Doctors face greater risk of prosecution than close relatives or friends for assisting a suicide

Clare Dyer BMJ

Doctors face a greater risk of prosecution if they assist a patient to commit suicide than do the individual’s family members or friends, under final guidelines on assisting a suicide in England and Wales from the director of public prosecutions.

The decision to make it a factor in favour of prosecution that the suspect was a doctor, nurse, or other healthcare professional caring for the person who committed suicide is a change from the interim policy, issued last September, which treated doctors and nurses the same as anybody else (BMJ 2009;339:b3935).

The final guidance follows nearly 5000 responses to interim guidance outlining the factors that would influence the chief prosecutor in deciding whether or not to prosecute for assisting a suicide, a crime in England and Wales carrying a maximum sentence of 14 years in jail.

The director of public prosecutions, Keir Starmer, was required to make the policy clear after a ruling by the law lords in the case of Debbie Purdy, who has multiple sclerosis and wanted to make sure, as far as possible, that her husband would not be prosecuted if he helped her travel to the Dignitas assisted suicide centre in Zurich.

The final policy incorporates other important changes from the interim policy, and now focuses more on the motivation of the suspect than on characteristics of the person who has committed suicide—described as the “victim.”

The factors against prosecution are that the victim had reached a “voluntary, clear, settled and informed” decision to commit suicide; the suspect was wholly motivated by compassion, gave only minor assistance, and attempted to dissuade the victim; the suspect’s actions could be characterised as “reluctant” assistance; and the suicide was reported to police.

One factor against prosecution in the interim policy—that the victim had a terminal illness, a severe and incurable physical disability, or a severe degenerative physical condition—has been removed altogether after representations that it discriminated against disabled people or suggested that their lives were less valuable than those of the able bodied. And the guidelines no longer make it a factor against prosecution that the suspect was a spouse, partner, close relative, or close personal friend of the victim.

Ian Barker, a solicitor with the Medical Defence Union, said, “The MDU’s advice to its members remains that doctors approached by patients for advice about suicide should not engage in discussion which assists the patient to that end. Members who are faced with requests for help from patients . . . should contact us for advice.”

The final guidance is at www.cps.gov.uk.

Cite this as: BMJ 2010;340:c1167

Company in alleged generic drugs cartel pays undisclosed sum to NHS

Clare Dyer BMJ

Kent Pharmaceuticals has agreed to pay the health service an undisclosed sum as the latest settlement in a long running civil action against generic drug manufacturers. The companies had been accused of operating an illegal cartel to fix the price of their products, depriving the NHS of tens of millions of pounds.

Kent’s agreement to pay without admitting liability follows three sets of claims launched between 2002 and 2004 against eight companies that were accused of depriving the NHS of more than £150m (£170m; $225m). Five companies, Generics—and nine directors were charged with conspiracy to defraud the NHS (BMJ 2006;332:872).

The criminal case collapsed in 2008 after the law lords ruled that it discriminated against disabled people or was not a criminal offence at the time the cartel’s activities were alleged to have taken place, between 1996 and 2000.

However, the civil actions continued; and by May 2009 the NHS had recovered £34m in England and £9m in mirror proceedings in Scotland and Northern Ireland. That month a High Court judge gave directions for a five week trial in March and April 2010.

Cite this as: BMJ 2010;340:c1225
IN BRIEF

Renal problems caused by melamine in milk may be long term: A study of 733 rural Chinese children, of whom 48 had renal abnormalities after drinking milk tainted with melamine in 2008, found that five of 46 children with follow-up data still had renal abnormalities six months later. This indicated a need for longer term follow-up, says a study published in CMAJ (doi:10.1503/cmaj.091063).

Pregnancy rate rises among teens in England and Wales: The number of teenage pregnancies in England and Wales rose for the first time since 2002, from 40.9 per 1000 in 2006 to 41.9 per 1000 in 2007. The increase means that the government will almost certainly miss its target to halve the rate by 2010. Altogether just over 42 900 under 18s became pregnant in 2007.

