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## Pfizer asks journal for comments made by peer reviewers

Clare Dyer **BMJ**

The multinational drug company Pfizer is trying to force leading medical journals to divulge the identities and comments of anonymous peer reviewers who judged articles submitted about two of the company's painkillers.

Pfizer, which is facing a claim for damages by users of the cyclo-oxygenase-2 inhibitors celecoxib (Celebrex) and valdecoxib (Bextra), has issued subpoenas against journals including the *New England Journal of Medicine*, *JAMA*, the *BMJ*, and the *Lancet*.

Editors and researchers fear the move could threaten the confidentiality of the peer review system. As the *BMJ* went to press the US district court in Boston was due to rule on whether Pfizer can force the *New England Journal of Medicine* (*NEJM*), which is resisting the subpoena, to hand over the information.

The demand includes all documents relating to manuscripts submitted for publication, whether accepted or rejected. The journal has given Pfizer a small amount of material, mainly correspondence between authors and editors relating to suggested editorial changes, but it claims the bulk of the material is privileged.

"Scientific journals such as *NEJM* may have received manuscripts that contain exonerating data for Celebrex and Bextra which would be relevant for Pfizer's causation defence," the company says in the motion filed with the district court.

Donald Kennedy, editor in chief of *Science*, branded the exercise a "fishing expedition" in a signed editorial (2008; 319: 1009). "If this motion succeeds, what journal will not then become an attractive target for a similar assault?" he wrote.

"Subpoenas are a routine part of fact gathering in any litigation by both plaintiffs and defendants," said a Pfizer spokesperson. "To defend against the plaintiffs' claims in the Celebrex and Bextra litigation, Pfizer has served subpoenas. Indeed, in this litigation, both parties served subpoenas on a number of authors and medical and scientific journals."



Most tests for people who are well, such as whole body scans, cause confusion and anxiety

## UK experts call for system to evaluate diagnostic tests

Susan Mayor **LONDON**

A national system should be introduced to evaluate diagnostic tests for use by the NHS, a report published this week recommends. It warns that currently no process is available for deciding which of the rapidly growing number of new tests should be used.

Such an evaluation system should extend to tests and scans aimed at people who are well, making information available to the public to warn them that many of these tests are not useful and can be harmful, according to a second report.

The first report, *The Evaluation of Diagnostic Laboratory Tests and Complex Biomarkers*, notes that about one billion laboratory tests are performed each year in the United Kingdom. "NHS laboratories have sophisticated systems to ensure the analytical accuracy of the tests, yet no system is in place to ensure the clinical effectiveness

and utility of individual tests," warned Peter Furness, consultant histopathologist at the University Hospitals of Leicester, vice president of the Royal College of Pathologists, and one of the report's authors.

The group recommends that a new national body should be set up to evaluate diagnostic tests, with a publicly accessible database to provide evidence of performance and usefulness.

The new body would evaluate the evidence for the performance of a test and make recommendations on its use in clinical practice.

The second report, *Making Sense of Testing*, recommends that the independent body should also evaluate the growing range of health tests and scans, including whole body checks and blood tests for allergies, which are being marketed directly to people who are well. It notes that the market for health tests for

people to use at home is now worth £99m (€130m; \$199m) a year in the United Kingdom.

After reviewing screening tests, a panel of pathologists, GPs, and clinical scientists found that only a small number are worthwhile. Most cause confusion, anxiety, unnecessary trips to the doctor, and sometimes unnecessary medical procedures.

The report, commissioned by Sense about Science, an independent trust that tries to improve public understanding of science, warned that most tests designed to diagnose specific conditions are not suitable for use by people with no symptoms.

See Editorial p 569 and Analysis p 590.

*The Evaluation of Diagnostic Laboratory Tests and Complex Biomarkers* is at [www.phgfoundation.org](http://www.phgfoundation.org) and [www.rcpath.org](http://www.rcpath.org). *Making Sense of Testing* is at [www.senseaboutscience.org.uk](http://www.senseaboutscience.org.uk).

