For the full versions of articles in this section see bmj.com

US guidelines often influenced by industry

Janice Hopkins Tanne NEW YORK

Many clinical guidelines for doctors in the United States are influenced by the pharmaceutical industry and special interest groups, said an article in the *New England Journal of Medicine* last week (2007;356:331-3).

"The quality of guidelines varies considerably," and some are controversial, says a commentary by the journal's national correspondent, Robert Steinbrook.

Meanwhile, the National Institutes of Health (NIH) cancelled a conference that it had planned on guidelines for screening pregnant women for herpes, after it received a protest letter from the Center for Science in the Public Interest. The organisation's letter said that four out of five of the speakers had undisclosed ties to drug firms that made antiviral drugs (*BMJ* 2007;334:115).

The letter was signed by Richard Horton, editor of the *Lancet*; two former editors of the *New England Journal of Medicine*, Marcia Angell and Jerome Kassirer; 41 other physicians and scientists, including the head of the US Cochrane Collaboration, and many organisations. It was drawn up by the director of the centre's integrity in science project, Merrill Goozner.

The *New England Journal of Medicine*'s critical commentary said, "At present, the ties between guidelines panels and industry are extensive. A survey of 685 disclosure statements by authors of guidelines concerning medications found that 35% declared a potential conflict of interest."

STEVE LISS/TIME LIFE/GETTY

A letter drawn up by Merrill Goozner (left) and signed by Marcia Angell (right) has called on the NIH to tighten up on industry ties

There are more than 2000 guidelines in the US National Guideline Clearinghouse (www.guideline.gov).

"Guidelines have… been questioned when pharmaceutical and medical-device companies with a financial stake in the outcome provide substantial funding for their development and implementation," the journal says.

Guidelines might be improved by the US setting up an organisation like the UK National Institute for Health and Clinical Excellence (NICE), which decides which drugs and treatments are available on the NHS. In the US, the NIH consensus development programme (http://consensus.nih.gov) sponsors evidence based evaluations, using literature review and public meetings with research presentations, which include jurors and witnesses.

Panel members cannot have financial or other conflicts, and they are independent of the NIH and the Department of Health and Human Services. Speakers at the public meetings may have ties to industry, but these are disclosed. However, the process is slow and expensive.

The Agency for Healthcare Research and Quality does not prepare guidelines, but each year it sponsors 20 or 25 systematic reviews that give public and private organisations a scientific foundation for developing guidelines. However, the agency is not able to fund as many reviews as are proposed.

Guidelines developed by professional organisations and societies that represent medical specialties "have diverse policies for corporate sponsorship of guidelines and the financial associations of committee members," the journal says.

Guidelines would best serve doctors and patients if they were developed by independent experts without funding from self interested groups or industry.

Lilly investigated in US over the marketing of olanzapine

Owen Dyer LONDON

The multinational drug company Eli Lilly faces the threat of lawsuits from US state governments over alleged illegal practices in the marketing of its drug olanzapine (Zyprexa), which is used to treat schizophrenia and bipolar disorder.

The company has already agreed to settle more than 18 000 outstanding product liability claims that relate to the drug in the United States for an undisclosed sum.

Last week, the attorney generals of Vermont and Illinois issued civil investigative demands, equivalent to subpoenas, ordering the company to hand over internal documents relating to the marketing of olanzapine. The states are investigating claims that the company concealed data that show serious risk of side effects including weight gain, hyperglycaemia, and diabetes

Investigators are also looking at whether Eli Lilly illegally promoted the off-label use of the drug to doctors. Although US doctors are free to prescribe drugs off-label, drug companies are barred from marketing drugs for any purpose not approved by the Food and Drugs Administration.

Both Florida and California may seek to recover money spent on olanzapine by their Medicaid programmes. Florida's attorney general already subpoenaed some olanzapine marketing data in 2005. Eli Lilly is refusing to discuss the details of cases but says it is cooperating with all state investigations and with a federal government investigation that began in 2005.