Reusing surgical equipment saves money: Sterilising instead of throwing away surgical instruments and unused medical devices is safe and can cost half the amount of new ones, say researchers at Johns Hopkins University in Academic Medicine (2010;85:398-400). One hospital saved nearly $1.5m (£1m; €1.1m) in 12 months by reprocessing operating room supplies.

Sports venues lack heart attack training: One in four of Europe’s 187 top sports arenas do not have adequate equipment and procedures to save the lives of spectators who have heart attacks, says new research in the European Heart Journal (doi:10.1093/eurheartj/ehq006). Venues do not have automated external defibrillators on site, medical action plans, or basic or advanced cardiopulmonary resuscitation training programmes. In 2005-6 there were 77 heart attacks among the spectators (an estimated incidence of about one in 590 000).

Treatment for cocaine addiction is successful in 7 in 10 users: A tenth of drug users entering treatment in England are seeking help for addiction to cocaine, according to the National Treatment Agency for Substance Misuse. More than a third are aged 18-24, and they are more likely to have jobs and less likely to have housing problems than traditional drug users seeking treatment. Seven in 10 who stay in treatment are able to stop using cocaine or substantially reduce their use within six months.

Eight health lobbyists for every member of Congress in 2009

Bob Roehr WASHINGTON, DC
Lobbyists outnumbered US congressmen and women by more than eight to one in 2009 during the debate over health reform, and total spending on lobbying on health issues reached $544m (£370m; €400m), two watchdog groups have found.

US law requires lobbyists dealing with Congress to file annual disclosure forms. The non-profit Center for Public Integrity created a searchable database from these filings of 4525 registered lobbyists whose activities cost at least $5000 (www.publicintegrity.org/articles/entry/1953/).

It broadly grouped their affiliations and found that trade, advocacy, and professional organisations led the pack in lobbying on health, with 745 lobbyists. Among the most active were the AARP (formerly the American Association of Retired Persons), the membership group representing the interests of people aged 50 or older, which employed 58 lobbyists. Other big players included the US Chamber of Commerce (47), the Business Roundtable (40), and the American Medical Association (33).

Hospitals were the second busiest group, with 207 lobbyists. The insurance industry ranked fourth (105); drug makers eighth (66); and medical services (51) rounded out the 10 largest groups of lobbyists.

Another watchdog group, the Center for Responsive Politics, reported that $3.47bn was spent on lobbying on all kinds of issues in 2009, including $544m on health issues (www.opensecrets.org/lobby/).

A cursory examination of individual quarterly listings in the database at the Center for Public Integrity indicates that the US Chamber of Commerce spent the most on health lobbying (more than $130m); labour unions (more than $25m) and the AARP ($27m) were other major players.

Wal-Mart, the retail giant and the nation’s largest employer, spent close to $10m. It has concerns about health insurance coverage of its workforce, is a major vendor of pharmaceutical products, and has experimented with “doc in a box” walk-in clinics in its stores that provide basic medical services, usually by a nurse practitioner.

But the numbers alone tell an incomplete story; not all of the health activities were related to health reform legislation. Lobbyists often split their time between various clients and topics.

Furthermore, the filings seldom include activities outside Washington, DC, such as advertising on television and radio, or grassroots activities, ranging from a simple email to members asking them to contact their Congressman or woman to elaborate “astroturf” campaigns that seek to create the illusion of real grassroots support.

These competing interests have brought health reform to a grinding halt while President Obama and Democratic leaders ponder how to extract themselves from this quagmire (News, p 499).

The country is split, with 43% in favour of passing health reform legislation and 43% opposed, according to the latest tracking poll from the health research charity the Kaiser Family Foundation. The survey of 1201 broadly representative adults was conducted in the middle of the month and released on 23 February.

Although there is broad agreement on some individual elements of reform, consensus breaks down over specific details and when those elements are combined into a single package.

Cite this as: BMJ 2010;340:c1203

Woman has two babies after ovarian transplantation

Susan Mayor LONDON
Danish researchers reported this week on the first woman to give birth to two healthy babies in separate pregnancies after her fertility was restored using transplanted ovarian tissue that was removed and frozen before her cancer treatment and then replaced.

