Researchers fear that EU draft directive on animal research will reduce experimentation

Geoff Watts LONDON
Nine UK bioscience organisations working in the academic, commercial, and charitable sectors have issued a joint “declaration of concern” about the impact of a European Union draft directive on animal research. If implemented in full the directive would stop some animal research and increase costs and bureaucracy without achieving the intended goal of improving animal welfare, they say.

The new directive (86/609) proposes extensive changes to existing European legislation on animal experimentation. It would severely restrict or in some cases phase out research that involves non-human primates, and bring new species within the scope of legislation, including types of invertebrate and their larvae. It also aims to set new standards for the housing and care of laboratory animals.

Organisations challenging the directive include the Wellcome Trust, the Association of Medical Research Charities, and the Association of the British Pharmaceutical Industry. Speaking at a meeting called to publicise the declaration, Mark Walport, director of the Wellcome Trust, applauded the directive’s advocacy of what have become known as the “three Rs” of animal experimentation—reduction, refinement, and replacement.

“There should be high standards across Europe,” he said.

But animal work, he added, continues to play an indispensable role in research and must be affordable. Referring to the costs of the directive, he offered the example of new and overly prescriptive housing arrangements for mice. Of dubious benefit to the animals, this could increase costs by 25%.

Tim Hammond, vice president for clinical safety assessment at AstraZeneca, predicted that research would be driven out of Europe and into parts of the world with lower standards of animal welfare. “We’re also concerned with bureaucracy, and the directive will add to it,” he said.

On the matter of non-human primates, the neurophysiologist Roger Lemon, of the Institute of Neurology in London, talked not only of the contribution they have made to past research but also of the extent to which they are still needed. Examples, he said, included Parkinson’s disease, stroke, spinal injury, and AIDS. “I have profound concerns that the directive would seriously impede research, both basic and applied,” he said.

Representatives of other organisations said that despite intense lobbying, they felt that their arguments had been ignored.

Cite this as: BMJ 2009;338:b1294

---

The judges ruled that Department of Health guidance to trusts on providing treatment for overseas visitors is “seriously misleading” in failing to tackle the question of failed asylum seekers who cannot return home. The guidance will have to be rewritten to set out how the discretion to withhold or provide treatment should be exercised in the cases of failed asylum seekers.

The legal challenge was brought by a 35 year old Palestinian named YA, who has chronic liver disease. He claimed asylum, citing fear of Hamas, on arrival in the United Kingdom from Egypt in 2005, but his claim was rejected and his appeal failed.

YA agreed to return to the West Bank but was not able to go because of Israeli travel restrictions. He was initially admitted to hospital, but was later told that he was not entitled, as a failed asylum seeker, to free NHS care. He later received a bill for £9000 (€9700; $12 800) for the treatment he had received, which he has no means of paying.

He initially took legal action against the hospital but then challenged the department’s guidance after the hospital agreed to treat him without charge.

Cite this as: BMJ 2009;338:b1345

Government must give guidance on care of failed asylum seekers
JAMA’s new rule on whistleblowers’ silence during investigations creates controversy

Janice Hopkins Tanne NEW YORK

The announcement by the editors of the Journal of the American Medical Association that, in future, anyone writing to the journal about a possible conflict of interest on the part of authors must keep silent while their allegations are investigated has aroused a storm of criticism.

The new policy (http://jama.ama-assn.org/misc/jed90012pap_E1_E3.pdf) was announced after Jonathan Leo, professor of neuroanatomy at Lincoln Memorial University in Harrrogate, Tennessee, and Jeffrey Lacasse, of Arizona State University, published a letter online in the BMJ criticising a study published in JAMA and pointing out that the lead author had not reported a conflict of interest (http://bmj.com/cgi/eletter/338/feb05_1/b463#208503,9Feb2009).