To date, Eli Lilly has agreed to pay $700m in a master settlement with 8000 claimants reached in 2005.

These settlements included some state and federal product liability suits, but the company says it will "continue to vigorously defend Zyprexa in the remaining product liability cases, third-party payer and state cases."

More than 20 million patients have taken the drug.

IN BRIEF

Drugs for Parkinson's disease increase risk of gambling
Patients being treated for Parkinson's disease are at higher risk of becoming problem gamblers, say two studies in *Movement Disorders* (2006;21:2206-8, 2068-72). The first study, based on 388 patients, found that 8% of those taking dopamine agonists had pathological gambling problems. The second study reports similar findings. "We can conclude that Parkinson's disease increases the risk of being affected by problem gambling in a ratio of nearly 26 times."

Women attend fewer smear tests
The number of women aged between 25 and 29 years who accepted an offer to have a smear test fell to 69% in 2005-6, down from 79% in 1995-6, according to figures from the NHS Cancer Screening Programme (www.cancerscreening.nhs.uk). Attendance was also down among women aged 30 to 34 years: 78% took up the offer of a test in 2005-6 compared with 84% 10 years ago.

Groups compile toolkit to tackle childhood obesity
The Faculty of Public Health and the National Heart Forum have compiled a toolkit to help local action teams to implement the National Institute for Health and Clinical Excellence's guidelines on childhood obesity. It is available at www.fphm.org.uk/policy_communication/publications/toolkits/obesity/default.asp.

Hanging baskets cause potential health hazard
A case-control study into *Legionella longbeachae* infection shows that predictors of illness include poor hand washing after gardening, long term smoking, and being near dripping hanging flower pots. "Exposure to aerosolised organisms and poor gardening hygiene may be important predisposing factors to *L longbeachae* infection," say the authors (*Epidemiology and Infection* 2007;135:34-9).

Experts query likelihood of nurse being present at deaths
Mathematicians quoted in *Nature* have cast doubt on statistical evidence in the case of Lucia de Berk, the Dutch nurse sentenced to life imprisonment in 2003 for murdering seven patients. The court had heard that there was a one in 342 million chance of her being present at each event, but the mathematicians say the chances were one in 48 or one in five (*Nature* 2007;445:254-5).

NEJM sees promise in polypill for low income countries

Janice Hopkins Tanne NEW YORK

A "perspectives" commentary in the *New England Journal of Medicine* by a leading Indian cardiologist says that a "polypill" to combat heart disease "would be quite cost-effective in reducing the burden of cardiovascular disease even in low-income and middle-income countries" (*New England Journal of Medicine* 2007;356:3).

The polypill, a combination of a statin, aspirin, drugs to lower blood pressure, and folic acid, was first proposed by Nicholas Wald and M R Law of the Wolfson Institute of Preventive Medicine, Barts, and Queen Mary's School of Medicine and Dentistry at the University of London in the *BMJ* (2003;326:1419).

In the commentary, Srinath Reddy, president of the Public Health Foundation of India and professor of cardiology at the All India Institute of Medical Sciences in New Delhi, says that drugs for primary or secondary prevention of cardiovascular disease have not been widely used even in developed countries.

"Poor adherence to multidrug regimens is a common barrier to effective therapy. In low and middle-income countries, the unaffordable cost of such regimens represents another obstacle," he writes.

The polypill might prove useful, but Dr Reddy noted that other experts have proposed different combinations of four or five drugs.

"The availability of most of these drugs in a generic form may help to reduce the cost of a polypill, especially in countries such as India, with its active generic drug industry," Dr Reddy writes.

The World Heart Federation recently announced that it would support the development of a polypill containing aspirin, an angiotensin converting enzyme inhibitor, and a statin. However, trials are needed to show "whether the polypill is a miracle or a mirage," Dr Reddy says.

