Tobacco firms stopped airline's smoking ban, documents show

Annette Tuffs HEIDELBERG

The tobacco industry in Germany, working with the popular German daily newspaper *Bild*, stopped the airline Lufthansa from banning smoking on its domestic flights in the early 1990s, an analysis of internal tobacco industry documents shows.

The tobacco company Philip Morris has had to publish thousands of internal documents on the internet after a US court sentence against it in 1998. A paper in a German public health journal has used the documents to shed light on the tobacco industry's successful lobbying strategies in Germany (*Gesundheitswesen* 2008;70:315-24).

In 1989 Lufthansa tried to introduce non-smoking domestic flights but was unsuccessful until 1996. An internal document from the tobacco company Philip Morris describes in detail how the German Association of the Cigarette Industry proceeded to fight the move (http://legacy.library.ucsf.edu/tid/mvd34e00).

At the time Lufthansa was not yet fully privatised and was still partly owned by the German government. Therefore the association tried to influence politicians as well as public opinion.

The Philip Morris document says that *Bild*, which was read by about four million people, wholeheartedly supported the company's cause "because of a good relationship with the editor in chief," who was a fervent smoker himself.

The newspaper ran an editorial about the proposed ban, entitled, "A heavy blow against smokers." At the same time the cigarette industry mobilised its allies to write letters to the paper saying that they would no longer book flights on Lufthansa.

Lufthansa surrendered in its initial bid after publication of poor business results.

Bild's publisher, Axel Springer Verlag , has questioned the reliability of the internet documents. A spokesman said that the paper in *Gesundheitswesen* "had nothing to do with reality."

Cite this as: *BMJ* 2008;337:a1887

MARK THOMAS

Health secretary Alan Johnson said the strategy would be underpinned by funds of £12m

UK strategy is chance "to see health as a bridge to peace"

Caroline White LONDON

Doctors in the United Kingdom will find it easier to train and work in developing countries, if the government fulfils the remit of its ambitious global health strategy published this week. Furthermore, restrictions on the rights of overseas doctors to train in the UK could be relaxed.

Health is Global sets out how the government intends to improve the health and economic and political security of Britain's citizens by tackling key health problems elsewhere in the world over the next five years.

The result of extensive collaboration among a wide range of domestic and international agencies and institutions, the strategy follows on from last year's green paper on global health issued by England's chief medical officer, Liam Donaldson.

Speaking at the strategy's launch, Professor Donaldson described it as "a world first in its scope," saying that it went "way beyond traditional strategies on international health." Its breadth and depth "addresses fundamental issues in a way that has not been done before," he said, adding that it provided an "opportunity to see health as a bridge to peace."

The strategy—which will require coherent global partnerships on an unprecedented scale, together with greater collaboration among key UK government departments, including the Foreign Office—is underpinned by £12m (€15.3m; $21.6m) of funds and 10 principles. One principle is to assess the effects of domestic and foreign policies on global health. Another is to use health "as an agent for good" to promote a more equitable, less polluted, and more united world.

The strategy outlines five priority areas over the next five years: better global health security; stronger and fairer health systems; a stronger role for international health organisations; freer and fairer trade; and an improved evidence base for policy and practice.

Some of the funds will be used to enhance the international role of the UK Health Protection Agency in the control of infectious disease and to set up a centre on global health and foreign policy.

The report is at www.dh.gov.uk/en/Healthcare/International/DH_072715.

Cite this as: *BMJ* 2008;337:a1925

Acute medical units reduce deaths and stays in hospital

Susan Mayor LONDON

Care in an acute medical unit—a hospital unit specially designed and staffed for patients with acute medical illnesses—reduces in-hospital mortality and length of stay among people with acute medical conditions, new research indicates.

In 2007, overall mortality in people admitted to an acute medical unit at the Chelsea and Westminster Hospital, London, was 1.1% (28 deaths in 2221 patients). In 2005, before the unit was developed, mortality in patients at the hospital with acute medical illnesses was 1.6% (34 deaths in 2096 patients). The average length of stay was 8.8 days before the unit was developed and 6.9 days afterwards, say audit results reported at the international conference of the Society for Acute Medicine, in London on 29 and 30 September.