## IN BRIEF

### Doctors still most trusted profession:

Doctors are still the professionals that the UK public trusts most, according to an Ipsos MORI survey. The annual poll indicates that nine in 10 adults say that they trust doctors to tell the truth. They were closely followed by teachers (86%), professors (78%), and judges (78%).

### Too few women having mastectomy offered simultaneous reconstruction:

Only one in 10 women with breast cancer is getting access to reconstructive surgery at the time of their mastectomy, says a report for the Healthcare Commission. This is despite recommendations from the National Institute for Health and Clinical Excellence in 2002 that it should be available to all. *The National Mastectomy and Breast Reconstruction Audit* is at [www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk).

### US court denies emergency contraception challenge:

A US court for the District of Columbia has denied a challenge by conservative organisations to the sale of the morning after pill, Plan B (levonorgestrel). In 2006 the Food and Drug Administration approved over the counter sale of the drug to women aged at least 18 and prescription only use for younger women.

### BMJ readers support transparency in conflicts of interest:

BMJ readers voted by 56% to 44% against the proposition that the hunt for conflicts of interest had gone too far. A total of 430 people voted in last week's online poll.

### Philippines declares typhoid outbreak:

More than 1400 people in the Filipino city Calamba have developed symptoms of typhoid since 16 February, leading to a declaration of a state of disaster in the city, 60 km south of the capital, Manila.

### High glycaemic index raises diabetes risk:

Researchers at the University of Sydney, Australia, have found that eating foods with a high glycaemic index raises the risk of diabetes, heart disease, and some cancers (*American Journal of Clinical Nutrition* 2008;87:627-37).

### Prioritise speedy treatment:

Prompt attention is the most important non-clinical requirement to do with quality of care for patients, according to a World Health Organization survey of more than 100 000 people in 41 countries. Dignity was selected second (*Social Science and Medicine* 2008 Mar 3 doi: 10.1016/j.socscimed.2007.12.002).

## Company managed to block development of generic drug

Zosia Kmietowicz LONDON

Doctors, governments, and drug regulators must watch the way drug companies operate because the dearth of new medicines is taking profit chasing to new heights, an expert has warned.

Joe Collier, emeritus professor of drug policy at St George's, University of London, issued his advice in the wake of an investigation by the BBC's *Newsnight* programme, which suggested that Reckitt Benckiser, the makers of Gaviscon (sodium alginate and potassium bicarbonate), maintained an effective monopoly on the market for years after the drug came off patent.

The investigation, which was broadcast last Friday, claimed that the company had created obstacles to block rival manufacturers from selling cheaper generic copies, resulting in there still being no generic version of Gaviscon almost 10 years after the product's patent expired in 1999.

A former employee turned whistleblower claimed on *Newsnight* that the company had "cheated the NHS" and that a generic formulation of Gaviscon could have saved the health service "millions of pounds." Reckitt Benckiser, however, maintains that it is a

responsible company that has behaved honestly and responsibly at all times.

Professor Collier warned that whatever efforts were made to tighten the law or industry codes of conduct, drug companies would find a way to push their boundaries to the limit.

"Doctors, governments, and regulators of medicines have got to recognise that the industry may not have the best interests of patients or the NHS at heart. They should . . . try to force the industry to behave in a way that is socially responsible," Professor Collier told the *BMJ*. "But of course social responsibility does not bring profitability."

The situation with Gaviscon was highly unusual, according to Ike Iheanacho, editor of the *Drug and Therapeutics Bulletin*. He said that generic versions of most drugs become swiftly available once the patent expires, usually within a matter of months.

But Reckitt Benckiser had successfully exploited some unique features of Gaviscon to retain its share of the indigestion drugs market, he claimed.

Gaviscon is unusual in that it was launched without a generic name, and its chemical composition was not known.

BBC investigators claimed that the lack of a generic version of Gaviscon had cost the NHS £40m (€52m; \$81m). Meanwhile the company still had 88% of the market for alginic acid compounds in the NHS with no generic in sight.

