable healthcare for all in a sustainable way is a common challenge across the continent. The report advocates collaboration among governments, non-government organisations, communities, and the corporate sector.

"It's important to recognise the very high level of out of pocket payments and the small insurance sector in Asia, as well as the widely varying levels of government involvement in health," Sian Griffiths, director of the School of Public Health and Primary Care at the Chinese University of Hong Kong, told the meeting, which was sponsored by several companies.

Most Asian countries rely on a combination of public and private healthcare financing and provision, but there is a wide need for countries to develop prepayment mechanisms so that healthcare providers are not paid by individuals, who lack the purchasing power to get the best value for money, said Henk Bekedam, director of health sector development at the World Health Organization's Western Pacific regional office in Manila.

He said, "Asia has the highest levels of out of

pocket expenditure in the world, and it leads not just to inefficiency but also to poverty. We need innovation not just in financing but in the way we organise health services." One example where change is needed, he said, is delivery of healthcare in rural areas. With the exception of Hong Kong and Singapore, rural populations are substantial in every Asian country, ranging from 18% of South Korea's population to nearly 85% in Laos and Sri Lanka.

Dr Bekedam said, "Who should do the provision depends on the country. In Papua New Guinea we have found that church organisations work best. If there is an NGO [non-governmental organisation] able to provide services then the money should be given to it. But in Laos there aren't many NGOs, so it might be the government that has to both pay for and deliver healthcare."

The unit's report showcases a number of medical innovations that can be applied in middle and low income countries. One example is a low cost neonatal continuous positive air pressure machine that uses reusable glass bottles and silicone tubing instead of expensive consumables. The machine was the result of a collaboration between Luciano Moccia, international programme coordinator of the East Meets West Foundation, and a Vietnamese manufacturer of paediatric medical devices, MTTs. The machine can withstand rough treatment and unstable electricity supply, common in Vietnamese hospitals. **For more information see www.economistconferences.asia/event/healthcare-asia-2011.**

Cite this as: *BMJ* 2011;342:d1192

Reproductive choice for girls is key to nations' development

Sophie Arie LONDON

The International Planned Parenthood Federation has produced a series of short films to highlight a growing consensus that sexual and reproductive choice for girls and young women is the key to progress in the developing world.

The six films, which show teenage girls in different regions making difficult choices about sex and pregnancy, are part of the federation's Girls Decide project, which aims to give girls support and access to information and services in countries where society disapproves and governments fail to provide.

"These films show women who did not become the statistics," said Kelly Culwell, the federation's senior adviser for abortion, at a presentation in London. "These are examples of women having positive experiences that gave them choice. The

Italy plans random drug testing of healthcare staff

Michael Day MILAN

In a move that has the largely unanimous backing of health unions the Italian government is planning random drug testing of clinical staff.

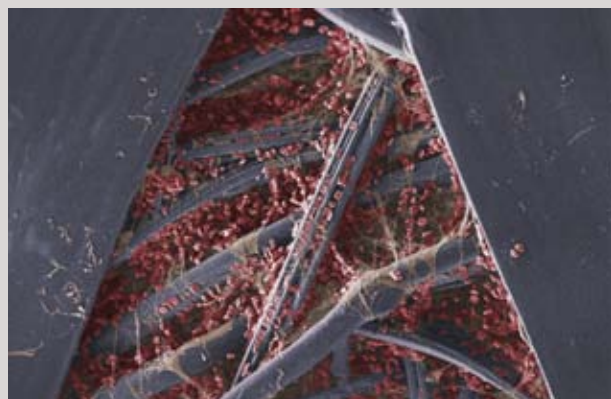
Under the plans medical and nursing staff will be notified 24 hours before an impending test for drug misuse. A positive test result will see the health worker suspended while external assessors carry out a second test.

If this too is positive the doctor or nurse will be removed from their "sensitive" clinical role. But the director of the prime minister's anti-drug abuse department, Giovanni Serpelloni, emphasised that "they will not be sacked."

Dr Serpelloni, who produced the new testing protocol, has called on health authorities in all regions of Italy to introduce it. He said that how the tests are applied would probably differ according to the nature of the healthcare worker's job. But he expected that all staff in some categories, including surgeons, would be checked; while in other categories only half the staff would be selected for testing, for reasons of financial expediency.

Vicenzo Arpino, president of Aaroi-Emac, the association of anaesthetists and critical care doctors, said he supported the plans. "People who don't abuse drugs have nothing to fear," he said. "Certainly there are doctors who use drugs, but they are a small minority and no

Making a triumph out of an accident



Susan Mayor LONDON
Anne Weston, one of the winners in the Wellcome Image Awards

2011 announced this week, took a scanning electron micrograph of the plaster she put on her

finger after she had cut herself with a razor blade.