Nearly twice as many people were able to go home within 24 hours of going to hospital after the unit was developed (42% (928 of 2221 patients) versus 23% (473 of 2096)). And this did not result in an increase in readmissions. Further results of the study, by Gary Davies, a consultant in respiratory and acute medicine, and Harpreet Lota, a specialty trainee in acute medicine, at Chelsea and Westminster Hospital Foundation Trust, showed that the proportion of patients waiting more than three hours in the emergency department fell from 82% (1963/2402) to 55% (1217/2221).

Dr Davies said, "Our study shows how an organisational change to the service can positively impact on patient care. It provides evidence for the continued development of acute medical units."

An Australian study reported similar results, with a reduction in the rate of in-hospital deaths among medical patients from 5.6% (188 deaths in 3366 patients) in 2003, before an acute medical unit was set up, to 3.8% (169 in 4422) in 2006, after it was fully functioning (P=0.006). The researchers, from Flinders Medical Centre, Adelaide, found that the fall in mortality occurred despite a 31% increase in the number of acute medical admissions over this time (from 3366 to 4422).

Rhid Dowdle, president of the Society for Acute Medicine, said, "Over the last decade the acute medicine movement has championed improvements in the care of the acutely ill patient in hospital. Most hospitals now have acute medical units supervised by acute physicians, who form the most rapidly growing group of medical specialists in the UK."

George Alberti, the Department of Health's clinical director for service reconfiguration, told the conference: "Interest in acute medicine has been rekindled with the realisation that the first few hours in hospital for a person with a medical emergency are critical."

Susan Mayor is a freelance medical journalist who worked with the Society of Acute Medicine as press officer for their conference.

Cite this as: *BMJ* 2008;337:a1865

Cigarette picture warnings arrive in UK

Harriet Adcock LONDON

Stark picture warnings are being added to cigarette packets in the United Kingdom from 1 October. The government expects that the images—which include pictures of rotting teeth and lungs, a baby inhaling smoke, a young person in a mortuary (right), throat cancer, and a "flaccid cigarette"—to be more effective than written warnings, which were introduced in January 2003.

The UK is the first country in the European Union to introduce such images. Canada introduced them in 2001 and was followed by Australia, Brazil, India, New Zealand, Singapore, Venezuela, Thailand, and Uruguay.

Figures released this week by the Department of Health show that since written warnings were introduced more than 90 000 smokers have been motivated by them to call the NHS Smoking Helpline (tel 0800 022 4332).

Cite this as: *BMJ* 2008;337:a1914

Shortage of EEG

Colin Wright Edinburgh

Clinicians are sometimes unable to accurately diagnose neonatal seizures because of a lack of appropriate equipment, a conference in Edinburgh heard last week.

Ronit Pressler, consultant in clinical neurophysiology at Great Ormond Street Hospital, London, said that most paediatric departments diagnosed seizures clinically but required an electroencephalogram (EEG) to confirm their diagnosis. Unfortunately most district hospitals do not have access to EEG equipment on site, delegates were told.

The conference on new approaches to epilepsy was organised jointly by the Royal College of Paediatrics and Child Health and the Royal College of Physicians of Edinburgh.

Elaine Hughes, consultant paediatric neurologist at King's College Hospital, London,

Quality improvement scheme hopes to save authority £17m

Zosia Kmietowicz LONDON

A pioneering scheme that pays hospitals a bonus for delivering the best quality care is being rolled out across the NHS North West region of England after a trial showed it gave incentives to clinicians in a way that government reforms have failed to do.

The scheme, entitled Advancing Quality, has been developed by the strategic health authority NHS North West to improve the region's poor health and to improve patients' hospital experience. It pays the best performing hospitals a bonus on top of what they receive through Payment by Results, the national system by which hospitals are paid for the procedures they carry out.

In the scheme's pilot phase, eight trusts in the area were asked to record whether patients admitted for five conditions and procedures—heart attacks, pneumonia, heart failure, hip and knee replacements, and heart bypass operations—were treated according to 34 evidence based clinical standards. These included, for example, whether patients admitted with a heart attack were given aspirin, whether patients admitted for a hip or knee replacement received prophylactic antibiotics, and whether heart bypass patients were given advice on stopping smoking and counselling on discharge.