The woman, Stinne Holm Bergholdt (left),
Democrats and Republicans air their views on health reform in TV summit

Janice Hopkins Tanne NEW YORK

Democrats and Republicans agreed to disagree in a seven hour healthcare summit chaired by President Barack Obama and broadcast live on national television on 25 February.

The president said that both sides were close and asked them “to bridge the gap.” He said that for five decades attempts had been made to provide healthcare to all Americans and called for consensus on a “serious effort” to introduce legislation in a month or six weeks.

He spoke of taking his daughters to the emergency room and thinking about what would he do if he were a parent without health insurance. He told how his mother, dying from ovarian cancer, spent the last six months of her life arguing over the telephone with insurance companies to cover her treatments.

The unusual summit meeting was called by President Obama to make progress on the stalled health reform bills. Passing health reform is a priority for the president, who wants to provide health insurance to at least 31 million of America’s 46 million uninsured people.

The House of Representatives and the Senate passed different bills late last year. An attempt to merge the bills ended when the Democrats lost a Senate seat, leaving them with only a 59 to 41 majority in the Senate (BMJ 2010;340:c463). Sixty votes are needed to pass a bill in the Senate, while only a simple majority is needed in the House of Representatives.

A controversial solution called reconciliation, usually used for budget bills, might allow a health bill to be passed in the Senate with a majority of only 51 votes, without threat of a filibuster (talking the bill to death). The House of Representatives would pass the Senate’s health reform bill with some changes to resolve problems that House members find in the Senate bill. The Senate would then vote on the bill under the reconciliation rules, allowing passage with a simple majority. Several Democrats have suggested that a simple majority vote was the democratic way.

The president opened the summit by saying that lack of health care was “one of the biggest drags on our economy and one of the biggest hardships for families . . . It affects those with and without insurance.”

A video of the session is at www.whitehouse.gov.

Cite this as: BMJ 2010;340:c1176

Dr Peter Sawicki has doctors’ support

Head of German NICE was sacrificed to industry, says expert

Annette Tufs HEIDELBERG

The German government has sacked the head of the Institute for Quality and Efficiency in Health Care (IQWIG) to placate the drug industry, a German MP and professor alleged in an interview with the BMJ.

In January the board of directors of IQWIG, the German equivalent of the United Kingdom’s National Institute for Health and Clinical Excellence (NICE), agreed Peter Sawicki’s dismissal, saying, “The excellent work of the institute should not be burdened with discussions about irregular administrative procedures.” Dr Sawicki had been accused of irregularities over his expenses claims, including the use of his business car and petrol for his lawmaker (BMJ 2010;340:c499, 26 Jan).

Karl Lauterbach is certain, however, that the real reason for Dr Sawicki’s dismissal is pressure from drug companies in Germany and from abroad to which the German government, a coalition of the Christian Democrats and the liberal Free Democratic party, has bowed.

In a letter to the new German government last year several Christian Democrats demanded a change of direction in the policy and leadership of the institute to make it more acceptable to the drug industry.

Dr Lauterbach, a member of the German parliament from Cologne and professor for health economics at Cologne University, believes that the government succumbed to these arguments, even though Dr Sawicki had strong support from the medical profession.

A document published in 2009 by the Pharmaceutical Research and Manufacturers of America (PhRMA), which represents leading drug firms in the United States, claimed that the German institute discriminated against innovative drugs and should therefore be put on the priority watch list for economic sanctions, together with other countries such as China and India, which are ignoring patents (www.phrma.org/files/attachments/PhRMA%20Special%20301%20Submission%202009%5B2%5D.pdf).

The cost-benefit analyses developed by IQWIG are also seen as barriers against the US drug industry.

Cite this as: BMJ 2010;340:c1115

gave birth to her second baby in September 2008 after conceiving naturally. Her first baby was born in February 2007, after she received fertility treatment.