The resulting image shows red blood cells and thin fibres of the protein fibrin, coloured beige, between the gauze fibres of the plaster, coloured blue-grey.

The picture by Ms Weston, who works at Cancer Research UK's London Research Institute, was one of 21 winning images that will go on show at the Wellcome Collection in London until July.

More information is available at www.wellcome.ac.uk.

Cite this as: *BMJ* 2011;342:d1220



Films representing women in countries with little access to contraception are being shown to raise awareness of the impact that improved services could have

aim is to present the universal issues and show the benefits of allowing women to make decisions.”

The films, based on true stories but acted by local people to protect the identities of those involved, are being distributed worldwide, through the federation’s network of 153 autonomous organisations in 170 countries, for use in advocacy, education, health programmes, and policy making. They describe experiences in Albania, Argentina, Bangladesh, Indonesia, Swaziland, and Syria. In these countries there is little information or access to services for

unwanted pregnancies, HIV, and abortion, and sex and women’s sexuality tend not to be discussed.

The films are strikingly positive and designed to inspire hope and show what is possible. But UN statistics show the scale of the challenge. Still today, only 17% of sexually active people use contraception, and each year there are 75 million unintended pregnancies. Medical complications from pregnancy are the leading cause of death among girls aged 15 to 19 worldwide, and of the 47 000 who die from unsafe abortions each year nearly half are young girls.

And yet, the federation points out, only 2 cents of every dollar spent on international development aid are directed specifically towards adolescent girls.

“The sexual and reproductive health of adolescent girls has been neglected for too long, often weighed down by societal norms,” said Stephen O’Brien, the UK parliamentary undersecretary of state for international development. Education is key, he added, pointing to the fact that of the world’s 130 million out of school, 70% are girls.

Cite this as: *BMJ* 2011;342:d1122

more common than lawyers or politicians who fall into this category.”

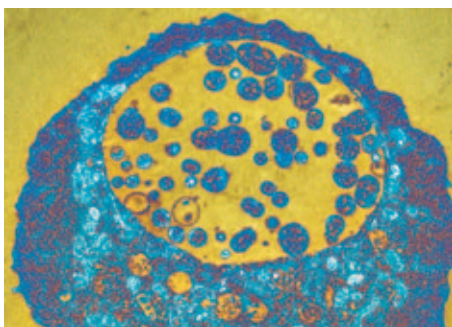
Other types of worker, including lorry drivers, train drivers, and pilots, will also be subject to the new checks. “With this policy we hope to save lives,” said Carlo Giovanardi, an undersecretary in the prime minister’s office.

Mr Giovanardi said that the new rules were needed to prevent deaths directly linked to substance misuse and fatal road crashes caused by intoxicated drivers “or even to ensure that patients are not treated by a doctor who is not in control of what he’s doing because he’s taken cocaine, as probably occurred in Naples.” This was a reference to news on 17 February that a senior gynaecologist was under investigation for buying cocaine and regularly using the drug while working in a hospital in Naples.

Clinical teachers may also be subject to random drug tests. This prompted the only negative reaction to the government’s initiative. Mimmo Pantaleo of the teaching section of the left wing CGIL public sector union told *La Repubblica* newspaper: “There’s never been a recorded case of a teacher certified as a drug addict. This is a prejudicial and vindictive act on the part of the government.”

But Annalisa Silvestro, president of Italy’s College of Nursing, said that her members were backing the new tests. “We’re ready and willing to work with these antidrug tests and will do all we can to help boost public confidence in the health system. The important thing is to do it without levelling accusations indiscriminately,” she said.

Cite this as: *BMJ* 2011;342:d1185



Women who used the online tests for chlamydia (above) were more likely to test positive

Online tests reach the patients other tests can’t reach

David Spurgeon QUEBEC

Free home tests for chlamydia that are available on the internet show a higher prevalence of infection than family planning clinic surveys. Tests offered on the internet resulted in 10.3% positive results for *Chlamydia trachomatis* infection among 1171 women who mailed in swabs, whereas the prevalence among women who were screened in US family planning clinics ranged from 3.3% to 5.5%, found a new study.

The study, published in *Sexually Transmitted Diseases* (2011;38:74-8), offered free, home based chlamydia testing to women aged 14 years or older living in Maryland.