The best performing hospitals were

equipment hampers diagnosis of seizures in babies

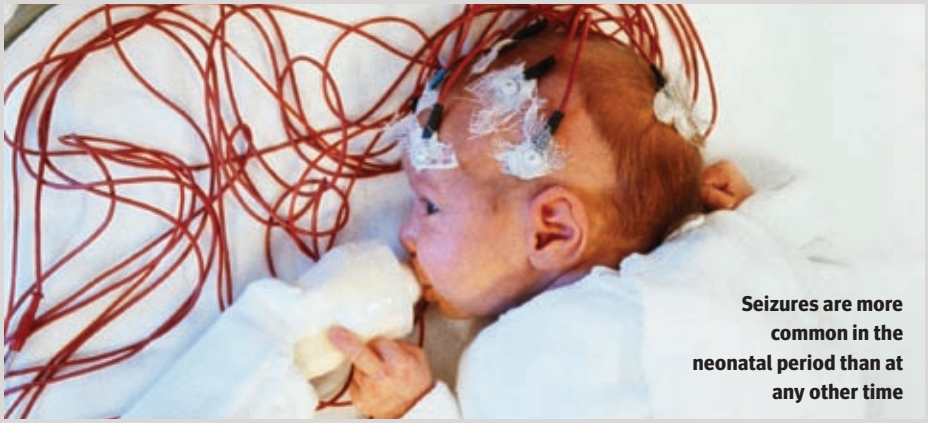
said that "initial misdiagnosis rates of seizures range between 20% and 25%," resulting in delays in accurately assessing patients and in their subsequent treatment.

Seizures are more common in the neonatal period than in any other time throughout life, with an incidence of 1-3 seizures per thousand live births in full term infants and 10-13 per thousand in very low birthweight infants, she said.

The lack of adequate EEG facilities was also a problem in assessing the effectiveness of the drug treatment.

Dr Pressler said that she had seen many instances where clinicians believed that an infant had been cured of their seizures because there was no clinical evidence, yet the EEG showed that seizures were still occurring.

She questioned whether the first line drug treatment for epilepsy was appropriate and effective. She said that phenobarbital "remains the drug of choice in the treatment of neonates, achieving clinical control in about 40% to 50% of cases."



HORATIO SORMANI/SPL

Seizures are more common in the neonatal period than at any other time

And yet, she added, "a recent Cochrane review [*Cochrane Database of Systematic Reviews* 2004;(4):CD004218] indicated that there is a lack of clear evidence of the relative benefit and harm of the anticonvulsants used."

Cite this as: *BMJ* 2008;337:a1873

rewarded with a financial bonus, said Mike Farrar, chief executive of NHS North West, who helped devise the scheme after seeing how the quality and outcomes framework (QoF) helped to improve clinical standards in primary care.

The scheme, which is based on similar ones in the United States, aims to deliver annual savings of £17m (€21m; $31m) for the region in its first year when it is rolled out to all trusts at the beginning of October. The savings are expected to come from reducing the number of days of hospital stay by 20 811 and from avoiding complications in 159 patients and 248 readmissions. The scheme's designers also estimate that it could save 141 lives in the first year.

The pilot scheme, which has been running for a year, has resulted in "fantastic clinical engagement," said Mr Farrar. "It has inspired and involved clinicians in a way we have not seen with the [government's] reform strategy. The reward is very small financially, but the big driver is to be able to compare performance across trusts."

The health authority is only just beginning to fully evaluate the effects of the pilot, but Mr Farrar says that the successful implementation of the scheme was down to the investment in data systems, with each participating hospital being given £60 000 to set up the infrastructure needed for data collection. He hopes that the scheme will be expanded in the future to cover other clinical areas.

Details of the programme can be seen at www.advancingqualitynw.nhs.uk.

Cite this as: *BMJ* 2008;337:a1884

National institute publishes directory of top researchers

Geoff Watts LONDON

The NHS's National Institute for Health Research has published a directory of its first 100 senior investigators. The move is a further step in the implementation of the institute's plans to create what it calls a college of investigators.

The senior investigators have been selected by an international peer review panel from among all the investigators funded by the institute. Selection criteria include the excellence of their research in comparison with other research in their field and the short to medium term importance of their research to patients or the public.

