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## Government launches initiative to cut obesity

Susan Mayor LONDON

A large advertising campaign to encourage families, and particularly children, to eat more healthily and be more active was launched last week by the government as part of a three year programme that aims to achieve a "lifestyle revolution" to halt the growing epidemic of obesity.

The Change4Life programme will include education, individualised support, and activities to encourage people to understand the impact of obesity on their health and to make changes to achieve and maintain a healthy body weight. Its central message is that 90% of today's children will be overweight or obese and at risk from serious diseases by 2050 without intervention.

Launching the initiative, Dawn Primarolo, the public health minister, said, "We are trying to create a lifestyle revolution on a huge scale—something that no government has attempted before."

She explained that the scale of obesity in the United Kingdom needs an ambitious and innovative approach. "We have adopted ideas from successful movements such as Make Poverty History and Comic Relief,



TV campaign highlights the need to change our sedentary lifestyle

which involve a wide range of partners, local organisations, commercial companies, charities, and, of course, millions of people."

A coalition of 35 representatives from the food and drink, retail, media, advertising, fitness, and health industries will contribute £200m (€210m; \$290m) to the programme by using their marketing, branding, and advertising services to encourage healthier lifestyles.

In the next three months, advertisements on television, on billboards, and in maga-

zines, devised by the animators who developed the Wallace and Grommit films to appeal to the whole family, will invite people to find out more by visiting the Change4Life website or telephoning its helpline.

People who register on the programme will be invited to have a discussion with an adviser. And people who want specific advice on healthy eating or activity will be referred to a specialist trained by the Change4Life scientific advisers.

Recommendations are based on small, easy steps, such as "sugar swaps," swapping food and drink with added sugar for those with lower sugar content; "me size meals," giving children appropriate sized portions; "up and about," limiting sitting still to two hours a day; and "60 active minutes," getting children to do at least an hour of physical activity a day.

People will also be given further information as the campaign develops to ensure that they get the help they need, including links to local services, such as cookery clubs, after school activities, and sporting facilities.

Visit [www.nhs.uk/Change4Life](http://www.nhs.uk/Change4Life)

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## NICE lifts cost limit on drugs to improve access to end of life treatments

Zosia Kmietowicz LONDON

The NHS drugs watchdog has loosened the terms of approval for expensive treatments that extend life in patients with a short life expectancy. Drugs that would normally be ruled out of use on the NHS because they did not represent a cost effective use of resources are now more likely to be made available.

The National Institute for Health and Clinical Excellence (NICE) has issued its appraisal committees with supplementary advice when considering whether to approve treatments licensed for terminal illness that affect small numbers of patients, normally fewer than 7000

new patients a year. The advice came into effect from 5 January.

The advice applies to treatments that offer demonstrable survival benefits compared with current NHS practice, normally at least an extra three months of life. Treatments should be indicated for patients who are not expected to live more than 24 months and their incremental cost effectiveness ratio can exceed £30 000 (€32 000; \$43 000) per quality adjusted life year gained, the limit normally considered by committees as cost effective.

For drugs that meet these conditions NICE is telling committees to consider whether the

extra cost of treatment is justified.

Andrew Dillon, chief executive of NICE, said, "The existing guidance to our appraisal committees recognises that there may be circumstances in which they might consider it appropriate to accept higher incremental cost effectiveness ratios for life extending treatments at the end of life.

"These treatments are expensive and clinical experience will be limited, therefore if one of these kinds of treatments is recommended, the institute will normally recommend to the Department of Health that a data collection exercise is considered.

This exercise will assess the extent to which the anticipated survival gains are realised when they are used in routine practice. The outcome of the exercise will be evaluated when the guidance for that treatment is reviewed."

The advice follows a five week public consultation on draft proposals that were announced last November (*BMJ* 2008;337:a2418). It could lead to the approval of chemotherapy drugs for advanced kidney cancer. Patients have had problems accessing the drugs including sunitinib (Sutent) since NICE said they were too expensive for the NHS.

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## Doctors demand better second line treatment for TB

**Ganapati Mudur** NEW DELHI

India's national tuberculosis control programme is providing inappropriate drugs to thousands of patients, amplifying the public health hazard posed by multidrug resistant tuberculosis, sections of India's medical community have said.

Doctors campaigning for change want drug sensitivity tests given to patients when initial treatment fails so that individualised treatment can be given.

The initial course of treatment given to patients in India consists of rifampicin, isoniazid, pyrazinamide, and ethambutol. If these fail, streptomycin is added to the four.