MSF challenges Novartis's action over imatinib

Ganapati Mudur NEW DELHI

The international aid organisation Médicins Sans Frontières has called on the Swiss pharmaceutical company Novartis to withdraw its challenge to the Indian government, which has refused to give the company a patent on its leukaemia drug imatinib (Glivec).

In a case scheduled to be heard in an Indian court next week, Novartis has challenged sections of the Indian patent laws that are seen as an important public health tool by Médicins Sans Frontières, doctors, lawyers, and health activists, because they ensure cheap access to medicines. The sections do not allow patents for new applications for old drugs, or for products that are simply a new combination of old drugs.

Novartis started legal action after its patent application for the drug imatinib was rejected by Indian patent examiners, who described it as a new form of a known substance. Indian manufacturers produce generic versions of imatinib mesylate that cost a fraction of the cost of the drug marketed by Novartis.

Médicins Sans Frontières has warned that if Novartis wins the case, fewer generic versions will be available for production in India. "This will have a devastating impact on people around the world who rely on affordable medicines from India," the organisation said.

Indian generic manufacturers have been producing inexpensive versions of drugs that are then sold in developing countries. "India has emerged as the pharmacy of the world's poor," said Ellen t'Hoen, director of policy advocacy with Médicins Sans Frontières.

About 50% of AIDS drugs in the developing world are Indian generics, she said.

Novartis has said it does not agree with the contention that its legal action in India will adversely impact access to affordable medicines in the developing world. The company said generics would not solve the challenge of improving access to imatinib mesylate.

A year's treatment with a generic version of imatinib mesylate in India would be four times a person's annual average income, the company said. Novartis currently provides the drug free to more than 6500 patients in India.

MPs deplore poor progress in combating childhood obesity

Zosia Kmietowicz LONDON

The government's attempts to tackle childhood obesity have been beset by "dithering," "confusion," and "little coordination" by three key departments, the MP charged with investigating progress on the matter has said. Unless concerted action is taken promptly the proportion of children who are obese will rise sharply, he warns.

Edward Leigh MP, chairman of the public accounts committee, was commenting on the committee's latest report. The committee took evidence on how the Departments of Health; Education and Skills; and Culture, Media, and Sport planned to halt the rise in obesity in children and what they are doing to harness the support of parents and influence organisations.

In July 2004 a public service agreement target was established between the departments to halt by 2010 the year on year increase in obesity in children younger than 11 years old. The 2004 Health Survey for England found the proportion of children aged between 2 and 10 years who were obese had risen from 9.9% in 1995 to 13.4% in 2004.

"The extent to which children in this country are obese is alarming," said Mr Leigh. "Halting the growth of childhood obesity means changing how children and their families behave and that requires many parts of government acting together. This is tricky territory. It is therefore all the more urgent that the departments involved work together to set a clear direction. It is lamentable that, long after the target was set, there is still so much dithering and confusion and still so little coordination."

Two and half years since the target was set the report criticises the departments on all fronts. They have been "slow to react" and have failed to publish key sections of their delivery plan. They had also created a complex delivery chain for meeting their objectives which involves 26 different bodies or groups of bodies. Attempts to work with the food industry have failed to change the way that most unhealthy foods are marketed, including television advertising.

And a delay of up to two years between doing the health survey and publishing the results means that the departments do not currently know what progress is being made to halt the rise in child obesity.

The report recommends that the departments "increase the pace of their response," consider appointing an obesity champion to "galvanise activity," and introduce measures to audit the performances of different parties.

Also criticised is the failure of the departments to engage parents in tackling the challenge facing them and the decision not to inform parents if their child is found to be obese because of fears that children diagnosed as obese will be stigmatised and bullied. Since summer 2006, all children in reception and year 6 are weighed and measured, although the report says it is not clear how bodies, such as primary trusts or schools, will use the data.