Each person in the directory will receive an annual grant with which to pay for attendance at meetings, to top up staff salaries, or to use in other ways at their discretion.

The aim of the college of investigators is to promote the value of translating laboratory work into clinical practice, and its members will also serve as a source of expert advice to the institute's director, Sally Davies. The directory gives brief biographical details of each senior investigator, together with an indication of their field of research.

Steve Bloom: "difficult to get research into NHS"

Steve Bloom, chairman of the Academic Department of Investigative Medicine at Imperial College London, is one of the chosen 100. "It's been very difficult to get research into the NHS," he said. "We have a tension between immediate patient care and research into long term improvements in that care. The immediate tends to win. This [scheme] is part of a mechanism to give the long term goal of preventing disease and producing new treatments a higher priority."

Stephen O'Rahilly, professor of clinical biochemistry and medicine at Addenbrooke's Hospital, Cambridge, sees the creation of a faculty of influential biomedical scientists working in patient oriented research as designed to generate a "buzz" in the field.

The scheme also offers individual rewards, in the form of an annual grant. It's a sensible inducement, Professor O'Rahilly said. "One reason we'll all bang the drum is that being a member of the senior faculty provides you with a welcome £15 000 [€19 000; $27 000]. To get flexible money, particularly for things like travelling to conferences, is enormously beneficial."

Further information about the institute's research faculty and the college of senior investigators is at www.nihr.ac.uk/faculty.aspx.

Cite this as: *BMJ* 2008;337:a1911

IN BRIEF

Trachoma is highly prevalent in parts of Sudan: An area of southern Sudan has the most severe rates of trachoma "ever documented," says research published in *PLoS Neglected Diseases* (doi:10.1371/journal.pntd.0000299). A survey in Ayod county found signs of trachoma in nearly every household. One person in every three households had severe blindness from the condition.

US doctors urge better vaccination coverage: The American Academy of Pediatrics and more than 20 other organisations want action to improve US vaccination rates. They asked the federal Department of Health and Human Services to start a public information campaign to tell parents that immunisation is important.

Labour will pilot free school meals to help tackle obesity: Free school meals are to be offered to all primary school children in two areas in England. The pilot study will look at the effects of offering healthy meals on levels of obesity and educational attainment.

US hospital bills increased by $70bn in a year: US hospital charges totalled $950bn (£530bn; €660bn) in 2006, says the Agency for Healthcare Research and Quality, about $70bn more than in 2005. In the same period the total number of hospital stays rose only a little, from 39.2 million to 39.5 million.

Northern Ireland will scrap prescription charges: Plans to abolish prescription charges in Northern Ireland have been announced by the province's health minister, Michael McGimpsey. The cost of a prescription in Northern Ireland will fall to £3 (€3.80; $5.40) per prescription in January 2009 and will be free by April 2010. Wales abolished charges on 1 April 2007.

Goodbye binge drinking, hello calculated hedonism: A new report that was based on a UK survey of people aged 18 to 25 says that the term binge drinking is too emotive. "The term 'calculated hedonism' better describes the behaviour of the young people in this study," say the researchers (*International Journal of Drug Policy* 2008:19:359-66).

Cite this as: *BMJ* 2008;337:a1915

Short intensive radiation courses match standard ones

David Spurgeon QUEBEC

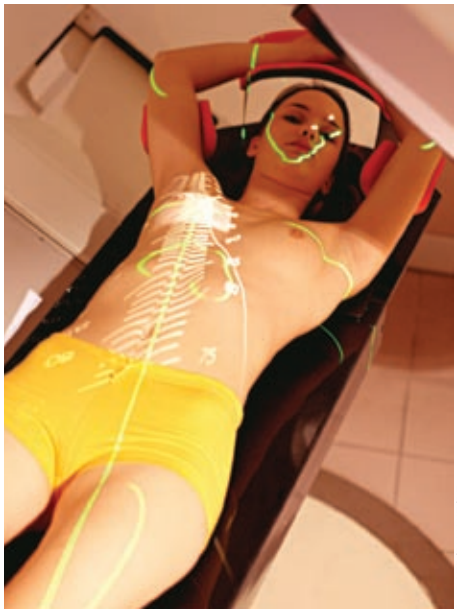
A shorter, more intense course of radiation works as well as the longer standard course, two studies presented at a meeting of the American Society for Therapeutic Radiology and Oncology indicate.