Mrs Bergholdt’s doctor, Claus Yding Andersen, professor in human reproductive physiology at the University Hospital of Copenhagen, said, “This is the first time in the world that a woman has had two children from separate pregnancies as a result of transplanting frozen/thawed ovarian tissue” (Human Reproduction doi:10.1093/humrep/deq033).

He suggested, “These results support cryopreservation of ovarian tissue as a valid method of fertility preservation and should encourage the development of this technique as a clinical procedure for girls and young women facing treatment that could damage their ovaries.”

Nine children have now been born worldwide as a result of transplanting frozen/thawed ovarian tissue (including Mrs Bergholdt’s two daughters). The technique was developed to circumvent the long term infertility caused by certain types of chemotherapy.

“Although cryopreservation of ovarian tissue is still an experimental procedure, it is slowly becoming accepted,” the Danish group notes.

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IQWIG are also seen as barriers against the US drug industry.

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BMJ Group Awards: Junior Doctor of the Year category

Making a mark during training

Edward Davies BMJ

The junior doctor category of the BMJ Group Awards makes its debut in 2010, with the aim of “rewarding the doctor in training who has done most to improve the world we live in.” We received over 100 nominations from doctors working as far afield as Brazil, Iraq, Australia, and Sudan. We decided on a shortlist of nine doctors.

Yannick Bejot is a research fellow in neurology at the University of Burgundy, Dijon. He has made a significant contribution to stroke research at an unusually early age. His research is principally on the epidemiology of stroke, and in less than five years since he started his training in neurology he has been the first author of 27 papers on the subject.

Vivian Elwell is a specialist registrar in neurosurgery at the National Hospital for Neurology and Neurosurgery in London. She has made important contributions to basic and applied neuroscience. She is also a very committed teacher and contributor to undergraduate and postgraduate textbooks.

Cristian Gragnaniello is a neurosurgeon at the Second University of Naples. His innovative ideas, such as using indocyanine green to distinguish cancellous from cortical bone and a novel model to simulate tumours at the base of the skull, have been spotted by the University of Arkansas, which has selected his two methods for patenting.

Philip Hyde is a trainee in paediatric intensive care at Birmingham Children’s Hospital. He has worked extensively with the British Association for Immediate Care. He is now using his experience and expertise to lobby for major improvements in pre-hospital care, and this has led to a pilot project in that area with strategic health authority funding.

Richard Lyon is a specialty registrar in emergency medicine at the Royal Infirmary of Edinburgh. He has been involved in a vast amount of voluntary, out of hours work with NHS bodies and charities, improving survival in out of hospital cardiac arrests in the Edinburgh area. He has overcome the challenge of his father’s early death, his mother’s cancer, and taking on the responsibility of looking after his two younger siblings.

Douglas Noble is a public health doctor who has worked with the chief medical officer for England on various projects. One of his particular contributions has been in relation to radiotherapy. The output of this work includes a World Health Organization technical manual and a medical school curricular guide to patient safety. He has also raised £50 000 (€56 000; $76 000) towards a project aimed at improving rural Chinese medicine.

Philip Smith is an academic clinical fellow in gastroenterology based at University College London (UCL) Hospitals. He has written various books for medical students and junior doctors and has also taken a role in setting up an innovative course for teaching PACES (practical assessment of clinical examination skills) within UCL Hospitals.

Oliver Warren is a surgical registrar in the North West London Hospitals NHS Trust. He has made a significant impact in medicine through his contribution to the development of clinical leadership. He designed and led the implementation of “Prepare to Lead,” a leadership development programme for junior doctors in London.

Evan Wood is a resident in internal medicine at the University of British Columbia in Vancouver. His remarkable research record includes being first author of papers in JAMA, the Lancet, and the New England Journal of Medicine while still a medical student. He has worked with a very difficult and disadvantaged group of patients, drug addicts, making a significant difference to their rate of HIV infection and overdosage—all this after failing to get into medical school at his first attempt.

The judges are Christopher Edwards, chairman of Medical Education England, and Ian Gilmore, president of the Royal College of Physicians.