Tackling Childhood Obesity: First Steps is available at www.parliament.uk/parliamentary_committees/committee_of_public_accounts.cfm.

China may have twice as many overweight people as in 1991

Roger Dobson ABERGAVENNY

More than 120 million men and women in China are overweight or obese, according to a new study (Obesity 2007;15:10-18).

The number of overweight men and women may have more than doubled since 1991, and the rates of obesity in men may have more than tripled in the same period.

"Overweight and obesity have become important public health problems in China. There is an urgent need to develop national strategies aimed at the prevention, detection, and treatment of overweight and obesity to reduce the increasing burden of cardiovascular disease," say the authors from the InterASIA collaborative group.

The authors did a cross sectional survey of a nationally representative sample of 15 540 Chinese adults aged over 35 years. Trained observers measured body weight, height, and waist circumference. Data were also collected on age, education, and lifestyle risk factors.

Results show the prevalence of overweight and obesity were 24.1% and 2.8% in men and 26.1% and 5.0% in women, respectively. The prevalence of central obesity was 16.1% in men and 37.6% in women.

Men aged 45 to 54 years had the highest prevalence of overweight (26%) and obesity (3.1%). In women, 6.2% of those aged 55 to 64 were obese. In each age group, prevalence of obesity was higher for women than for men.

The authors say that applying the results to the Chinese population as a whole indicates that the prevalence of overweight and obesity in the general Chinese adult population is higher than previously reported. In 1991, the prevalence of overweight and obesity were 9.9% and 0.8% in men and 12.9% and 1.9% in women.

EYE PRESS/AP/EMPICS

More than a quarter of Chinese women are now overweight

"Our study suggests that 119 million Chinese adults aged 35 to 74 years were overweight and 18 million Chinese in the same age range were obese, using BMI [body mass index] criteria. Using waist circumference, 126 million Chinese adults aged 35 to 74 years had central obesity," they say.

The authors say that other Asian countries have reported similar patterns, which have been associated with a variety of lifestyle and behavioural changes, including physical inactivity and high fat, energy rich diets.

The prevalence of overweight, obesity, and central obesity were higher in people living in urban areas and in people resident in northern China.

Heart tissue generated from embryonic stem cells

Judy Siegel-Itzkovich JERUSALEM

Human heart tissue that contains blood vessels and beats spontaneously has been generated from human embryonic stem cells, according to a recent report in *Circulation Research* (2007 Jan 11, doi: 10.1161/01.RES.0000257776.05673.ff).

A team at the Technion-Israel Institute of Technology in Haifa put together a combination of cardiomyocytes and endothelial cells produced from human embryonic stem cells with fibroblasts from mouse embryos to produce vascularised tissue. They used a biodegradable polymer sponge as a three dimensional scaffold for the tissue.

The team consisted of Shulamit Levenberg, a researcher in biomedical and tissue engineering; Lior Gepstein, professor of physiology; and colleagues.

In the future, the team will look into the possibility of implanting the engineered cardiac tissue into a patient with its blood vessels to promote connection to the circulatory system.

This work may provide a powerful tool for assessing the interactions between the various cells during embryonic heart development and may also be used as an in vitro three dimensional model of human cardiac tissue for pathophysiological and pharmacological studies.

The technique is aimed at eventually helping patients who have cardiac insufficiency caused by heart failure and ventricular dysfunction. Because the construction of synthetic organs is still far off, the Israeli researchers believe repairing damaged tissue will come first.

"In our work," says Dr Levenberg, "we showed the importance of endothelial cells that induce the differentiation of stem cell derived heart cells and their organisation as tissue and encourage their multiplication. It's important to create cardiac tissue with all the cells that compose them. In this

Rich, young, educated women get better breast cancer care than poor, older women

Janice Hopkins Tanne NEW YORK

Three US studies show that the treatment of breast cancer is influenced by a woman's education, income, and age.