In one of the studies Canadian researchers found that radiation treatment called accelerated hypofractionated whole breast radiation, which took one to three weeks rather than the usual five to seven weeks, produced a return of cancer in 6.2% of patients after 10-12 years, similar to the 6.7% of patients in the standard treatment. Their study involved 1234 women who were randomly assigned to treatments between 1993 and 1996.

"We were surprised that the risk of local recurrence and side effects for women with accelerated whole breast irradiation was so low, even at 12 years," said the lead author, Timothy Whelan, a radiation oncologist at McMaster University in Hamilton, Ontario. "Our study shows that this treatment should be offered to select women with early stage breast cancer."

Although the shorter approach is more intensive, the overall dose is slightly less, he told the meeting in Boston. The shorter approach is also more convenient, because patients don't need to make as many trips to the cancer treatment centre.

Dr Whelan said he expects that the findings, which have not yet been published, are likely to change the way early stage breast cancer is treated in North America. The cost of the shorter treatment course is also much lower, at two thirds of the cost of the standard course, say the researchers, and also cheaper than other approaches, such as partial breast radiation.



BURGER/PHANIE/REX

One to three weeks of intensive radiation worked as well as five to seven weeks of standard therapy

Ida Ackerman, a radiation oncologist at Toronto's Sunnybrook Health Sciences Centre, said the findings would also help cut waiting times for radiation treatment. She was not among the study's authors but enrolled some of the patients in the 1990s.

In the second study, also unpublished, Peter Beitsch and colleagues, from Medical City Dallas Hospital in Texas, tested accelerated partial breast irradiation, which uses small radioactive "seeds" implanted after a tumour has been removed. Four years of follow up showed that it worked as well as standard radiation in 400 women.

"Not only does it make radiation treatment much more convenient," Dr Beitsch said, "it may actually increase the rate of breast conservation, since some women choose mastectomy because they live too far from a radiation centre and cannot afford the time and expense of six to seven weeks of living at or travelling to the centre."

Cite this as: *BMJ* 2008;337:a1843

US health groups protest against ruling

Janice Hopkins Tanne NEW YORK

Leading US medical, religious, political, and reproductive health groups have sent letters to the federal Department of Health and Human Services objecting to a proposed rule regarding conscientious objection. The rule, issued in August, would protect healthcare workers from discrimination if they refused to participate in medical care to which they had religious or moral objections (*BMJ* 2008;337:a1509).

The rule focused on abortion, which it did not define. However, the rule would also protect healthcare workers who objected to any type of care. They would not be required to counsel or refer patients to health providers who offered such care.

Healthcare providers that don't comply with the ruling could lose federal funding, face penalties, or be forced to return funds if they were found to discriminate.

Objections have come from the Ameri-

World leaders pledge $3bn in new funds to reduce deaths from malaria to near zero by 2015

Janice Hopkins Tanne NEW YORK

World leaders and heads of organisations promised at a United Nations summit last week $3bn (£1.6bn; €2.1bn) in new funds to combat malaria and said that they would sustain the campaign until success was achieved.

They were speaking at the 2008 UN millennium development goals malaria summit on 25 September in New York.

Malaria affects 3.3 billion people in 109 countries and kills nearly one million people a year, the summit organisers said. The most severely affected are children aged under 5 and pregnant women in sub-Saharan Africa.

Experts and heads of state said that malaria could be defeated—and they had a consensus plan and money to do it. Among them were the UN secretary general, Ban Ki-moon, and Raymond Chambers, his special envoy for malaria; the UK prime minister, Gordon Brown; Australia's prime minister, Kevin Rudd; director general of the World Health Organization, Margaret Chan; and Bill Gates, the Microsoft cofounder and philanthropist.

"Why now? Because it's doable," said Dr Chan.

Mr Zoellick said, "Malaria is a disease of poverty but also a cause of poverty." He said that malaria caused major economic losses in Africa and overwhelmed health systems.

Pledges given at the UN malaria summit include $1.62bn over two years from the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

The global malaria action plan, launched at the summit, sets short, medium, and long term goals "to dramatically reduce malaria." The goals for 2010 are to reduce malaria deaths and illness by half from the 2000 levels and to increase access to bed nets, indoor spraying, and diagnosis and treatment, including preventive treatment for pregnant women and others in need.