The American Medical Association, JAMA’s owner and publisher, has said in a press release that it is referring the controversy to JAMA’s journal oversight committee. It said, “While we are ultimately responsible for these publications, as most in the medical and journalism professions are aware, these journals are editorially independent of AMA. That means we do not review or interfere in what is printed in these journals.

“Recently, concerns have been raised over how JAMA editors addressed a conflict of interest issue . . . We take these concerns very seriously.”

The study published in JAMA compared the antidepressant drug escitalopram with problem solving therapy and placebo. Professor Leo and Professor Lacasse pointed out that the study’s lead author, Robert Robinson, of the University of Iowa, had not mentioned that he had received financial support from the drug’s manufacturer, Forest Laboratories.

Dr Leo told the BMJ that he wrote to JAMA and to the New York Times describing his findings. He did not hear from JAMA for five months, despite phone calls and an email. He then sent the letter that was published on bmj.com.

He said that after posting the rapid response he received threatening phone calls, personal attacks, and emails from JAMA editors, accompanied by demands that he and his coauthor retract their rapid response to the BMJ. Several days later JAMA published a letter from Dr Robinson saying that he had received funds from Forest.

The Wall Street Journal reported the story, first in a blog on 12 March (http://blogs.wsj.com/health/2009/03/13/jama-editor-calls-critic-a-nobody-and-a-nothing/) and then in a news story (www.wsj.com, 22 Mar, “Medical journal decries public airing of conflicts”). The news story quoted Jerome Kasirer of Tufts University in Boston, the former editor of the New England Journal of Medicine, as saying, “Nothing . . . should distract a whistleblower from blowing the whistle when something is appropriate or necessary.” Fiona Godlee, editor in chief of the BMJ, called the new JAMA policy “a dangerous position.”

The Chicago Tribune, JAMA’s home town paper, published a critical editorial (www.chicagotribune.com, 28 Mar, “Jammed by JAMA”). It said: “Did Leo get a grateful call from JAMA, thanking him for his sleuthing? Not quite. According to the Wall Street Journal, Leo said he fielded an angry and threatening phone call from JAMA executive deputy editor Phil Fontanarosa shortly after Leo’s letter was published . . . JAMA, you’re not looking good here . . . JAMA, your credibility is at stake.”

The Economist asked: “What could possibly justify a policy that requires whistleblowers to remain silent at an accused journal’s pleasure?” (www.economist.com, 26 Mar, “Pity the messenger”).

Catherine DeAngelis, editor of JAMA, told the BMJ that she had no further comment on the controversy. Dr Leo said, “I don’t see how they [JAMA] can enforce the rule. All I wrote about was on the public record. I had no access to secret documents.”

Five yearly checks

Zosia Kmietowicz LONDON

Doctors in England will begin offering patients aged from 40 to 74 years a health check every five years from April, to identify and reduce their risk of vascular disease, the government has announced.

The checks will include questions about health, lifestyle, and family medical history; measurement of weight and height, blood pressure, and reduce their risk of vascular disease, the government has announced.

The checks will include questions about health, lifestyle, and family medical history; measurement of weight and height, blood pressure, and reduce their risk of vascular disease, the government has announced.

The checks will include questions about health, lifestyle, and family medical history; measurement of weight and height, blood pressure, and reduce their risk of vascular disease, the government has announced.

The checks will include questions about health, lifestyle, and family medical history; measurement of weight and height, blood pressure, and reduce their risk of vascular disease, the government has announced.

Five yearly checks

Zosia Kmietowicz LONDON

Doctors in England will begin offering patients aged from 40 to 74 years a health check every five years from April, to identify and reduce their risk of vascular disease, the government has announced.

The checks will include questions about health, lifestyle, and family medical history; measurement of weight and height, blood pressure, and reduce their risk of vascular disease, the government has announced.

The checks will include questions about health, lifestyle, and family medical history; measurement of weight and height, blood pressure, and reduce their risk of vascular disease, the government has announced.