US women who are involved in choosing their breast cancer surgeon are more likely to be treated by an experienced surgeon at an accredited cancer centre, says a study from the University of Michigan (*Journal of Clinical Oncology* 2007;25:271-6).

Another study from the University of Michigan says that breast cancer patients with lower household incomes and less education are more likely to receive reduced doses of chemotherapy, especially if they are obese (*Journal of Clinical Oncology* 2007;25:1-8)

And a third study, from Wake Forest University, found that women aged 65 years or older with early breast cancer were less likely to get recommended radiation and five years of tamoxifen (*Cancer* 2007 Jan 22, doi: 10.1002/cncr.22472).

The first study, of 1844 women recently diagnosed as having breast cancer in Detroit and Los Angeles, showed that women with more education and higher incomes—about 20% of the group—chose a surgeon based on reputation. The study did not clarify what was meant by "reputation." However, another 15% of women said that they saw the only surgeons available through their health plans.

Patients who chose their surgeon based on reputation were more likely to be treated by a high volume surgeon at a centre accredited by the National Cancer Institute or the American College of Surgeons.

"Health plans and provider referrals are less likely to send patients to a [National Cancer Institute] centre," Steven Katz, the lead author, told the *BMJ*.

DAVID FISHER/REX

Kylie Minogue: rich, young, and educated?

"I've had black women come to me and ask for 'the chemotherapy the white ladies get.'"

In the second study, Jennifer Griggs and colleagues found that women with less education, with lower incomes, and who were obese got less than 85% of the recommended dose of chemotherapy. Her study looked at the initial dose of chemotherapy given to women who had been diagnosed, treated with surgery, and referred to an oncologist for chemotherapy.

Although only obesity and having an education that stopped before high school graduation were related to lower doses, Dr Griggs told the *BMJ*, "I've had black women come to me and ask for 'the chemotherapy the white ladies get.'"

She suggested that doctors might make decisions at a subconscious level and may think that patients of a lower socioeconomic status may be less willing to accept adverse events or may think that they did not want to burden or trouble the patient with treatment.

The authors conclude: "These results offer an explanation for the disparities in breast cancer-specific survival in patients of lower SES [socioeconomic status] and may offer an opportunity to improve patient care and possibly patient outcome.

"Further research to understand physician decision making in chemotherapy dosing and to develop interventions to reduce the variation in chemotherapy dosing is warranted to decrease disparities in breast cancer treatment in vulnerable populations."

The third study, of 1837 women aged 65 years or older, reported that although older patients should get the same standard of care as younger patients—in particular, radiation therapy after lumpectomy and five years of tamoxifen—many did not. Women who had lumpectomy but no radiation therapy had 3.5 times the risk of local or regional recurrence compared with women who had radiation.

Women who took tamoxifen but not chemotherapy and women who took tamoxifen for less than a year had a 90% higher risk of recurrence than women who took the drug for five years.

case, it is endothelial cells, cardiac cells, and cells that support blood vessels."

The main problem in cardiovascular regenerative medicine has been the lack of sources for human cardiac tissue. But by establishing a unique model of cardiomyocyte differentiation from human embryonic stem cell lines, the stem cells can be propagated in the undifferentiated state and coaxed to differentiate into a variety of cell types, including cardiomyocytes with the functional properties typical of early stage human cardiac tissue.

The team recently showed that the generated cardiomyocytes can integrate with pre-existing cardiac tissue both in vitro and in vivo.

Dr Shulamit Levenberg

Website gives free access to UK medical research

Zosia Kmietowicz LONDON

Most biomedical research in the United Kingdom will be made freely available online in a database that went live this month and which is supported by nine of the UK's biggest research sponsors.

UK PubMed Central (UKPMC; www.ukpmc.ac.uk) mirrors the US PubMed Central database, a free online archive of life science research administered by the US National Institutes of Health. Many of the groups behind the UK initiative, which has been led by the Wellcome Trust, now require that the results of research they support are made available to the site once they are accepted for publication by a peer reviewed journal.