## UK government will tighten law on trial results after weaknesses found in safety legislation

Rebecca Coombes LONDON

The UK government is to increase drug companies' responsibility to pass on information about clinical trials.

The move comes after the regulators announced last week that it could not prosecute GlaxoSmithKline (GSK) for non-disclosure of trial data that showed it was unsafe for children younger than 18 to take the antidepressant paroxetine (Seroxat).

The Medicines and Healthcare Products Regulatory Agency (MHRA) issued the final report of its four year investigation into GlaxoSmithKline, during which investigators sifted through one million pages of evidence. It concluded that the drug company hadn't broken the law but criticised it for not reporting the information earlier. GlaxoSmithKline denied it had broken any regulations.



Seroxat: unsafe for children under 18

Fears about the safety of paroxetine for children younger than 18 first surfaced in 2003 after a comprehensive review of selective serotonin reuptake inhibitors (SSRIs) by the Committee on Safety of Medicines. The review uncovered clinical trial data that show an increased rate

of suicidal thoughts and behaviour in children and adolescents who take paroxetine and other SSRIs. The MHRA investigation arose from a concern that GlaxoSmithKline had held the information for some time and had failed to disclose it.

Speaking last week, the MHRA's chief executive, Kent Wood, said that his doubts remained: "I remain concerned that GlaxoSmithKline could and should have reported this information earlier than it did. All companies have a responsibility to patients and



# Demand for prescription drugs in rich areas rises after abolition of charges in Wales

**Roger Dobson** ABERGAVENNY

The phasing out of prescription charges in Wales may have led to more demand for prescription drugs in richer areas.

The percentage change in prescriptions for non-sedating antihistamines doubled during the two years after the first reduction in charges compared with the change during the two years before. In the same period rates stayed the same in parts of the south east of England, where charges remained (*Health Policy* 2008 Mar 6; doi: 10.1016/j.healthpol.2008.01.006).

The researchers, who chose to investigate drugs for hay fever because of the high incidence of the condition, also found that the biggest increases in prescribing in Wales were in the richest areas.

"This would suggest some individuals were making the decision to obtain a prescription for medication they may pre-

viously have purchased," say the researchers. "This does not detract from the desired aim of the policy to remove a health-care inequity. It does, however, suggest there may have been a shift in health seeking behaviour involving more visits to the doctor by those from less deprived areas to obtain a prescription and avoid the need to purchase."

The researchers looked at prescribing between 2001 and 2006 by local health boards in Wales and 15 primary care trusts in the south east of England.

In Wales the percentage change in the median number of non-sedating antihistamines prescribed per 1000 people in the two years after the first reduction of the prescription charge was significantly greater than the change in the two years before this period (13.7% (interquartile range 10.9%-17.1%) *v* 7.3% (5.0%-10.7%), *P*<0.001). The number of prescription items

dispensed in the English trusts did not change.

"It is a laudable aim of the government in Wales to make medicines free for all at the point of need. It would appear, however, that the policy is having an impact on those who may other-

wise have purchased a medicine over the counter. While such an approach is understandable it does not reflect the required collective, social responsibility to constrain unnecessary demand on health service resources," say the authors.



After abolition of prescription charges, patients with hayfever visited doctors rather than buying their drugs over the counter

should report any adverse data signals as soon as they discover them." He said that the investigation had shown "important weaknesses" in drug safety legislation.

In a statement, the health minister Dawn Primarola said that the government would immediately strengthen the law so that there could be no doubt over companies' obligation to report safety issues.

At the time of the events in question, the law did not require a drug company to inform the regulator of clinical trials data in groups for whom the drug was not licensed. There was insufficient evidence that Glaxo-SmithKline promoted the product for "off label" use in children younger than 18.

Alastair Benbow, medical director for GlaxoSmithKline Europe said, "GSK does not promote its medicines for indications for which they are not approved and maintains that Seroxat was not promoted to UK doctors for use outside the terms of the UK marketing authorisation."