But among 19 436 patients who received retreatment in 2006 after failing previous treatment, the cure rate was only 50%.

Doctors want the government to offer drug sensitivity tests to patients who have failed the first course of drugs to determine the drug combination likely to be most effective and then to provide it on an individual basis. They say that patients with treatment failure are likely to harbour multidrug resistant strains of the bacilli, which need to be treated with second line drugs.

In a recent review of the programme published in the *National Medical Journal of India* two doctors described the existing services as "grossly inadequate" (2008;21:187).

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A wounded Palestinian is carried into hospital in Gaza City on 4 January

the emergency care they need," he said in a news conference on 6 January. He added, "Some people are dying because ambulances are not getting there in time. It's appalling."

Mr Krahenbuhl called on the warring sides to respect medical workers, who are trying to collect and evacuate wounded people.

He said that an ambulance station at Jabalia was hit in raids overnight and that hospitals had also been affected by collateral damage from nearby bombing.

With the intensification of hostilities 580 to 600 people were reported dead and about 3000 wounded in Gaza. In neighbouring southern Israel, an estimated four people have died and 60 injured as a result of rocket attacks.

Unicef said that more than 70 Palestinian children had been killed and at least 650 injured.

Paul Garwood, a spokesman for the World Health Organization, said that the agency was calling for respect for health staff and suppliers in the Gaza Strip.

He said that a total of six medical staff had been killed since 27 December and that three ambulances had been hit.

This included one paramedic who was killed and two injured in the El Hawa area, when their ambulance was destroyed when they were on their way to evacuate a patient. In a separate incident a nurse was severely injured after two shells exploded 15 metres away from Al Awda Hospital's emergency room.

Mr Garwood said that three mobile clinics were also destroyed on 5 January.

Cite this as: *BMJ* 2009;338:b30

## Agencies call for health workers in Gaza to be respected

**John Zarocostas** GENEVA

The United Nations and international relief agencies fear that continuation of Israel's onslaught in the Gaza Strip could exacerbate what they already define as a crisis.

Pierre Krahenbuhl, director of operations for the International Committee of the Red Cross (ICRC), said, "We're dealing with a full blown crisis in humanitarian terms," adding that the situation was "extreme, traumatic, and intolerable."

"Access to medical care is worsening by the day, and many people are not getting

## Controversy sparked in Switzerland after doctor who used

**Ned Stafford** HAMBURG

A decision by Switzerland's highest court to overturn a doctor's conviction for failing to treat effectively "several patients" with cancer has been described as "a judicial scandal with disastrous ethical and medical implications" by a patients' rights group.

However, the Swiss Medical Association's top lawyer disagrees, saying that strict new laws will prevent similar cases in the future.

According to a judgment, issued on 20 June 2008 by the Swiss Federal Court, an oncologist practising in Basel, referred to as X, treated at least 186 patients for

breast or other cancers in 1998 and 1999 with lipoteichoic acid (LTA), which was manufactured by his company, although it was not licensed for such treatment. The standard treatment for some of the patients was tamoxifen, but in some cases this was stopped by Dr X in favour of lipoteichoic acid.

One of the patients, known as Mrs Ad, was central to the case. According to the judgment she developed breast cancer in 1997, and after surgery on 14 August, was started on tamoxifen. Dr X started seeing her on 26 August that year and stopped tamoxifen in December 1997 even though evidence showed

that treatment with the drug for five years substantially reduces the risk of recurrence.

"Instead of using the standard treatment indicated, the complainant treated Ad\_\_\_\_\_ with the unlicensed substance LTA until 8 June 1998. On 27 July 1998, Ad\_\_\_\_\_ consulted the oncologist Professor P\_\_\_\_\_ who immediately re-started treatment with Nolvadex [tamoxifen]," the judgment said.

"In September 1998, a recurrence was diagnosed, and a mastectomy of the entire left breast had to be performed on 2 October 1998. In April/June 1999, a malignant lymph node metastasis

manifested in the patient's right axilla; her right breast was removed immediately. On 27 March 2001 she died from heart failure."

Meanwhile, in September 2000 the cantonal health authorities forbade Dr X from starting to treat any new patients with lipoteichoic acid while allowing him to continue treating existing patients with the drug under "compassionate use" guidelines. In April 2001, however, Dr X was forbidden from using the drug on any grounds.