The Wellcome Trust announced in May 2005 that it was looking for technical partners to set up the service (*BMJ* 2005;330:1043). The trust, together with its partners, awarded the contract to develop the site to a partnership between the British Library, the University of Manchester, and the European Bioinformatics Institute last July.

Mark Walport, director of the Wellcome Trust, said, "Medical research is not complete until the results have been communicated. The development of UKPMC provides a great opportunity for this research to be made freely available, and I am very pleased that a first class partnership … will be running it.

"This is only the start, however, and over the next few years the challenge will be to develop UKPMC so that it becomes the destination site of choice for the international biomedical research community and all those who are interested in discovering the results of groundbreaking research first hand."

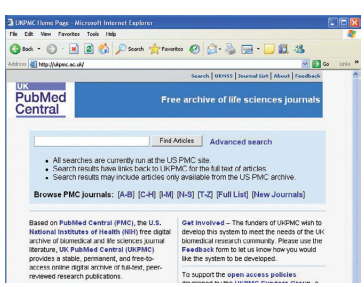
The research funders that support the database comprise the Arthritis Research Campaign; the Biotechnology and Biological Sciences Research Council; the British Heart Foundation; Cancer Research UK; the Association of Medical Research Charities; the Chief Scientist Office of the Scottish Executive Health Department; the Department of Health; the Joint Information Systems Committee; the Medical Research Council; and the Wellcome Trust.

A spokesman for BioMed Central, a publisher of peer reviewed open access journals, said, "The launch of UK PubMed Central is a significant development in the movement to make research more freely and easily accessible.

"By [guaranteeing that] researchers make their papers freely available on UKPMC, funding agencies are ensuring the broadest possible dissemination of scientific findings from research they fund, further contributing to developments in the scientific community that will accelerate scientific discovery."

All articles published in BioMed Central's journals will automatically be uploaded to the repository, he said.

Research articles in the *BMJ*, already automatically loaded on to PubMed Central on publication, will now also be available on UKPMC without authors taking further action.



Hysterectomy must be last option for heavy periods

Susan Mayor LONDON

Hysterectomy should generally be considered only as a last option in treating women with heavy menstrual bleeding, says guidance for the NHS in England and Wales issued this week by the National Institute for Health and Clinical Excellence (NICE).

The guidance advises that hysterectomy should be considered only when heavy menstrual bleeding has a severe effect on a woman's quality of life and other treatments are not suitable or not working—or for a woman wanting to stop her periods completely. It can also be considered for women who fully understand the risks and benefits and who ask for a hysterectomy or for those not wanting to have a child.

Mary Ann Lumsden, professor of gynaecology and medical education at the University of Glasgow and chairwoman of the guideline development group, said, "In the early 1990s it was estimated that at least 60% of women presenting with heavy menstrual bleeding would have a hysterectomy to treat the problem, often as a first treatment and without discussion of any alternative options. It is fundamental that all women with heavy periods know there is now a range of treatment options and [that] many don't require surgery."

If investigations indicate no obvious problems with a woman's womb, the guidance recommends the levonorgestrel releasing intrauterine system (LNG-IUS) as the first line drug treatment, providing that long term use (at least 12 months) is anticipated.

Second line drug options include tranexamic acid, non-steroidal anti-inflammatory drugs, or combined oral contraceptives, followed by norethisterone (15 mg daily from days 5 to 26 of the menstrual cycle) or injected long acting progestogens.

Where surgery is indicated, endometrial ablation is considered preferable to hysterectomy in women with heavy menstrual bleeding and without other symptoms and where the uterus is no bigger than a 10 week pregnancy. The guidance recommends that dilatation and curettage should not be used as a therapeutic treatment.

Nice Clinical Guideline 44: Heavy Menstrual Bleeding is at www.nice.org.uk/CG44.