More than 100 junior doctors from all over the world were nominated for the award

NHS has seen little benefit from reforms in market forces

Zosia Kmietowicz LONDON

Eight years after Labour introduced market forces into the NHS the health service is still not seeing the desired returns for its investments, a review of the evidence indicates.

The report from the independent think tank Civitas concludes: “The available research indicates that the NHS may have found itself in a lose-lose situation—taking on the extra costs of competition without experiencing the benefits.”

Introducing market forces into the NHS should have led to better responsiveness of providers to patients and purchasers, to reduced costs, and to innovations in the way services are delivered. But evidence that any of these have materialised is scant.

For their review the researchers found very little research on the cumulative effects of market reform in the NHS since 2002, although numerous studies have looked at the effects of individual policies. These showed that waiting times in the NHS have fallen in the past eight years, access to health services has improved, and the efficiency of providers has increased.

But there are many problems, said the review. Providers remain all too powerful, innovation is largely non-existent, and collaboration in the NHS is weak. And it is “questionable” whether the positive changes seen in the NHS are due to market forces alone, it says. Increases in funding, targets, and weak monitoring played a big part.

The report is at www.civitas.org.uk.

Cite this as: BMJ 2010;340:c1194

Smokers to be denied access to Jakarta’s free health schemes

Ben Bland JAKARTA

Health officials in Jakarta are planning to exclude smokers and their families from the city’s free healthcare schemes for low income households.

Fauzi Bowo, the governor of the Indonesian capital city, said that it was unfair for the city administration to continue subsidising those who did not properly look after their health by continuing to smoke.

“A survey showed low income families spent 22% of their income on cigarettes. These people enjoy free health care while still smoking, which worsens their health. This is not fair,” he was reported as saying by the Jakarta Post.
Poor training, staff cuts, and overemphasis on targets led to failures at Stafford, says inquiry

Helen Mooney LONDON
The findings of an independent inquiry into Mid Staffordshire NHS Foundation Trust by Robert Francis QC found that appalling failures in patient safety and care were caused by inadequate training of staff, staff cut backs, and an overemphasis on government targets by the trust’s senior management team.

The inquiry was launched into events at Stafford hospital after a damning report last March from the Healthcare Commission showed a catalogue of failings at the trust, where at least 400 more people died than would have been expected in a three year period from 2005 to 2008. The report explains how patients were neglected and left in pain as the trust focused on its finances and on hitting government targets in a bid to attain foundation status.

Commenting on the report’s findings, Mr Francis said that although many staff at the trust had expressed concerns about patient care these had been ignored by senior management. He added that he had been disappointed by the limited number of staff that had come forward to give evidence to the inquiry—82 in total—compared with the evidence given by more than 1000 patients and their families.

“I suggest that the board of any trust could benefit from reflecting on their own work in the light of what is described in my report,” he said.

The report tells of patients left in “sheets soiled with urine and faeces for considerable periods of time,” and of the distress and embarrassment they felt. The attitude of nursing staff “left much to be desired,” and relatives often took sheets home to wash.

Andy Burnham, England’s health secretary, said: “This was an appalling failure at every level of the hospital to ensure patients received the care and compassion they deserved ... there can no longer be any excuse for denying the enormity of what has occurred.

“It is vital that we learn the lessons nationally to ensure that it won’t happen again.”

Mr Burnham said that an “intimidating and bullying management style” existed at the trust and that there was a “lack of compassion and an uncaring attitude” among staff.

He added that although the trust had already taken disciplinary action to hold staff to account he would be asking the General Medical Council and the Nursing and Midwifery Council to consider the report and decide whether any further action needed to be taken against clinical staff.

Commenting on the report, Jo Williams, the Care Quality Commission’s interim chair, said: “It is important to understand that the scale of change required in this organisation was very significant and was never, therefore, going to happen overnight . . . What we currently see is a picture of progress. But in the areas in which we have continuing concerns, we need to ensure that the trust delivers on what it says it is going to do.”

Three key recommendations from the report have been accepted by the government.