After complaints by Dr X's patients and their relatives, the Basel public prosecutor investigated the treatment, the

# Virginity pledge ineffective against teen sex despite government funding, US study finds

Janice Hopkins Tanne NEW YORK

US teenage virgins who pledged to abstain from sex until they were married had sexual behaviour in the next five years similar to that of teenagers who had not taken an abstinence pledge, a study has shown (*Pediatrics* 2009, doi:10.1542/peds.2009-0407).

But contraceptive use differed between the groups. Five years later, teenagers who had pledged virginity were less likely to protect themselves against pregnancy and sexually transmitted diseases. In addition, 84% of teenagers who had pledged virginity denied that they had ever done so.

Teenagers should get comprehensive advice about abstinence and birth control, including taking precautions against pregnancy and sexually transmitted diseases, the article concludes.

The US government spends more than \$200m (£140m; €140m) a year on abstinence-only sex education, including virginity pledges.

Teenagers who pledged to remain virgins and the group of matched controls who had not taken a pledge did not differ in premarital sex or sexually transmitted diseases, the study says. “Pledgers had 0.1 fewer past year partners but did not differ in lifetime sex partners and age of first sex. Fewer pledgers than matched non-pledgers used birth control and condoms in the past year and birth control at

last sex,” the study reports.

Janet Rosenbaum of the health policy programme at Harvard University and the Johns Hopkins School of Public Health studied teenagers who were participating in the US National Study of Adolescent Health. It is a nationally representative sample of young people aged 15 or more, beginning in 1995. From this group Dr Rosenbaum studied a representative sample of 3440 teenagers. She compared two groups of teenagers who said they had never had sex—289 teenagers who had pledged virginity and 645 matched teenagers who had not.

“The only observed difference is taking

the pledge,” she told the *BMJ*.

The two groups were compared on 120 variables using the “matching sample” method and were as similar to each other as possible, except for taking the virginity pledge. Both groups were more conservative and more religious than the general US population.

Abstinence-only sex education has been promoted in the United States since 1993, when a programme called “true love waits” was promoted by the Southern Baptist Convention. More than two million young people have signed abstinence-only pledges.

Cite this as: *BMJ* 2008;337:a3168



Lacey Goeringer, 17, and her father hold a pledge of abstinence at a purity party in Spearfish, South Dakota

## unlicensed therapy is cleared of non-treatment conviction

court judgment says. On 30 June 2004 the prosecutor charged Dr X with four counts of negligent killing and several further counts of non-treatment (or abandonment) “with conditional intent” for stopping standard treatments.

Dr X was convicted in May 2005 by a local court of one count of negligent killing in the case of Mrs Ad but cleared of other charges. He received a suspended sentence of three months in prison with two years’ probation and was required to pay compensation for the family of the deceased patient. Both the accused and the public prosecutor for Basel appealed.

An appeals court in July 2007 quashed the negligent killing conviction and stopped the proceedings in respect of that offence because too much time had passed, but Dr X was also found guilty of “several counts” of abandonment with conditional intent (failure to treat). Dr X appealed to the Swiss Federal Court, which, last June, quashed the failure to treat convictions.

In explaining its decision, the federal court defined abandonment, as exposing “a person under their care or for whom she or he is responsible to either a danger to their life or a serious

immediate danger to their health or who abandons them when they are in such danger.”

The court also held that to be guilty of abandonment a doctor must act with “specific intent” that the patient is exposed to danger. “Abandonment cannot be committed negligently,” the court went on to say, noting that Dr X considered lipoteichoic acid “as a better, but at the very least equivalent” alternative to tamoxifen with fewer side effects. The court also said that Dr X’s lipoteichoic acid treatment “was deemed to be interesting by several parties.”

Margrit Kessler, president of

the Swiss Patient Organisation in Zurich, thinks that the federal court ruling has opened the door to “uncontrolled research in humans” in Switzerland.

“This decision of the highest Swiss court has disastrous implications for patients,” she said. “In the future, because of this fatal misjudgment of the court, Swiss patients can be treated using unlicensed and ineffective substances instead of the standard treatment if the treating physician believes in the efficacy of the substance and if some experts judge the experiment as interesting.”

Cite this as: *BMJ* 2009;338:a3091

## IN BRIEF

### London hospital breached hygiene code:

Homerton Hospital in east London has been issued with an improvement notice by the Healthcare Commission because of breaches of the government's hygiene code. In an unannounced inspection the commission found that the hospital had inadequate arrangements for decontaminating equipment and had poor attendance at mandatory staff training.