The checks will include questions about health, lifestyle, and family medical history; measurement of weight and height, blood pressure, and reduce their risk of vascular disease, the government has announced.

The checks will include questions about health, lifestyle, and family medical history; measurement of weight and height, blood pressure, and reduce their risk of vascular disease, the government has announced.

Five yearly checks

Zosia Kmietowicz LONDON

Doctors in England will begin offering patients aged from 40 to 74 years a health check every five years from April, to identify and reduce their risk of vascular disease, the government has announced.

The checks will include questions about health, lifestyle, and family medical history; measurement of weight and height, blood pressure, and reduce their risk of vascular disease, the government has announced.

The checks will include questions about health, lifestyle, and family medical history; measurement of weight and height, blood pressure, and reduce their risk of vascular disease, the government has announced.

The checks will include questions about health, lifestyle, and family medical history; measurement of weight and height, blood pressure, and reduce their risk of vascular disease, the government has announced.

The checks will include questions about health, lifestyle, and family medical history; measurement of weight and height, blood pressure, and reduce their risk of vascular disease, the government has announced.

Five yearly checks

Zosia Kmietowicz LONDON

Doctors in England will begin offering patients aged from 40 to 74 years a health check every five years from April, to identify and reduce their risk of vascular disease, the government has announced.

The checks will include questions about health, lifestyle, and family medical history; measurement of weight and height, blood pressure, and reduce their risk of vascular disease, the government has announced.

The checks will include questions about health, lifestyle, and family medical history; measurement of weight and height, blood pressure, and reduce their risk of vascular disease, the government has announced.

The checks will include questions about health, lifestyle, and family medical history; measurement of weight and height, blood pressure, and reduce their risk of vascular disease, the government has announced.

The checks will include questions about health, lifestyle, and family medical history; measurement of weight and height, blood pressure, and reduce their risk of vascular disease, the government has announced.

Five yearly checks

Zosia Kmietowicz LONDON

Doctors in England will begin offering patients aged from 40 to 74 years a health check every five years from April, to identify and reduce their risk of vascular disease, the government has announced.

The checks will include questions about health, lifestyle, and family medical history; measurement of weight and height, blood pressure, and reduce their risk of vascular disease, the government has announced.

The checks will include questions about health, lifestyle, and family medical history; measurement of weight and height, blood pressure, and reduce their risk of vascular disease, the government has announced.

The checks will include questions about health, lifestyle, and family medical history; measurement of weight and height, blood pressure, and reduce their risk of vascular disease, the government has announced.

The checks will include questions about health, lifestyle, and family medical history; measurement of weight and height, blood pressure, and reduce their risk of vascular disease, the government has announced.
**UK doctors’ attitude to assisted dying differs from the public’s**

**Roger Dobson ABERGAVENNY**

Most doctors in the United Kingdom are opposed to the legalisation of euthanasia or physician-assisted suicide, a new survey shows, while half the general population favours it.

The survey found that only 9% of medical practitioners were certain that doctors should be allowed to end the life of someone with an incurable and a painful illness, whereas half of the general public was in favour ([*Palliative Medicine* 2009;23:205-12]).

It also found that specialists in palliative medicine were the group of doctors most opposed to the idea, followed by those working in care of the elderly.

“This study shows that the majority of British doctors do not support legalising assisted dying, either in the form of euthanasia or physician-assisted dying,” says the report.

The study was based on a survey posted to a random sample of 8857 GPs, neurologists, specialists in care of the elderly and in palliative medicine, and other hospital specialists drawn from the Binley’s database of just under 80000 UK medical practitioners ([www.binleys.com](http://www.binleys.com)). The 3733 respondents (42% of the sample) were asked four questions about physician-assisted dying, [or physician-assisted suicide](http://www.binleys.com), which it found was used in 16.5% of the sample.

The questions were worded in the same way as those used in British social attitudes surveys of general public opinion, so that the results could be compared.