Husband says judge's ruling on wife's treatment was "inhumane"

Clare Dyer BMJ

The husband of a woman in a persistent vegetative state (PVS) who was given a sleeping pill that was said to have "woken up" some patients has called for an urgent inquiry into the use of the drug on his wife.

The president of the High Court's family division, Sir Mark Potter, sanctioned a brief trial of zolpidem on the woman, named only as J, before a final decision was taken to withdraw artificial nutrition and hydration and let her die.

Sir Mark agreed to the treatment at the request of the then official solicitor, Laurence Oates, who was acting for J, and wanted to give her a chance of responding to the drug even though her family opposed the attempt.

The expert witness for the official solicitor, Keith Andrews of the Royal Hospital for Neuro-disability in Putney, southwest London, doubted the drug would work but told the judge it gave a "glimmer of hope, a possible upside, with no real downside in terms of patient welfare."

However, J's family feared she might awake temporarily and become aware of her profound disability. They wanted her to die with dignity. Her mother, a retired psychiatrist, told the judge in a statement that it seemed "unbearably cruel" to keep her alive.

"What happened to [J] was alien and inhumane," her husband, aged 55 years, who may not be named because of a court order, told the *Daily Telegraph* newspaper (19 January 2006, p 1).

"Somewhere along the line people have forgotten that just because you can perform a particular medical treatment doesn't necessarily mean that you should. Zolpidem is not even an established treatment for PVS patients. I find it staggering that she was given it." He added, "It seems to me vitally important that an organisation such as the BMA should consider the issues involved." J's mother, brothers, and two daughters were against what they regarded as little more than an experiment.

The drug, which was tried three times, acted only as a sleeping pill, pushing her deeper into sleep, and she was allowed to die last month.

CHRISTOPHER FURLONG/GETTY IMAGES

Smoking support is "excellent" where it is most needed

Robert Short LONDON

Primary care trusts in deprived areas of England and Wales have been very good at providing tobacco control services and supporting their populations in reducing smoking, a new review from the Healthcare Commission says.

The commission, which inspects the quality of health care and public health in England and Wales, reports that almost half of the primary care trusts it rated as "excellent" in providing antismoking services were in the most deprived areas (as defined by an index of multiple deprivation). In contrast, only 20% of trusts in affluent areas were "excellent."

Primary care trusts in more northerly regions and in London performed better than those elsewhere. The north east of England did particularly well, with almost 70% of primary care trusts being rated as "excellent."

The report concludes that overall the primary care trusts seem to be getting the basic support right. No trust received the lowest rating of "weak." In fact, 33% of trusts were "excellent," 56% were "good," and 11% were "fair."

How trusts were rated in this review correlated with how they met the government's targets on the number of people who have successfully given up smoking for four weeks.

The commission's review was based on local and national data for the three years to December 2005. It concentrated on factors that have been identified as having the most effect on the delivery of tobacco control and smoking cessation services.

These factors included having an effective smoking cessation service; reducing the prevalence of smoking (especially in groups of people most at risk from smoking and from exposure to smoke); developing public health capacity within the trust's own workforce and within independent contractors to reduce the prevalence of smoking; promoting healthy lifestyles among the workforce and minimising risks in relation to smoking and exposure to smoke; and working with partners to control tobacco consumption in the local population.

Primary care trusts with the highest ratio of quitters to smokers achieved a score of "excellent" in the review's key area of partnership with local agencies (such as councils, hospitals, and prisons). But 42% of trusts failed to provide new staff with information on their role in promoting smoke-free workplaces or with smoking cessation services. Many trusts did not have programmes in place to help their staff stop smoking.

In July 2007 smoking will be banned in almost all enclosed public places in England, and in October the legal age to purchase cigarettes will increase to 18 years.

No Ifs, No Buts: Improving Services for Tobacco Control is available at www.healthcarecommission.org.uk.