### Germany bans herbal drug mixture:

Sales of the herbal drug mixture "spice" will be illegal in Germany after January because of modifications to the Controlled Substances Act. Recent studies have found that the mixture, marketed around the world under such names as Spice Gold and Spice Silver, contains JWH-018, a synthetic substance with cannabis-like effects. Sabine Bätzing, Germany's drug commissioner, said that the mixture can have side effects and be addictive.



**Polio warning in west Africa:** The World Health Organization has advised countries throughout west Africa to strengthen their surveillance for signs of polio to detect spread of the disease from Nigeria and respond accordingly. Countries should also continue to boost immunisations against polio. Between 2003 and 2007 polio from northern Nigeria caused outbreaks of the disease in 20 previously polio-free countries.

### Sleep disorder linked to "substantial" risk of neurodegenerative disease:

A study has quantified the long term risks of neurodegenerative disease among patients with idiopathic, rapid eye movement sleep behaviour disorder (*Neurology* 2008 Dec 24, doi:10.1212/01.wnl.0000340980.19702.6e). Of 93 patients, 14 developed Parkinson's disease, seven developed Lewy body dementia, four developed dementia, and one developed multiple system atrophy.

### Rules relaxed over use of mobiles in hospitals:

The Department of Health has said that hospitals in England should allow more liberal use of mobile phones in areas where they do not affect equipment or privacy. Areas where mobile phones should not be used should be clearly marked to avoid any confusion for patients and staff, the guidance says.

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# Colleagues call for doctor to be released from custody

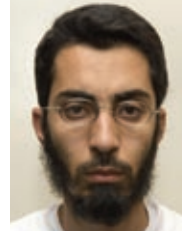
Zosia Kmietowicz LONDON

Colleagues of a doctor who was cleared of any involvement in terrorist activities in the United Kingdom have called for him to be released from custody while he waits for a decision on whether he will be deported.

Mohammed Asha, a neurologist from Jordan, was arrested on 30 June 2007 after attempted car bomb attacks in London on 29 June and at Glasgow airport a day later.

At the time of his arrest Dr Asha was working for the University Hospital of North Staffordshire in Stoke on Trent and was due to take up a post in neurosurgery at Walsgrave Hospital in Coventry after a holiday in Jordan in mid-July.

During the trial Dr Asha admitted knowing



Though acquitted in December Dr Asha remains in custody

Bilal Abdulla, who was found guilty of conspiracy to murder by planning car bomb attacks, and Kafeel Ahmed, who died of his injuries at Glasgow airport. But he denied any knowledge of the attacks.

Dr Asha was served with deportation papers while he was on remand when his highly skilled migrant programme visa expired. Although his legal team applied for an extension to his visa, he was served with a

second deportation notice, which said that his presence "is not conducive to the public good." Tayab Ali, Dr Asha's solicitor, said that an appeal against the deportation notice had been lodged with the Special Immigration Appeals Commission, but there was no date yet for a hearing.

David Nicholl, consultant neurologist and

METROPOLITAN POLICE/PA

## The pharmaceutical industry is stepping

As the number of therapeutics departments in medical schools falls, **Rebecca Coombes** hears how the gap is being filled

Rebecca Coombes LONDON

Drug company staff are providing direct teaching to UK undergraduate medical students, a model that the industry hopes can be developed to forge valuable links with trainee doctors.

The move comes as many medical schools are moving investment away from clinical pharmacology to concentrate on research.

Pfizer has a contract to deliver a module to undergraduates at Brighton and Sussex Medical School, a new school that does not have a clinical pharmacology department. Pfizer does not charge for its services, and students travel to the company's headquarters in Walton Oaks, Surrey, for a series of seminars with staff.

The Association of the British Pharmaceutical Industry (ABPI) is also delivering talks to undergraduates at several medical schools. Richard Tiner, its medical director, said he was in talks with senior lecturers, including at the University of Leeds School of Medicine, to provide general talks on the industry, drug development, and adverse drug reactions. He believes that UK medical academics were becoming more receptive to

offers of help from the industry.

"Three to four years ago we weren't doing anything like this. Last month we had two such talks in a week," he said. "Clinical pharmacology teaching is diminishing in medical schools—many don't have clinical pharmacologists on the staff. There is a realisation that industry has expertise in certain areas that may not be available in all of the medical schools in the UK."

Pfizer says that its experience with Brighton and Sussex has been successful.