A second study based on the same survey shows that the incidence of assisted dying (euthanasia with or without a concurrent request) is very low in the UK ([*Palliative Medicine* 2009;23:198-204]), at less than 0.5% of deaths attended by the doctors.

But the paper cautions about relatively high levels of continuous deep sedation, which it found was used in 16.5% of the deaths. “This may be a cause for concern if interpretations of this as ‘slow euthanasia’ are to be avoided,” said the author, Clive Seale, of Barts and the London School of Medicine and Dentistry.

There were 2111 replies in the corresponding question in the public survey.

Two thirds (64%) of doctors and 30% of the public said it should definitely or probably be allowed. Two thirds (64%) of doctors and 16% of the public said it definitely should be allowed, while 48% of doctors and 30% of the public said it should definitely not be allowed. (The public sample was 1079.)

A second study based on the same survey shows that the incidence of assisted dying (euthanasia with or without a concurrent request) is very low in the UK ([*Palliative Medicine* 2009;23:198-204]), at less than 0.5% of deaths attended by the doctors.

But the paper cautions about relatively high levels of continuous deep sedation, which it found was used in 16.5% of the deaths. “This may be a cause for concern if interpretations of this as ‘slow euthanasia’ are to be avoided,” said the author, Clive Seale, of Barts and the London School of Medicine and Dentistry.

Daniel James (centre) was taken to Switzerland by his parents Mark (left) and Julie (right) for an assisted suicide after he was paralysed in a rugby game. His parents have been told they will not be prosecuted.
Scottish NHS offers cash for groceries to get smokers to quit

Bryan Christie EDINBURGH

The NHS in Scotland is offering smokers £12.50 (€13; $18) a week to quit cigarettes, in a two year pilot scheme that will test if financial incentives help.

The Quit4u project is being run in Dundee and targeted at people who live in the city’s deprived areas, where smoking rates are high and cessation levels low.

The money will be credited to an electronic card that can be redeemed in supermarkets for fresh food and groceries. The incentive will be paid for 12 weeks, and the people who take part will have to pass weekly breath tests for carbon monoxide at their local pharmacy to show that they are not smoking.

NHS Tayside, which is running the scheme in conjunction with the Scottish government, expects 1800 smokers to take part and predicts that half of them will quit successfully.

NHS Tayside has already found that financial incentives can work through a smaller scheme, Give it up for Baby, which encourages pregnant women to stop. Quit4u has been developed in partnership with the communities that it seeks to help.

People were asked what they thought would provide the greatest encouragement to stop smoking, and the grocery incentive scheme was the most strongly supported.

NHS Tayside’s deputy director of public health, Paul Ballard, said, “Although current smoking cessation services are working well, we know we need to do more to tackle this. That’s why we were keen to work with local communities to find ways which they believe will help them make changes to their health behaviour.

“Our aim with this initiative is to get those people who would otherwise have carried on smoking and developed a heart condition or cancer, to quit. We believe that by offering this incentive we will be helping to deliver a change in the health of those who need it most.”

Cite this as: BMJ 2009;338:b1306

Patients can now sue and complain about NHS at the same time

Clare Dyer BMJ

A NHS complaints system for England, which comes into operation on 1 April, will allow patients for the first time to pursue a complaint about their treatment while also taking legal action for compensation.

Under the old system, patients who had started or intended to launch an action for damages for clinical negligence were barred from using the complaints process.

The lifting of the bar follows years of campaigning by the patients’ charity Action against Medical Accidents. Peter Walsh, its chief executive, said, “We are grateful to the Department of Health for listening. It has always made a mockery of NHS statements about being open and responsive to patients to say to those who have suffered harm and need compensation that they do not qualify

Experts call for a global fund for family planning

Rebecca Coombes LONDON

The world’s health leaders have neglected the issue of family planning, and funds have been raided to support diseases with a higher profile, such as AIDS and malaria, a UK expert has said.