• The health secretary should ask that the foundation trust regulator Monitor exercise its power of de-authorisation of trust status over the Mid Staffordshire Foundation Trust.

• The health secretary and Monitor should review the arrangements for the training, appointment, support, and accountability of executive and non-executive directors of NHS trusts and NHS foundation trusts, with a view to creating and enforcing uniform professional standards for such posts.

• An independent working group should be set up by the Department of Health to look at the use of comparative mortality statistics in assessing hospital performance.

The Independent Inquiry into care provided by Mid Staffordshire NHS Foundation Trust January 2005—March 2009 is at www.dh.gov.uk/prod_consum_dh/.

Cite this as: BMJ 2010;340:c1137

More than 230 000 low income Jakarta households currently receive free or heavily subsidised medical treatment under one of the city’s two healthcare schemes focused on the poor.

Officials at the Jakarta health agency said that they were preparing a gubernatorial decree, but that they needed to conduct more research before deciding how they would go about enforcing the measure. They did not say when the proposal was likely to be implemented.

Although some anti-tobacco campaigners welcomed the move, others said that it was prejudicial to withdraw free health care from low income households. Farid Anfasa Moeloek, the chairman of the National Commission for Tobacco Control, told the Jakarta Post, “The administration’s policy is discriminative. It’d be far better to allocate the money from the cigarette excise to improving healthcare services for all people.”

Indonesia is one of the world’s biggest consumers of tobacco, with around one in three of the nation’s 240 million citizens estimated to be smokers. Around 24% of deaths in Indonesia in 2005 were caused by tobacco related diseases.

The government has been reluctant to clamp down on the tobacco industry because cigarettes are one of the developing nation’s most profitable home grown products.

Indonesia is one of only a handful of countries that have yet to ratify the WHO’s Framework Convention on Tobacco Control, and tobacco advertising is widespread on television, in magazines, and at sporting events and concerts.

Endang Rahayu Sedyaningsih, the health minister, said that the government was preparing a law to ratify the WHO framework, which advocates a wide range of antismoking measures, including higher taxes and restrictions on advertising and smoking in public places.

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Some campaigners have said it is prejudicial to withdraw free health care from low income families.

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GMC launches consultation on details of revalidation

Lynn Eaton LONDON

GPs in Wales could be among the first to be approved under the new process of revalidation of doctors, the chief executive of the General Medical Council has indicated.

Speaking to the BMJ before the launch of the GMC’s three month consultation on revalidation on 1 March, Niall Dickson said that GPs in Wales were “nearly there already,” with more than 90% of GPs already undergoing annual appraisal, which is being recorded by an integrated IT system.

“It’s probably the biggest change in medical legislation in 150 years,” said Mr Dickson, who added that in Wales the process of revalidation was “really quite well advanced.”

Monday’s launch of a consultation on the process rather than on the principles of revalidation comes after a long consultation in response to a government white paper in 2007 that set out proposals for reform of healthcare regulation. In November 2009 the GMC introduced the licence to practise—the first step towards revalidation.

The GMC has already run pilot projects of the revalidation process in primary care in Wales and in Berkshire. Another pilot has been run on Merseyside by the Royal College of Physicians and the Department of Health, and the department is about to launch pilots at 10 more sites in England, involving 3000 doctors.

The GMC is not expecting a “big bang” approach to implementation. Instead it intends to start the process from 2011 as places become ready. It does not currently have a target date for full implementation.

Although the actual indicators used to assess a doctor’s performance would vary from one specialty to another, the consultation document suggests that they should fall within four domains: knowledge, skills, and performance; safety and quality; communication, partnership, and team work; and maintaining trust.

In the “maintaining trust” domain, for example, an anaesthetist would need to show respect for patients by maintaining confidentiality and by being polite, considerate, honest, and respectful to the patient. The evidence for this would come from multi-source feedback surveys from the doctors’ peers and patients. Documentation showing that the doctor’s work complied with the Trust’s clinical governance procedures would also be needed.

Consultation is open until 4 June. See www.gmc-uk.org/thewayahead.