MHRA Investigation into Glaxosmithkline/Seroxat, and related documents are at [www.mhra.gov.uk](http://www.mhra.gov.uk).

## GPs reluctantly accept government's offer on extended hours as lesser of two evils

**Adrian O'Dowd** MARGATE

A large majority of GPs have voted for the first of two government options on how they will provide extended opening hours in surgeries.

The BMA, however, says that GPs will effectively see their pay cut when they start working under the new system from April, as part of changes being imposed after negotiations broke down between the two sides.

More than nine out of 10 (92%) of the GPs who took part in a BMA opinion poll voted for the first of two government options, whereby an average practice of three GPs would initially lose £18 000 (€24 000; \$36 000) and have to earn the money back by providing extended hours.

The second option, under which practices would lose £36 000 and the money would be given to the primary care trust with no guarantee that it could be earned back, was rejected.

Around 27 000 GPs responded to the poll, the results of which were announced this week.

Most doctors (96%) said they were opposed to both options but had selected the first because they believed it the least damaging. A similar number (97%) also said in the poll that they were not confident in the government's handling of the NHS.

The BMA said it would now work towards implementing the new arrangements, which are voluntary, but used language such as "bully" and "railroaded" when referring to the government's methods of negotiation.

Laurence Buckman, chairman of the BMA's General Practitioners Committee, said, "A majority of GPs were and remain willing to provide extended hours surgeries. However, GPs believe they are being railroaded into an unrealistic vision of extended hours."

# China wants to make health care more affordable to poor

Jane Parry HONG KONG

China will increase its healthcare spending by 25%, with a budget of ¥83.2bn (£5.8bn; €7.6bn; \$11.7bn) earmarked for 2008, up from ¥66.5bn last year.

The announcement was made by China's Premier Wen Jiabao speaking at the opening day of the meeting of China's legislative body, the National People's Congress on 5 March. A package of healthcare reforms would soon be announced, he added.

Of this budget, more than ¥20bn has been earmarked for central and western governments to upgrade the township health institutions, deputy health minister Gao Qiang added.

China is grappling with major flaws in this healthcare system, which leaves many people in rural areas without affordable healthcare provision and hospitals in urban areas running on a profit making basis, putting hospital treatment out of the reach of many urban and rural residents.

The country's doctor to population ratio is 1.56 to 1000, compared with about 2.3 per 1000 in the United Kingdom, and 2.6 per 1000 in the United States. China has 6.58 million healthcare professionals caring for 1.3 billion people and health insurance provision is patchy.

Wen said that extra spending will be targeted at boosting

healthcare provision in urban and rural areas, through measures such as expanding the rural cooperative medicare system to all areas and ensuring more urban residents are covered by basic medical insurance.

Premier Wen's announcement was a positive move, said Zhong Nanshan, director of the Guangzhou Institute of Respiratory Diseases, and deputy to the National People's Congress. "The government is attaching more importance to the wishes of the grassroots," he told Xinhua, China's official news agency. "But the change would be a long process as currently the government only foots the bill

for 8% to 10% of the expenditure of state owned hospitals."

The World Health Organization welcomed the budget increase.

"There has been a skewed balance between government financing and out of pocket payments by patients and the poor segment of the population suffers badly because they have less health care and run the risk of catastrophic medical expenses," said Dr Hans Troedsson, WHO's representative in China.

"The other important aspect is that Premier Wen announced that some of the increased spending will be on public health interventions and made reference to TB, HIV, and schistosomiasis."

## Public health doctors press hospitals to evict fast food outlets

Melissa Sweet SYDNEY

Public health and cancer groups have called on a leading children's hospital in Australia to end its long standing association with the fast food chain McDonald's.

And an expert in food policy in the United Kingdom has also called on UK hospitals to evict fast food outlets.

The Royal Children's Hospital in Mel-



It is "pathetic" that hospitals allow a brand famous for fatty and sugary food on to their premises

bourne is developing plans for its relocation in 2011, when the lease for the McDonald's outlet in the hospital will also expire.

Some staff are urging the hospital board to ban fast food outlets, including McDonald's, from the new development.