It is expected that by 2015 the number of deaths from malaria should be reduced to near zero. Reducing mortality from malaria should be sustained by eliminating transmission in key countries and, ultimately, by using new tools and strategies to eradicate the disease.

Cite this as: *BMJ* 2008;337:a1868

Global exhibition will highlight the problem of drug resistant TB

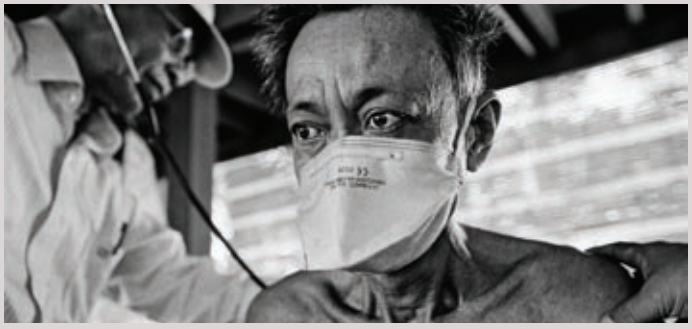
Peter Moszynski LONDON

An international multimedia campaign is being launched this week to draw attention to the growing problem of drug resistant tuberculosis.

Centred on the work of the Pulitzer prize winning photojournalist James Nachtwey, and funded by an award from the annual "Technology, Entertainment, Design" conference (www.ted.com), the campaign is being launched simultaneously on 3 October in public spaces on seven continents, from Times Square in New York to Antarctica. In London the pictures are being projected onto the flytower of the National Theatre and also feature in a static exhibition, entitled The Emergency Room, in Bethnal Green, east London.

Mr Nachtwey told the *BMJ*: "This is a man made catastrophe, resulting from too few resources being allocated for the proper diagnosis and treatment [of tuberculosis] in developing countries."

He continued: "Photographers go to the extreme edges of human experience to show people what's going on. They believe that your opinions and your influence matter. They aim their pictures at your best instincts: generosity, a sense of right and wrong, the ability and the willingness to identify with others, the refusal to accept the unacceptable."



A patient with tuberculosis in Cambodia is examined during a home visit

The Emergency Room runs from 7 to 22 October at the Bacon Street Project in Bethnal Green. Details are at www.theemergencyroom.org.

Cite this as: *BMJ* 2008;337:a1901

proposed by government on conscientious objection

can Medical Association, the American Nurses Association, the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, and the American Psychiatric Association.

Others filing objections were the American Civil Liberties Union, Human Rights Campaign, and Human Rights Watch; several associations of state health officials; international assistance and advocacy groups; religious groups; 14 state attorneys general and seven governors; 28 of the 100 US senators, including Democratic presidential nominees Barack Obama and Joseph Biden; and every major national reproductive health and women's advocacy group.

The proposed rule was issued by Michael Leavitt, secretary of health and human services, in August. The comment period ended on 26 September.

A spokeswoman for the department did not know when the final rule would be issued, but it is expected to take several weeks.

The final rule will be binding on more than half a million US healthcare providers that receive federal funding through grants or through providing care to individuals who have federal health insurance such as Medicare (for disabled and elderly people) and Medicaid (for poor people).

The rule can be seen at http://edocket.access.gpo.gov/2008/E8-19744.htm.

Cite this as: *BMJ* 2008;337:a1889

Court is asked to rule on woman in persistent vegetative state

Fabio Turone MILAN

An Italian court will be asked on 8 October to decide the fate of a 37 year old woman, Eluana Englaro, who has been in a persistent vegetative state since 1992.

It is the latest but possibly not the last move in a legal saga that has gone on for nine years since Eluana's father, Beppino Englaro, first started the battle for the legal right to remove her feeding tube.

The case has moved through numerous courts, but in July Milan's appeals court said that Eluana had the right to die through the withdrawal of food and water. The ruling specified that the withdrawal had to be taken in a public healthcare facility under the care of health professionals.