Students have been travelling to Pfizer's Surrey headquarters in Walton Oaks for seminars



Glasgow airport after a car bomb attack in June 2007

chairman of the specialist training committee in neurology for the West Midlands, has written to his MP and the *Guardian* newspaper (19 Dec 2008, p 45) to protest at Dr Asha's ongoing detention, which he thinks is politically motivated. "I sincerely hope that this injustice is reversed forthwith and that this man is allowed to pursue his career in neurosurgery," he wrote.

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## Website that rates GP performance will aid communication

Lynn Eaton LONDON

Plans to allow patients in England and Wales to comment on the service they receive from GPs on a government website will be a good way for doctors to keep abreast of their patients' views, Department of Health officials have said.

The department says it wants general practices to monitor comments posted by patients on the website and to respond where appropriate to "demonstrate two way communication."

But the BMA is concerned that the new arrangement, which is due to start in the summer, not only marks an end to practice based surveys of patients but could also be open to misuse.

The facility will appear on the NHS Choices website ([www.nhs.uk](http://www.nhs.uk)), which already offers patients advice on finding a local doc-

tor, how the choose and book appointment system works, and the performance of local hospitals. The site has been running since 2007 but is being developed to allow what the government describes as a "dialogue between patients, [the] public, and services."

It is already possible for patients to comment on care received in hospital. Some of the opinions posted are forthright. One posting from a patient who had been in Basildon Hospital in 2007, for example, says that he was "concerned about the consultant laying on my bed with his outdoor clothes on, having just come back from lunch to discuss my operation and then the anaesthetist coming to discuss my operation and sitting opposite me with spots of blood on his shoes."

Richard Vautrey, deputy chairman of the BMA's General Practitioners Committee, said he was worried about extending the website facility to cover general practices.

An online message board facility was open to misuse, he said. But a health department spokesperson said that such issues would be ironed out before the website is launched.

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## in to fill the therapeutics void

Joanna Hahn, a medical manager at the company, who runs the course, said it was a student selected component that runs half a day a week over two months. The module is ungraded, although students need to pass it to get their overall degree. The course covers topics from drug discovery through to marketing.

Ms Hahn said, "It's an overview of how it all happens. In the early stages we invite doctors from the research laboratories to talk about drug development and to focus on risk assessment and safety. During the second half of the module we look at regulation, the Medicines and Healthcare Products Regulatory Agency, and post-marketing surveillance. We also look at marketing in the true sense, not just advertising."

The company's external affairs staff also address students on its "stakeholder strategy," which includes relationships with patients' groups.

Ms Hahn said the sessions with students were very interactive and that she was sensitive to the need to be objective.

"It is not promotional in any way, shape, or form," she said. "When students first started coming here I made sure drinks were available and sometimes lunch. But I stopped that because it reinforced the perception of free lunches. The whole essence of the

programme is not about promotion or manipulation but to have an open discussion, to say, 'Here is what is happening in our world.'

"We are not trying to hide anything. If anything comes up in the news we discuss it [and] find the right people to speak about it."

Brighton and Sussex offered Pfizer £500 (£510; \$720) to deliver the course, but the company declined the fee.

Ms Hahn said, "The main thing we get out of this is the opportunity to interact with the junior doctors of tomorrow. We get to see how we are perceived in the outside world and to give some information. Students are a little bit sceptical at first. But we have good quality conversations. Initially we had students coming through saying, 'You aren't doing enough in developing countries.' The latest lot of students have said, 'We want to make our own minds up.'"

Martin Kendall, senior medical adviser to the *British National Formulary* and emeritus professor, clinical pharmacology, at the University of Birmingham, said it was "a major indictment" that many medical schools no longer had a proper department of



Martin Kendall (left) and Richard Tiner agree that drug companies may have a teaching role



therapeutics. He was not surprised to see companies such as Pfizer moving in to fill the gap.

"In terms of managing patients," he said, "therapeutics is an important subject. Doctors start prescribing from day one. It is worth remembering

that 6.5% of patients admitted to hospital are suffering from adverse reactions to drugs. It is not just the newer medical schools, but the older ones too, who have no identified department of therapeutics. This is actually serious, a major indictment.

"I think this is related to the research assessment exercise. Medical schools are competing in terms of research output and are judged by the amount of money they raise for research and whether they are published in high quality journals. If you were a dean and want to be successful, what you need to do is build up research and reduce subjects such as psychiatry, elderly care, and therapeutics.

"If it means that Pfizer develops a module to teach medical students, that's not necessarily a bad thing, he said. However, he was concerned about the difficulties of maintaining objectivity in teaching.

Cite this as: *BMJ* 2009;338:a3179