Mike South, a senior paediatrician at the hospital, said that having a prominent fast food chain on site was sending an unhealthy message to the community.

"If public schools in Victoria have banned the serving of fast food at schools, then the children's hospital should be able to take the lead as well," he said.

Louise Baur, a consultant paediatrician at the children's hospital at Westmead, in Sydney, and chairwoman of the International Obesity Taskforce's childhood obesity programme, described the association as a "running sore."

She knew of no other Australian children's hospitals that house a McDonald's.

Professor Baur urged the Department of Human Services in Victoria to intervene to ensure that healthy foods are provided in healthcare settings generally, rather than leave this particular decision to the Royal Children's Hospital board.

The hospital declined to comment, referring the *BMJ* to the Department of Human Services in Victoria, where a spokeswoman said that no decision had yet been made. "There are strong views on both sides of the argument," she said.

Melissa Wake, a paediatrician at the hospital and an obesity researcher, said it could be productive to encourage McDonald's to

provide healthier choices while taking the least healthy foods off the menu.

"Fast food is here to stay, whether we like it or not," she said. "Rather than stomping on just one brand, we can get that brand to move forward faster and to take some leadership. That might be beneficial in the bigger picture."

Tim Lang, professor of food policy at City University, London, did not think that was the answer. He said that UK hospitals should not allow fast food outlets, such as McDonald's, to have space on their premises.

"It is frankly pathetic that the public health world does not see the connection between allowing a brand that is famous for selling fatty, sugary goods and drinks on its own territory."

McDonald's declined to comment.

## Venezuelan doctors

Tiago Villanueva LISBON

Sara Carrillo de Albornoz LONDON

The introduction of many Cuban doctors to Venezuela as a result of political ties between the two countries is leading to strong resentment of the foreign doctors among members of the Venezuelan medical profession.

Doctors at the sixth medicosocial conference of the Venezuelan Medical Council (Federación Médica Venezolana), which took place recently in Cumaná, questioned the quality of training and competence of the 20 000 Cuban doctors who work in their country.





Uganda has 1900 doctors for a population of 28 million but 350 of them work abroad

## Rich states “snatch” trained doctors from poor countries

Henry Wasswa KAMPALA

Poor countries should improve their working conditions to keep hold of their doctors and nurses, an international meeting on the global shortage of healthcare workers was told. But rich countries should also train more of their own healthcare workers, the conference agreed.

Experts and policy makers resolved at the five day conference in Uganda, organised by the Geneva based Global Health Workforce Alliance, that countries should strive for self sufficiency in their health workforce, with richer countries giving priority to train-

ing and recruiting personnel from their own populations, and governments from poor nations increasing spending on their own health workforce.

The World Health Organization formed the alliance two years ago to tackle the global shortage of healthcare workers.

In the alliance's first conference, held in Kampala last week, more than 1000 delegates agreed that international institutions and donor countries should provide “sustained and dependable financial support” and that they should begin by immediately fulfilling pledges already made to the health

sectors of developing countries.

Low wages, poor working conditions, political instability, and lack of equipment for specialised health personnel are forcing doctors and nurses to leave their home countries and seek better conditions and pay in the United States, Canada, and Europe and in rich African states such as South Africa.

“Rich nations are snatching our doctors,” Uganda's health minister, Stephen Malinga, told the conference. “We have lost five surgeons recently. We spend a lot of money training doctors, and they are taken away—there are 200 Ugandan doctors in South Africa.” Uganda has 1900 doctors, 350 of whom work abroad.

A 2006 WHO report says that 57 countries have a shortage of healthcare workers, of which 36 are in Africa—which is grappling with epidemics of HIV and AIDS, malaria, and tuberculosis. The report says that there are 59 million health workers worldwide and that an additional 4.3 million are needed.

“Sub-Saharan Africa faces the greatest challenge,” WHO says. “One million health workers are needed to bridge the gap in this region. While it has 11% of the world's population and 24% of the global burden of disease, it has only 3% of the world's health workers.”