AP/PA

Eluana Englaro before her car accident in 1992

But since that ruling Mr Englaro has been unable to find a hospital or clinic willing to take the necessary steps. And now state officials are demanding a stay of execution from the appeals court while they take the case to the country's constitutional court, claiming that the Milanese court went beyond its jurisdiction and effectively changed the law instead of applying it.

The case is similar to that of Terri Schiavo, the woman who spent 15 years in a persistent vegetative state in Florida while her parents and her husband fought over whether or not she should be allowed to die (*BMJ* 2005;330:1467).

The pronouncement by the Milan court in July followed a previous decision by the Supreme Court of Cassation (the major court of last resort in Italy), which said in October 2007 that Eluana should be allowed to die if her condition was irreversible and if she had clearly expressed her preference to die rather than to be kept alive artificially.

In 2001 a special commission of Italy's Ministry of Health had also ruled that the patient should be allowed to die if these conditions were fulfilled.

After the July decision Mr Englaro expressed relief. He said, "I feel that I can now free the most splendid creature I have ever known from the inhumane and degrading condition in which she has been forced to exist.

"She simply wanted to be left to die. She wanted nature to take its course." Her wish was known, he said, because she had expressed it clearly to her family and friends when discussing a similar case of a friend not long before the car crash that caused her vegetative state.

As expected, the appeal court's decision in July was hailed as a historic victory by pro-euthanasia activists but provoked strong opposition from the Vatican and from several representatives of the centre right coalition governing Italy. Some religious authorities described it as "de facto euthanasia," while a health ministry undersecretary, Eugenia Roccella, compared it to a "death sentence."

The prosecutors immediately announced they would appeal and publicly warned Mr Englaro not to proceed in the meantime, even though the court had said he could.

Cite this as: *BMJ* 2008;337:a1893

JOHN VAN HASSELT/SYGMA/CORBIS

Aboriginal children

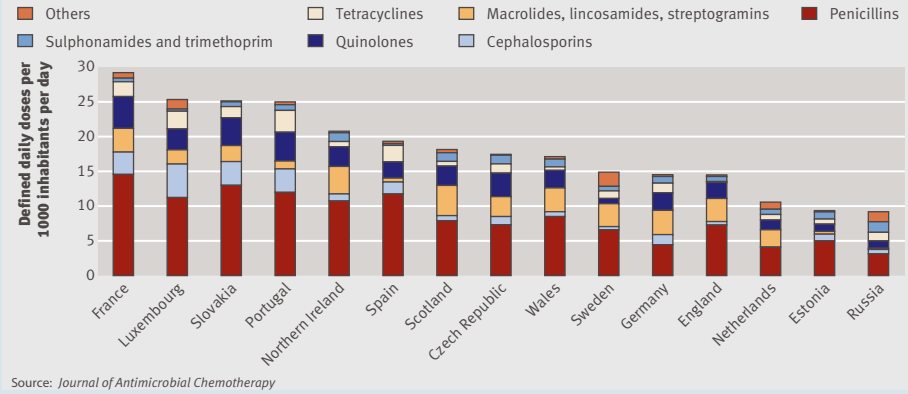
Jane McCredie SYDNEY

The death rate among children and adolescents from Aboriginal and other indigenous groups in Australia has fallen over the past decade, a report has found. However, indigenous people aged between 1 year and 20 years are still twice as likely as other Australians in this age group to die, it says.

The report highlights the scale of the challenge faced by Australian federal and state governments, which last year committed themselves to closing, within a generation, the 17 year gap in life expectancy between indigenous and non-indigenous Australians.

The push to resolve the crisis in Aboriginal health has also seen an undertaking by the federal government to halve mortality in indigenous children under the age of 5 years within a decade. However, the latest report from the Australian Institute of Health and Welfare indicates that even this ambitious

ANTIBIOTIC USE IN THE COMMUNITY IN SELECTED EUROPEAN COUNTRIES IN 2005



Source: *Journal of Antimicrobial Chemotherapy*

Northern Ireland's use

Roger Dobson ABERGAVENNY

Antibiotic use in the community varies widely across the four countries of the United Kingdom, with use in Northern Ireland more than a third greater than in England, a study has found.

Major differences were also found among European nations, with the level of use in France double that in England and Germany and almost triple that in Russia, says the report in the *Journal of Antimicrobial Chemotherapy* (doi:10.1093/jac/dkn386).