Bill to abolish patients' forums criticised as "disgraceful"

Clare Dyer BMJ

A UK government bill to reform the way patients and the public participate in decisions about local health services had its second reading this week in parliament, where it faces opposition from the Conservatives and Liberal Democrats.

The Local Government and Public Involvement in Health Bill will abolish patients' forums and replace them with local involvement networks (LINks). It will also modify the duty to consult the public about changes in health service provision.

In the place of patients' forums, local authorities will be put under a duty to make contractual arrangements for the involvement of people in the commissioning, provision, and scrutiny of health services and social services.

LINks will cover social care services as well as health, will be established for a geographical area, and will decide locally how members will be appointed and how others will contribute. They are intended to reach out to a wide range of existing local groups.

The decision to scrap the relatively short lived patients' forums is highly contentious, and opposition MPs protested at the move during the second reading debate on Monday. MPs were concerned that the reform had been inserted in a bill from the Communities and Local Government Department, which was primarily about local government.

A Conservative MP, John Baron, said it was "disgraceful" that plans to do away with the forums had been "tacked on to a long and contentious bill dealing with local government rather than health." He spoke of "deep felt anger" about the reforms, adding, "It's almost like ministers are trying to sneak these measures in, hoping no one will notice."

"It's almost like ministers are trying to sneak these measures in"

Richard Taylor, an independent MP and former NHS consultant, said patients' forums had good links with local communities and health groups and were "thoroughly effective."

He added, "I have no objection to reform or change if it is needed. But the constant changes that we have had over the past 20 years that have appeared to be really change for the sake of change I think have been intolerable and in the long run counterproductive."

Ruth Kelly, the local government secretary, said some patient forums had as few as eight members, but the new LINks would allow "hundreds, if not thousands" to be involved.

On Monday the department announced that a government amendment to the bill would require local authorities and primary care trusts to work together to produce a strategic assessment of the health, health care, and social care needs of the local area.

Examples given were putting more emphasis on tackling obesity or placing a greater focus on home care, which would allow older people to be cared for in their own homes. "These priorities will then form part of the overarching community strategy for the area and could be supported by funding from the Local Area Agreement or other mainstream sources. This means that through different authorities working together, the services provided more fully meet the genuine needs of the community," said a departmental statement.

The bill also modifies section 11 of the Health and Social Care Act 2001, which places a duty on strategic health authorities, primary care trusts, and NHS trusts to consult patients and the public in planning services, considering changes, and making decisions that affect how services operate. The section was used last year by residents of a former mining village in Derbyshire to win an appeal court ruling that they had not been properly consulted over plans to contract out their primary care services to a US healthcare company.

The bill amends the duty to require consultation only on "significant" changes—those that would have a substantial impact on the manner in which services are delivered or the range of services available to users.

The health reforms in the bill apply to England.

Former *BMJ* artist demonstrates the effect of cataract operation on her eyesight

Lynn Eaton LONDON

A former *BMJ* illustrator, artist Yvonne Fuller, decided to chronicle the changes in her vision when she had a recent cataract operation at a hospital in Truro.

Like many people, Yvonne, who is 66 years old, had been struggling for several years with deteriorating vision. After the cataract on the first eye was removed Yvonne was delighted and decided to make a record of the changes in her sight.

"Even on the day of the operation I could see better," she said. "It was nothing short of miraculous. In fact, when I walked home I realised I could see everything, including car number plates, without glasses. I cried with joy."

The other eye was operated on two months later.

"I can see as well as I could when I was 30, it's fabulous. Now I have a renewed confidence it's like rolling back the clock, I don't have to think about it anymore and I have new spring in my step," she said. Yvonne's illustrated booklet shows the change in images from before her cataract operation to afterwards, when, as she says, "all is bright and clear and clean-looking."

See her book at www.lenstec.com/lenstec/PDFs/YvonneFullerBook.pdf.

Before the operation

After the operation

The artist's paintbrush when she suffered from cataracts