Michael Cordy, an expert at the Global Health Workforce Alliance and chief rapporteur of the conference, said, “The deficit of health workers in Africa is due to lack of resources and poaching by rich countries. The moment for taking action on a global scale has come. The behaviour of rich countries has to change, and the working conditions in poor countries must improve.”

The alliance has drafted an ambitious plan for sub-Saharan Africa. It says that with a top-up investment of \$24bn (£12bn; €16bn) over the next eight years the region can overcome its health workforce crisis by 2015.

## resent their government's importation of Cuban doctors

An agreement was drawn up in 2001 between Venezuela and Cuba to improve the delivery of medical care in the poorest regions of Venezuela, through a project called Misión Barrio Adentro (*BMJ* 2006;333:464).

Douglas León Natera, president of the Venezuelan Medical Council, which is equivalent to the UK General Medical Council, claimed recently that the Cuban doctors are practising illegally.

In an article published in the Venezuelan newspaper *El Universal* he said, “They are not doctors, they practise medicine illegally and have created a serious public health problem because

they are not familiar with the tropical diseases of Venezuela and lack adequate plans to control . . . contagious diseases” ([www.eluniversal.com](http://www.eluniversal.com), 29 Jan, “9 años en conflicto permanente con los medicos”).

The law states that to practise medicine in Venezuela a doctor needs to have a degree from a Venezuelan university or must pass an exam to get their foreign qualification recognised. Doctors then need to register with a medical college. But the Cuban doctors are not registered, and their degrees have not been legalised. They are, therefore, working illegally, says Dr León Natera.

Two Cuban doctors who are now working in Spain, and who preferred to remain anonymous, told the *BMJ* that they understood the frustration of the Venezuelan doctors despite the fact that Cuban doctors were highly trained. They said the Venezuelan Medical Council should have been involved in the negotiations that led to the 2001 agreement, which resulted in the Misión Barrio Adentro, but that the Venezuelan doctors should now focus on the legal battle with their government for the regularisation of foreign medical professionals working in the country instead of attacking the reputation of Cuban doctors.

# 94% of patients suing Merck over rofecoxib agree to terms

**Fred Charatan** FLORIDA

A large enough proportion of the litigants suing Merck after taking the drug rofecoxib (Vioxx) have agreed to the terms of the company's offer to allow the settlement to go ahead.

Eighty five per cent of claimants had to agree to the settlement to proceed, and by the beginning of this month 94% (44 000 of the 47 000) had done so. The company announced in November a settlement worth \$4.85bn (£2.41bn; €3.15bn).

The individual awards, estimated at \$150 000 to \$200 000 on average, will be calculated in a three step process to assess the severity of injuries.

Plaintiffs must provide evidence of a heart attack or ischaemic stroke; proof that they received at least 30 rofecoxib pills; and evidence that they took at least one of the pills within 14 days of injury.

Merck withdrew rofecoxib, which averaged \$2.5bn in annual sales, in September 2004 (*BMJ* 2004;329:816). Clinical studies showed that rofecoxib more than doubled the risk of heart attack and stroke among patients who often used it as an analgesic for joint pain in arthritis.

Since the drug was withdrawn Merck has faced about 26 000 lawsuits involving 47 000 people. At first Merck planned to fight every lawsuit, setting

aside \$1.9bn for legal expenses, but last year it decided to offer a settlement.

The company faced heavy damages after one of the first cases in 2005. The widow of a man in Texas who died after taking rofecoxib won a \$234.5m settlement (*BMJ* 2005;331:471), later reduced to \$26.1m, and the case is still under appeal. Of the 20 cases tried since the Texas victory 15 ended either in a win for Merck or a hung jury.

Despite winning these individual cases, Merck agreed a settlement in November to stop further hearings. Ken Frazier, executive vice president of Merck, said at the time, "Without this settlement

## Drugs for rheumatoid arthritis may have heart benefits

**Janice Hopkins Tanne** NEW YORK

An international study of 4363 patients with rheumatoid arthritis has shown that use of almost all disease modifying agents reduces cardiovascular events (*Arthritis Research and Therapy* 2008;10:R30; doi: 10.1186/ar2383).