The proportion of positive results from internet tests was higher in all age groups. Among

internet participants the proportion ranged from a low of 4.4% in Baltimore in 2005 to a high in that city of 15.2% in 2007.

The proportion of positive results in family planning clinics in Baltimore ranged from a low of 3.3% in 2006 to a high of 5.5% in 2008. The median age of internet testers was 23 years. All but four infected women from the internet programme were successfully treated by participating health clinics.

Charlotte Gaydos, the study’s lead author and a professor at Johns Hopkins University School of Medicine, Baltimore, said, “Our results are repeatedly showing us that if we want young people to be screened for sexually transmitted infections, especially young people in harder to reach, urban poor minority groups, we have to go online.”

The website (www.iwantthekit.org) now routinely gets 100 000 hits a month. As of 1 January some 3500 young people, half under the age of 23 and many from low income households, have obtained the kits, some more than once.

More than half of US women under the age of 26 years are not being screened for chlamydia. A national survey indicated that less than a third of family doctors routinely screen women for chlamydia, says the study.

It adds, “Young women, especially adolescents, may be reluctant to attend clinics, have parental, privacy, and confidentiality concerns; fear of pelvic examinations; or lack of funds or insurance. Making home screening available to women may help alleviate many of these . . . problems associated with clinic screening.”

Cite this as: *BMJ* 2011;342:d1177

Patent rules must not hinder access to cheap drugs for poor

John Zarocostas GENEVA

New ways are needed to enable manufacturers to produce cheaper, generic products while ensuring that innovation is encouraged through appropriate patent protection, experts say.

The patent status of drugs is becoming a pressing issue for healthcare providers, as the production of a growing number of drugs is affected by stricter intellectual property protection being imposed in countries that are major producers of generic drugs, such as India.

Margaret Chan, director general of the World Health Organization, warned that stricter rules will reduce access to affordable drugs for the world's poorest people. She was speaking at a meeting on 18 February held jointly by WHO, the World Intellectual Property Organization (a United Nations agency), and the World Trade Organization.

Developing countries could save about 60% of their pharmaceutical spending by switching from branded to generic products, Dr Chan said. This has been achieved in only a few wealthy and middle income countries, she said, because of longstanding problems in procurement and regulatory capacities.

Before the World Trade Organization's agreement on trade related aspects of intellectual property rights (TRIPS) was introduced in 1994, countries were free to choose not to grant patents on drugs. This meant that health officials could purchase generic drugs without considering patent status. "These days are over," Dr Chan pointed out.

Zafa Mirza, coordinator at WHO's department of public health, innovation, and intellectual property, said, "Many medicines for chronic diseases, such as cancer and cardiovascular diseases, remain inaccessible to people in developing nations.

Only about 5-6% of 355 drugs on WHO's model list of essential medicines are currently protected in some way by patents. The list is expected to be updated next month, and Dr Chan suggested that this may provide a guide for countries seeking to procure essential drugs at the most affordable prices.

The three agencies that ran the meeting are working together to improve access to information on the patent status of health products worldwide by developing global databases to support health officials in making purchasing decisions and in drawing up drug treatment guidelines.

Cite this as: *BMJ* 2011;342:d1219



Medical charity is expelled from Darfur

Peter Moszynski LONDON

This month's expulsion of the medical aid organisation Doctors of the World (Médecins du Monde) from South Darfur has been widely condemned.

A number of local staff members were arrested by local security officers early this month, and the group was expelled on 17 February, in a move reminiscent of the expulsion of 13 charities in March 2009 that occurred immediately after President Omar al Bashir's indictment for war crimes by the International Criminal Court in the Hague (*BMJ* 2009;338:b985).

Abdul-Hamid Musa Kasha, governor of South Darfur state, said, "We have expelled the French non-governmental organisation Doctors of the World because we have information indicating that it has violated its mandate. We have evidence proving that it was cooperating with a rebel group and that it was writing reports on movements of the army."

The group had been one of a few organisations providing maternal and child primary healthcare to the local population in large parts of South Darfur after the expulsion of other agencies.

Budget cutting US Republicans try to end funds for family planning and health reform

Janice Hopkins Tanne NEW YORK

Newly elected Republicans in the House of Representatives have upheld campaign promises to cut government spending. They voted to eliminate funding to implement the health reform act and funding for organisations that provide family planning and contraception through the "Title X" programme, which mostly helps low income Americans.

They also eliminated funding

for the Public Broadcasting System, similar to the BBC.

