

## Baxter identifies processing fluid as possible cause of deaths

A manufacturer of dialysis equipment, whose products have been associated with 12 deaths in Spain and 21 deaths in Croatia, this week identified the possible cause of the deaths.

Baxter International, whose headquarters are in Deerfield, Illinois, said: "Preliminary tests completed over the weekend lead Baxter to believe that a processing fluid used in the manufacturing operation in its Ronneby, Sweden, facility may have played a role."

The Spanish health ministry withdrew two batches of a membrane dialyser after the first reported deaths in August (8 September, p 529).

But Baxter has now decided to permanently cease manufacturing certain dialysers—those known as the A and AF series of dialysers. It has also recalled all these products worldwide and advised the US Food and Drug Administration and other health authorities of its findings.

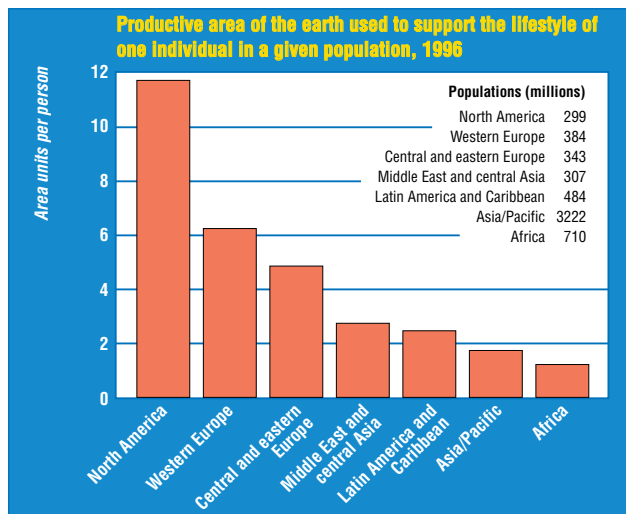
In addition, the company has given its results to the manufacturer of the fluid, as well as other dialyser producers in case they may use the same or a similar kind of fluid and manufacturing process.

Annabel Ferriman *BMJ*

## NHS breast screening report contradicts Cochrane findings

The NHS Cancer Screening Programmes insisted this week that breast screening saved lives, despite recent claims to the contrary by the Cochrane centre.

Julietta Patnick, national coordinator of the NHS Cancer Screening Programmes, said that breast cancer screening "reduces the risk of a woman dying from the disease." This statement contradicts the find-



## Rise in world population threatens the planet

World population and consumption is rising at a rate that is threatening the wellbeing of people and the planet, a report published last week by the United Nations Population Fund said.

Over the past 70 years the global population has tripled, from two billion to 6.1 billion, and it continues to grow by about 77 million people a year. By 2050 it will reach 9.3 billion. The 49 least developed countries, already straining to provide basic services to their people, will nearly triple in size, from 668 million to 1.86 billion people by 2050.

The report said that there now exists "a huge consumption gap" between those who live in industrialised countries and those living in developing countries. The 20% of the world's population who live in high income regions account for 86% of total private consumption.

According to the report, the "ecological footprint"—the productive area of earth necessary to support the lifestyle of an individual in a given population—is nearly four times as big in industrialised nations as in developing countries and double the level that is sustainable.

Alex Vass *BMJ*

Full details of the report, *The State of the World Population 2001*, are accessible at [www.unfpa.org](http://www.unfpa.org)

ings of a Cochrane review published last month. The Cochrane review concluded that "currently available reliable evidence does not show a survival benefit of mass screening for breast cancer (and the evidence is inconclusive for breast cancer mortality)." The abstract of the Cochrane review can be accessed at [www.cochrane.org/cochrane/revabstr/ab001877.htm](http://www.cochrane.org/cochrane/revabstr/ab001877.htm)

The 2001 breast screening programme's annual review, published this week, said that "more women are being screened and more cancers are being detected than ever before" and that this "should help to improve women's chances of

survival."

After the launch of the review, Mrs Patnick said that research published in the *BMJ* last year suggested that breast screening was effective, contrary to the claims of the Cochrane Review. This research showed that between 1990 and 1998 breast cancer mortality fell by 21.3% in women aged 55-69. Of this fall, 6.4% was attributed to screening (2000;321:665-9).

Andrew Moscrop *BMJ*

*Breast Screening Programme Annual Review 2001* is available at [www.cancerscreening.nhs.uk/breastscreen/publications/2001review.html](http://www.cancerscreening.nhs.uk/breastscreen/publications/2001review.html).

## Abortion clinics fail to meet standards

The first national audit of abortion services in England and Wales has shown that most clinics are failing to meet at least one of the standards set out by the Royal College of Obstetricians and Gynaecologists.

The survey, which was carried just before the publication of the college's guidelines in March 2000, showed that more than a third of clinics failed to meet targets for assessing and treating women and two thirds were not offering the full range of treatment options.

The guidelines recommend that women should be seen by a gynaecologist five days after requesting an abortion and that treatment should follow within seven days if they decide to ahead. However, only 34% of the 230 clinics that responded to the survey (71% of those providing a service) met this target.

In its national strategy on sexual health the government has said that by 2005 women should be offered an abortion within three weeks of requesting one, provided they meet the legal requirements.

Zosia Kmiotowicz *London*

## New law requires doctors to learn care of the dying

California's governor, Gray Davis, last month signed the first law in the United States requiring doctors to take courses in pain management and in care of people at the end of life. The measure was drafted by assemblywoman Dion Aroner, a Berkeley Democrat.

The new law resulted from the case of William Bergman, an 85 year old man admitted in February 1998 to Eden Medical Center in Castro Valley, northern California. Mr Bergman was an inpatient for five days, with probable advanced lung cancer and bone fractures. Dr Wing Chin, an internist, gave him too little medication, despite the fact that nurses rated his pain as