The study, which looked at disease modifying agents including methotrexate, leflunomide, glucocorticoids, sulfasalazine, and tumour necrosis factor  $\alpha$  blockers showed that they reduced these patients' increased risk of cardiovascular events, perhaps through an anti-inflammatory effect.

The use of malaria drugs and intramuscular gold did not change the risk of cardiovascular disease.

The study, called QUESTRA (questionnaires in standard monitoring of patients with rheumatoid arthritis programme), was led by Antonio Naranjo of the University of Las Palmas de Gran Canaria, Spain. It followed patients with rheumatoid arthritis at 48 sites in 15 countries—Argentina, Denmark, Finland, France, Germany, Ireland, Italy, the Netherlands, Poland, Serbia, Spain, Sweden, Turkey the United Kingdom, and the United States.

Compared with the general population, patients with rheumatoid arthritis are 30-60% more likely to have a cardiovascular event, especially myocardial infarction, the authors say. Increased mortality is mainly because of accelerated coronary artery and cerebrovascular atherosclerosis. "Cardiovascular events occur about a decade earlier in [patients with] rheumatoid arthritis, suggesting that rheuma-



DAVE PENNAREX

**One year of methotrexate was associated with a 15% decrease in risk for all cardiovascular events**

toid arthritis, similarly to diabetes mellitus, is an independent risk factor for premature ischaemic heart disease," they write.

When adjusted for age, sex, disease activity, and traditional risk factors, risk of cardiovascular events correlated strongly with the use of drugs to treat rheumatoid arthritis.

Compared with a shorter duration of treatment, one year of methotrexate, the most widely used of the disease modifying drugs, was associated with a 15% decrease in risk for all cardiovascular events; an 18% decrease in risk for myocardial infarction; and an 11% decrease in risk for stroke. Longer treatment with a given drug was associated with less risk of a cardiovascular event.

## Hospitals in Gaza have power cuts for 8-12 hours a day

**Owen Dyer** LONDON

The economic and humanitarian situation in Gaza is worse now than at any time since Israel occupied the area in 1967, claims a report by eight leading charities that calls for direct negotiations with Hamas and an end to Israel's "blockade policy."

The report was published on the day a seminary in Jerusalem was attacked, killing eight people. Early reports suggested the killer acted alone, but later several Palestinian and Lebanese organisations claimed responsibility, including Hamas.

The report also followed two incursions by Israeli armed forces into Gaza that killed about 120 people. One Israeli air attack last week destroyed a clinic and medical equipment maintained in Gaza city by Oxfam, one of the charities that compiled the report.

The charities' report about conditions in Gaza said that hospitals are without electricity, and the number of patients allowed to leave Gaza for treatment has steadily declined. The other charities that compiled the report were Amnesty International, Save the Children UK, Care International UK, Christian Aid, the Catholic Agency for Overseas Development, Médecins du Monde UK, and the Irish development charity Trócaire.

"The Gaza economy is no longer on the brink of collapse—it has collapsed," argues the report. Heavy restrictions on imports, combined with a bar on exports, have sharply accelerated the shrinkage of Gaza's economy. Of 3900 factories operating in the Gaza Strip six months ago, 3500 are now closed. More than 80% of Palestinians in



## of company's offer

the litigation might very well stretch on for years" (*BMJ* 2007;335:1011).

Sidney Wolfe, director of the Washington watchdog Public Citizen's Health Research Group, was critical of Merck's settlement. He said, "Given what Merck knew, how it misled doctors and others, I don't think this company has been adequately punished for what it did."

Future plaintiffs will have to bring their cases to federal courts, in the light of the US Supreme Court decision to bar tort cases that involve medical devices, and probably prescription drugs, in state courts (*BMJ* 2008;336:470).

the Gaza Strip now depend on international humanitarian help, up from 63% in 2006.