Judith Stephenson, who holds the Margaret Pyke chair of sexual and reproductive health at University College London, was speaking at the annual conference of the Optimum Population Trust. The trust argues that reducing population is a key factor in controlling climate change.

Professor Stephenson said that govern-
Experts call for a global fund for family planning

NHS at the same time and complain about even reach 11 billion by 2050. "Family planning has been a huge success," she said. "The global birth rate roughly halved between 1950 and 2005. The United Nations' estimate for the global population for 2050 is 9.7 billion, but that is based on the assumption that the birth rate will continue to decline." She warned that if family planning initiatives slipped back, the population might even reach 11 billion by 2050.

Global fund for family planning

Professor Stephenson called for a global fund to invest in family planning, similar to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

"We need to persuade major funders of the importance of investing in family planning . . . People have taken their eye off the ball and think the job has been done. But there is a lot of unmet need for contraception, and this is highest in the poorest sections of society."

She added: "We know what works in family planning. We don't need lots of research, and it's not high tech."

High Court judge overturns GMC ruling on fitness to practise

Clare Dyer BMJ

A consultant surgeon has won a challenge in the High Court to a "flawed" decision that his fitness to practise was impaired, in a case that raises several questions about the General Medical Council's procedures.

In 2007 a GMC panel imposed a 10 month suspension on Timothy Cheatle, a consultant general and vascular surgeon, over his treatment of an elderly patient, Mildred Swain, who had diabetes and vascular disease.

He performed a femoropopliteal bypass graft at Oldchurch Hospital in Essex in April 2002 to bypass a blocked artery in her thigh. The graft became infected, and the joint between the graft and the artery leaked. By the time she was readmitted and taken to the operating theatre it was too late to save her.

The panel found that Mr Cheatle failed to obtain and record informed consent, to provide proper care on readmission to hospital. The judge said that the panel was entitled to find misconduct in relation to the treatment before discharge and after readmission.

"However," he said, "the panel's overall finding of impairment of fitness to practise was on the back of other matters as well, which it should have discounted, and it also failed to take relevant matters into account. Its conclusion on impairment of fitness to practise is thus flawed."

The judge pointed out, echoing the comments of other High Court judges, that the key question for the panel was whether the doctor's fitness to practise was impaired. It had to look at the whole context of the doctor's practice before and after the incidents in question before taking that decision and not just in deciding the sanction.

It became evident only at the sanction stage that there had been nothing untoward either before or after the incidents, the judge added. Also, only at that stage did the panel become aware of the "sorry story" of major understaffing at consultant surgeon level, resulting in all the vascular workload falling on Mr Cheatle's shoulders.

Cite this as: BMJ 2009;338:b1336
IN BRIEF

UK reviews rules on advertising condoms: Advertisements for condoms could be broadcast on television and radio in the UK before the 9 pm watershed if new proposals from the body responsible for advertising codes are accepted (www.asa.org.uk). Advertisements for pregnancy advisory services, which include information on abortion, could also be aired. The aim is to reduce the rates of teenage pregnancy.

China proposes checking children for hand, foot, and mouth disease: China’s minister of health, Chen Zhu, has called for a nationwide, door to door check to detect and treat cases of hand, foot, and mouth disease in children. Nearly 42,000 children have become ill from the disease this year, and 19 have died, including five in one week in the city of Heze, in Shandong province.

Munchausen’s syndrome by googling: A case involving the use of medical images from the internet to support claims of injury is reported by doctors at the Royal Surrey County Hospital. The authors say, “Clinicians are advised to be vigilant, to question histories that do not match with examination findings, to ensure that all radiographs are adequately labelled with patient-specific information, and to look for radiographic inconsistencies such as the presence or absence of accessory ossicles” (Annals of the Royal College of Surgeons 2009;91:159-60).

Fake drugs are seized in Middlesbrough: About £0.5m (€0.5m; $0.7m) worth of counterfeit drugs were seized by the Medicines and Healthcare Products Regulatory Agency on 26 March as part of a raid on four locations in Middlesbrough. Four Chinese nationals were arrested on suspicion of being involved in the sale and supply of drugs for erectile dysfunction, anxiety, and weight loss.