All funding for Planned Parenthood, which offers family planning, contraception, cancer screening, and counselling services, was eliminated. The organisation received about \$362m (£220m; €362m) in federal grants, which amounted to a third of its revenues, its 2008-9 annual report shows. Planned Parenthood also provides



Federal grants make up a third of Planned Parenthood's income



Doctors of the World was one of the few groups providing primary care for internally displaced people in south Darfur, like the girl above

MOHAMED NURELDIN ABDALLAH/REUTERS

Criminal Court, Luis Moreno Ocampo, told the *BMJ* that the 2009 expulsion of international aid agencies from Darfur “had provided the crucial evidence of intent” required for last year’s additional indictment of the president on charges of genocide.

The latest expulsion comes just as member states of the court has been considering postponement of the indictments in exchange for the Khartoum government allowing Southern Sudan to secede peacefully, after 99% of the electorate last month voted for independence in a referendum granted as part of the 2005 comprehensive peace agreement that ended decades of civil war between the country’s north and south.

Ahmed Adam Hussein, spokesman for the rebel Justice and Equality Movement, told the *BMJ* that he “strongly condemned” the expulsion of this “credible organisation” by the Sudanese authorities, which constitutes “a clear violation of the obligations of the Sudanese government under international humanitarian law and thus constitutes a war crime and crime against humanity.”

Calling for pressure on Khartoum “to live up to its international obligations by allowing the international humanitarian organisations to continue working in Darfur and to guarantee unimpeded humanitarian access to the people in need,” he urged the United Nations Security Council to act “to press the Sudanese regime to reverse this illegitimate measure.”

Kasia Bonkowska, deputy director of the international programme of Doctors of the World, told the *BMJ*, “We are a purely humanitarian organisation working to provide essential assistance to civilians in Darfur and elsewhere in Sudan. We have not yet been officially informed of this decision and look forward to clarifying the situation as soon as possible.”

Cite this as: *BMJ* 2011;342:d1225

abortions but doesn’t use any government funding for that.

The cuts were passed by the House of Representatives at about 4:40 am on Saturday 19 February as part of a “continuing resolution.” The resolution is needed to fund the federal government from 4 March, when a temporary measure expires, until 30 September, when a new budget may be in place.

The House of Representatives’ legislation is likely to be vetoed by the Senate, where Democrats hold a slim majority. President Obama has indicated that he

would veto the legislation.

The House and Senate are in recess until 28 February, leaving them only five working days to resolve their differences or the federal government will shut down. That happened in 1995 under Bill Clinton, who used the shutdown to his political advantage.

Representative Mike Pence of Indiana, the leader in the move to end funding for Planned Parenthood and affiliates, argued that support for an organisation that provided abortions—even though this wasn’t funded by

government money—was support for abortion.

He praised the vote, calling it “a victory for taxpayers and a victory for life.” He said, “By banning federal funding to Planned Parenthood, Congress has taken a stand for millions of Americans who believe their tax dollars should not be used to subsidise the largest abortion provider in America.”

Cecile Richards, president of Planned Parenthood, said that her organisation provided care to one in five American women.

Cite this as: *BMJ* 2011;342:d1186

European Union introduces laws to stop false medicines

Rory Watson BRUSSELS

The European parliament has overwhelmingly approved EU-wide legislation to prevent falsified medicines from entering the legal supply chain and being bought unwittingly by the general public. The law will cover internet sales, will introduce new measures to improve traceability, and provides for penalties for any violations.

It is estimated that around 1% of medicinal products, particularly more innovative and life-saving drugs, now legally sold to the European public are false. In other parts of the world the figure may be as high as 30%.

Regulators distinguish between falsified drugs, which misrepresent their identity, source, and history and pose a public health risk, and counterfeit products, which violate a manufacturer’s intellectual property rights.



THERRY ROGE/REUTERS

New EU-wide legislation introduces measures to stop sales of false drugs by pharmacies or online

After steering the legislation through the European parliament the Portuguese European United Left MEP Marisa Matias described falsified medicines as “silent killers, either because they are devoid of effect or because they contain toxic substances that may harm or even kill those who take them.”

She noted that the number of seizures of fake drugs had risen by 400% since 2005.

The Pharmaceutical Group of the European Union, which represents more than 400 000 pharmacists, welcomed the legislation.

The group’s secretary general, John Chave, said, “This is in many ways a radical directive which will have considerable impact on the European medicines supply chain. It seems certain that at some point in the coming years European pharmacists will verify the authenticity of a medicine before it is dispensed in the same way as credit cards are verified in shops.”

The legislation, which must now be formally approved by EU governments, should enter into force in early 2013.

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