The researchers used data for 2005 from

Indigenous children, such as these pictured in Kakadu National Park, are at high risk of respiratory and infectious diseases

still have worse health than their peers

target would leave indigenous children worse off than other Australians, given their much greater risk of dying in infancy.

"Indigenous children were three times as likely as non-indigenous children to die in their first year of life, but the gap is closing," the report says.

With an infant mortality rate of just over 12 per 1000 live births—which compares with about four per 1000 in the non-indigenous population—indigenous infants were at particularly high risk of dying from respiratory and parasitic or infectious diseases, the report found.

"Improvements in indigenous child mortality require better access to antenatal care, teenage reproductive and sexual health services, child and maternal health services and integrated child and family services," it says.

Teenage pregnancy was five times more common in indigenous than in non-indigenous groups, the report found. Low birth weight was also twice as common in babies born to indigenous mothers, at 13% of live births. An improved immunisation rate was one of the few positive findings on indigenous health, with coverage of indigenous 2 year olds similar to the national average.

The report identified a higher risk of a range of adverse health and welfare outcomes among indigenous children and adolescents, including lower levels of education and higher rates of child abuse and hospitalisation for chronic illness, particularly diabetes.

"Indigenous children. . . have not shared the same improvements as those observed for Australian children and youth generally," the report says.

Making Progress: The Health, Development and Wellbeing of Australia's Children and Young People **can be found at www.aihw.gov.au.**

Cite this as: *BMJ* 2008;337:a1852

# of antibiotics is a third higher than in England

28 countries in Europe, including the four UK countries. Antibiotic use was measured as defined daily doses per 1000 inhabitants per day or as prescriptions or packages per 1000 inhabitants per day, for antibiotics prescribed in primary care or outpatient settings.

Results show that outpatients in France were the biggest users of antibiotics, with a rate of nearly 30 daily doses per 1000 inhabitants, followed by Luxembourg, Slovakia, and Portugal, each with around 25. Russia had the lowest reported level of antibiotic use, with a rate of less than 10, just below that in Estonia.

Northern Ireland ranked eighth, Scotland 16th, Wales 18th, and England 24th of the 28 countries. Total antibiotic use in Northern Ireland was 20.4 daily doses per 1000 people, 37% higher than that in England, at 14.9.

The report says that prescribed daily doses of all antibiotics tended to be lower in the UK than in other European countries. This, it says, is likely to be due at least in part to treating patients with lower daily doses rather than treating fewer patients.

Cite this as: *BMJ* 2008;337:a1853

Patient challenges trust's right to deprive her of NHS treatment

Clare Dyer BMJ

A test case to decide whether patients can lawfully be deprived of NHS treatment if they opt to pay privately for drugs that their local NHS trust is unwilling to fund is headed for the High Court in London.

Sue Bentley, 67, from Monmouthshire, who has lung cancer, is challenging the decision by Velindre NHS Trust in Wales to charge her for two other drugs that are normally free to health service patients because she has opted to pay privately for the monoclonal antibody bevacizumab (Avastin) to try to prolong her life.

Her case has been taken free of charge by the Manchester solicitors' firm Halliwells, which has been searching for months for a test case to challenge the Department of Health's guidance *A Code of Conduct for Private Practice*. The guidance, issued in April 2003, tells trusts not to allow patients to pay for additional drugs.

In other cases where the solicitors have threatened action, trusts have backed down and agreed to pay for the drug as an exceptional case before court proceedings could be launched.

The High Court case will add to pressure on the government to allow patients to "co-pay" for additional drugs privately while getting the rest of their treatment on the NHS. The Conservatives and Liberal Democrats are backing patients' right to top up NHS treatment by paying for private treatment. But the issue is highly contentious, with some arguing that it will create a "two tier" NHS in which some drugs—those not approved as cost effective for the NHS or not yet assessed—will be available only to people who can afford them.

HUW EVANS

Sue Bentley is being charged for three cancer drugs

A government inquiry into the issue, which is due to report by the end of October, is widely expected to recommend that copayments be allowed for cancer patients.

Ms Bentley's partner of 24 years has used his savings to pay for bevacizumab, which costs around £3300 (€4135; $5950) a month. She is now being charged for cisplatin and gemcitabine, which NHS patients get free.

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