CDC quantifies pet tripping injuries: Tripping over a dog or cat brings more than 86,000 Americans to emergency departments with injuries each year, says the US Centers for Disease Control and Prevention. Falls are a leading cause of non-fatal injuries. Dogs were involved in 88% of cases, cats in 12%. Fracture was the most common reason for hospital admission.

FDA is told it must ease restrictions on morning after pill

Janice Hopkins Tanne NEW YORK

The US Food and Drug Administration must make the morning after pill Plan B available over the counter to women aged 17 or older, not just those aged 18 or older, within 30 days. It must also reconsider whether girls and women younger than 17 can obtain emergency contraception.

The 23 March ruling came in a case brought by the Center for Reproductive Rights, which is based in New York but which works to advance reproductive rights worldwide, and was decided by Judge Edward Korman of the US District Court for the Eastern District of New York. In his decision Judge Korman said that similar emergency contraceptives were available without a prescription in most industrialised countries.

He criticised the FDA for its long delay in approving the drug for use without a prescription and said that political pressure had delayed its approval. Government attorneys said that politics did not play a part in the decision.

Nancy Northrup, president of the Center for Reproductive Rights, praised the ruling, saying, “We are one step closer to making it fully available to all women, including young women, for whom the barriers and benefits are so great.”

Cecile Richards, president of Planned Parenthood, said, “Today’s federal court ruling puts women’s health ahead of politics. We must do everything we can to reduce the number of unintended pregnancies and protect the health and safety of all women.

“It is appalling that the US has the highest rate of teen pregnancy among the most developed countries in the world. Approximately 750,000 teens will get pregnant this year, and this ruling can help reduce this alarming statistic. Studies show that teenagers use emergency contraception responsibly and don’t rely on it as a regular method of birth control.”

Plan B contains two pills, each of 0.75 mg levonorgestrel. One is taken as soon as possible after unprotected intercourse and the other 12 hours later. The combination is most effective in preventing pregnancy if taken within 24 hours of unprotected intercourse, but it may be effective if the first pill is taken within 72 hours.

Right wing groups have criticised the drug, calling it an abortifacient.

In 2005 President Bush named Andrew von Eschenbach, director of the National Cancer Institute, as new FDA commissioner, who asked the manufacturer to put restrictions on the sale of Plan B. In September 2006 the FDA approved over the counter sale of Plan B, with restrictions (BMJ 2006;333:461). Women have to ask for it from a pharmacy or clinic that is licensed to sell it and must prove that they are aged 18 or older. These restrictions have now been overturned by the New York court’s decision.

The court’s decision is at http://reproductiverights.org/sites/crr.civicactions.net/files/documents/Decision_FDA%202009.pdf. Cite this as: BMJ 2009;338:b1513

Mental health services must tackle age

Jacqui Wise LONDON

The care and treatment offered to users of mental health service of all ages in England have substantial failings, according to two reports by the Healthcare Commission.

The first report, Equality in Later Life, found that older people are discriminated against in access to out of hours and crisis services, psychological treatment, and alcohol services.

The independent health regulator for England studied services for older people at six specialist mental health trusts, about 10% of the total number. It found some evidence of high quality care where there was good integration of health and social services. But older people were often denied access to care because of stretched services or a lack of age appropriate care.

Provision of psychological treatments for older people was poor in most of the trusts. One trust reported that in an audit of 1300 referrals to psychological treatments from GPs, only 49 were for people older than 65.

The existing national service framework for mental health expires in 2009. The commission calls on the Department of Health to ensure that the new framework for the delivery of mental health services tackles age discrimination.