Cite this as: BMJ 2010;340:c1214

Chile needs concerted relief effort after massive earthquake

Peter Moszynski LONDON

Chile is appealing for international medical assistance in the aftermath of the fifth most powerful earthquake ever recorded.

The initial quake on 27 February measured 8.8 on the Richter scale—far larger than the 7.2 earthquake that recently devastated Haiti—and was followed by dozens of powerful aftershocks and tsunamis. The death toll is likely to be in the thousands, and more than half a million homes are thought to have been damaged.

There has not been enough time for any detailed assessment, but as the BMJ went to press it was reported that six hospitals had totally collapsed and another two were so severely damaged that they can no longer function.

As the epicentre was deep underground in a scarcely populated region, and many major buildings were built to withstand earthquakes, the effects are likely to be far less severe than the destruction in Haiti. However, much of the south of the country has been declared a disaster area. The region’s main town, Concepción, has been particularly badly affected.

A dawn to dusk curfew has been imposed across much of the south after widespread looting, which has reportedly hindered rescue efforts. At the same time the government has

BMJ GROUP AWARDS: Excellence in Healthcare Education category

From simulation to innovation

Kieran Walsh BMJ

The purpose of the BMJ Group’s award for excellence in healthcare education is to “recognise an individual or team who has demonstrated outstanding leadership and/or innovation in healthcare education and performance improvement.” Four teams and one individual were shortlisted out of a strong field, and all have a fighting chance of carrying off the prize.

The first two shortlisted candidates led projects that concentrated on simulation. When I was a junior doctor, simulation meant thumping the chest of a “Resusc Annie” on the floor of a postgraduate centre; it then progressed to simulated accident and emergency units. Now both the first two candidates have brought simulation to new levels.

The Simulation and Technology-enhanced Learning Initiative (STeLI), the flagship initiative of the London Deanery, helps support the “excellence in education” strategy of the London Deanery and NHS London. The usual suspects in simulation are surgery and emergency medicine, but STeLI is significantly widening the scope of simulation: it runs simulation sessions in psychiatry, general practice, and pathology and is working to ensure that simulation plays a role in curriculum delivery in a range of different specialties.

Its simulation is inter-professional and promotes the importance of patient safety and human factors. STeLI has made a major commitment to evaluation and has set up several long term research and evaluation projects to assess “the organisational impact of simulation centres, learning through simulation, and novel performance assessment tools.”

The second candidate that sets out its simulation stall is the King’s Health Partners Simulation Centre in London. Its purpose is to promote interprofessional education, patient safety, and non-technical skills or human factors training. Among the many things that makes the centre stand out is that all the learning scenarios are based on clinical incidents or near misses within the NHS foundation trusts behind King’s Health
arranged for supermarkets to distribute essential items free of charge.

Situated in one of the world’s most active tectonic zones, Chile has extensive experience in dealing with earthquakes. In 1960 it had the largest earthquake in recorded history (9.5 on the Richter scale), and it has some of the most stringent building regulations in the world. It also has a strong infrastructure and economy so is well placed to respond, although the extent of the damage is likely to overwhelm its domestic response capacity.

The Pan American Health Organization, the World Health Organization’s regional body, said, “Chile’s Ministry of Health and the National Emergency Office of the Ministry of the Interior are very well organised and have significant experience in disaster preparedness, readiness, and response.”

However, the president of Chile, Michelle Bachelet, said that more than two million people had been displaced and that her country was “facing an unthinkable catastrophe that will require an enormous effort in resources.”

She appealed for international help with field hospitals, mobile bridges, telecommunications equipment, power generators, water purification equipment, and rescue workers “to replace exhausted local crews.”

Chile’s air force is setting up four field hospitals in the worst affected areas, but additional temporary facilities are needed to fill the gap left by the damaged facilities. The Chilean Red Cross and the Catholic relief agency Caritas are already active on the ground; other international agencies are awaiting further assessment.

To complicate the relief planning President Bachelet is standing down next week, to be replaced by a newly elected administration.

Cite this as: BMJ 2010;340:c1242