The World Food Programme reported that the mean household monthly income has fallen by 22% in less than four months, between June and September 2007.

More aid is going to the Palestinian territories occupied by Israel than ever before, yet this has not offset the impact of border restrictions that amount, the charities contend, to "collective punishment against ordinary men, women, and children."

Food prices have risen substantially, but the most acute shortages are of fuel, electricity, and spare parts for the energy infrastructure. Hospitals in the Gaza Strip have grid power cuts for 8-12 hours a day.

The number of travel permits given by Israel to Palestinians in Gaza who are seeking medical treatment abroad also declined throughout 2007. In January 2007, 89.3% of applications were approved, but by December the proportion had fallen to a record low of 64.3%.

The possession of a permit still does not guarantee passage through Israeli border checkpoints. According to monitoring by the World Health Organization, 27 permit holders were denied passage in October 2007. Twenty patients unable to access referral services died between October and December 2007.

The Israeli embassy's spokesman Lior Ben-Dor denied that Gaza is experiencing a humanitarian crisis and said that Israel has no legal responsibility for the civil population there since its disengagement policy was implemented two years ago.

"Nevertheless," he added, "we don't want to see unnecessary suffering there because we have nothing against the people of Gaza, only its government that keeps attacking us."

*The Gaza Strip: a Humanitarian Implosion* is at [www.careinternational.org.uk/?lid=10886](http://www.careinternational.org.uk/?lid=10886).

## Scientists consider meat pie mammography and self heating bathtubs



**Oona Mashta** OXFORD

Scientists who have been honoured with an Ig Nobel prize for science, awarded for work which "first makes you laugh, then makes you think," have been touring the United Kingdom this week sharing some of their plans for the future.

The past winner Brian Witcombe, a consultant radiologist at Gloucestershire Royal NHS Foundation, showed off his latest project. "I'll be looking at the whole field of culinary radiology, including the imaging of ingested material and radiology in the food production and retail industries.

"I'll be exploring the value of meat pie mammography, computed tomography of vegetables, and the cost benefit of fruit radiography," he said.

Dr Witcombe won his Ig Nobel prize, a spoof of the Nobel prizes, for his report "Sword swallowing and its side effects" (*BMJ* 2006;333:1285-7). He appeared at the tour's talks with his coauthor and professional sword swallower Dan Meyer, from Antioch, Tennessee, who demonstrated the art by swallowing a sword live on stage.

Marc Abrahams, organiser of the Ig Nobel prizes and editor of the *Annals of Improbable Research*, the science magazine, said that there was never a shortage of material for the prizes. He said, "We get 7000 nominations every year for the Ig Nobel awards, and between 10% and 15% of nominations are from people nominating themselves."

Featuring in some of the shows this year is Fiona Barclay, a biochemist at the Red, Green, and Blue Company who collaborated

with the US chemist Theo Gray to assemble the world's first periodic table—a large, four legged piece of furniture that contains most of the elements of the periodic table, except those that are "overly lethal."

Wearing a bathrobe and slippers on stage she announced that Theo Gray has been working on a self heating bathtub, using the same technology as in self heating soup, coffee, and hot chocolate, which work by pushing a button on the bottom of the can. He used large floating steel pots, filled with quicklime and water to yield temperatures of about 900°C, which then transmitted heat into the surrounding water through the thin steel walls.

Chris McManus, professor of psychology and medical education at University College London, who wrote the study "Scrotal asymmetry in man and in ancient sculpture," is still revealing facts about the male anatomy.

This time he told audiences that he had discovered the derivation of the word avocado. The word comes from the Aztec civilization of Central America who called avocados "ahuacati," which means testes because of their resemblance to the fruit when it is hanging on a tree.

Also speaking at the seminar was Jim Gundlach, professor of sociology at Auburn University, Alabama, who won the 2004 Ig Nobel prize for medicine. His research showed that states in the United States where radio stations played a lot of country music had higher suicide rates than those that didn't (*Social Forces* 1992;71:211-8).



Jim Gundlach showed the connection between listening to country music and committing suicide

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