The Healthcare Commission’s second report, Adult Specialist Community Mental

Cite this as: BMJ 2009;338:b1302
Kansas doctor who performed late term abortions is acquitted

Janice Hopkins Tanne NEW YORK
George Tiller, a Kansas doctor who is one of the few doctors in the United States to perform late term abortions, has been acquitted on 19 counts of criminal misdemeanor.

The jury of three men and three women in Wichita took less than an hour to reach its decision.

The case may play a part in hearings beginning on 31 March on the nomination of the governor of Kansas, Kathleen Sebelius, as head of the US Department of Health and Human Services.

Ms Sebelius, a Catholic, has said she opposes abortion, but she vetoed a law that would have placed further restrictions on abortion in Kansas. However, on 27 March she signed a bill that requires abortion clinics to show women an ultrasound image of the fetus and to let them listen to its heartbeat.

The criminal charges against Dr Tiller related to abortions carried out at his clinic, Women’s Health Care Services, in 2003. He could have faced a year in jail and a fine of $2500 (£1750; €1880) for each charge if convicted.

Immediately after his acquittal in the criminal case, the Kansas State Board of Healing Arts, which licenses medical professionals, announced that it was moving forward with a disciplinary petition it had filed against him in December.

Cite this as: BMJ 2009;338:b1329

Replacing health services lost in Darfur could take two years

John Zarocostas GENEVA
Despite efforts to fill the gaps in aid left by the expulsion of 13 major international voluntary agencies on 4 March, the risk of increased morbidity and mortality remains high in the country’s Darfur region, a joint report warns.

“Up to 650 000 people currently do not have access to full health care,” concludes the report, which is based on an assessment on 11-19 March by United Nations and Sudanese government officials.

The 13 expelled groups provided health care and nutrition aid to 840 000 people and food to 1.1 million people. The groups also managed 43 healthcare facilities, half of which still have major shortfalls in services, the report says.

“The capacity to respond to health and nutrition emergencies has been affected as the NGOs [non-governmental organisations] were often the first responders in their area of operation,” the report says.

The disruption has also adversely affected the early warning alert and response systems that are vital for early detection and notification of adverse health events, it says. “Out of the total of 146 EWARS [early warning and reporting systems] sites in the whole of Darfur, a 20% decrease in reporting was observed in early March.”

Similarly, the nutrition surveillance system has also been disrupted, because of the loss of coordination, the joint assessment says.

John Holmes, the UN’s emergency relief coordinator, said that efforts to plug the gaps have been “band aid solutions.” Sir John urged the government of President Omar al-Bashir to reverse the decision to expel the 13 international groups and revoke the licenses of three national ones, a decision triggered by the indictment of President al-Bashir by the International Criminal Court for war crimes and crimes against humanity (BMJ 2009;338:b985).

The advocacy group Human Rights Watch urged the League of Arab States to intervene. The league “could help save thousands of lives,” it said, by pressing Khartoum to reverse the expulsions.

Sir John said that the lost expertise in long term planning and monitoring of the huge aid operation set up by the aid agencies could not be replaced in the short term.

“To replace the current capacity could take one to two years,” he said.

A separate report, by the humanitarian policy group of the Overseas Development Institute and the Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP), says that scaling up operations “will be difficult for those NGOs that remain in Sudan, given restrictions on visas for international staff to work in Sudan and problems of obtaining travel permits for Darfur.” It noted, “visas can take 4-5 months to come through.”

The reports can be seen at www.un.org and www.alnap.org.

Cite this as: BMJ 2009;338:b1341

discrimination

Health Services, found some improvements since the commission last reviewed this area. For example, more people with mental health problems are now involved in their care and treatment and receive annual reviews of their physical health. But the commission said that there remained significant room for improvement.

For example, the report states that almost half of people who need specialist community mental health care do not have a number to contact out of hours if they are in crisis.

The two commission reports are at www.healthcarecommission.org.uk.

Cite this as: BMJ 2009;338:b1346

The expulsion of 13 aid agencies from Sudan means longer waits for medical treatments in camps