

**UK NEWS** Patients should be allowed to use email for results and online consultations, p 1014

**WORLD NEWS** Doctors in US and Europe think work conditions are deteriorating, p 1016

**bmj.com** Government pays 61% of healthcare costs in US

## GlaxoSmithKline to limit the payments that it makes to US doctors to \$150 000 each a year

Zosia Kmietowicz LONDON

GlaxoSmithKline is to limit the advisory payments and honorariums it offers to doctors in the United States to \$150 000 (£96 000; €120 000) a doctor a year. The company has also said that it will publish the amount of money it offers to doctors “without exception,” although doctors’ names will not be published.

Andrew Witty, chief executive of the company, told the *Financial Times*, “It’s appropriate that we have a limit on what we pay. In the past, whatever has happened has happened, but in the future there will be strict adherence to these caps, which will be clearer to everybody” (23 Oct, p 22).

A spokeswoman for the company said that it had no plans to introduce a cap on payments to doctors in Europe because “European doctors tend not to get the same amount of money as US doctors.”

In September Eli Lilly and Merck, announced that they plan to disclose the payments they make to doctors.

Joe Collier, emeritus professor of medicines policy at St George’s, University of London, said that setting a limit of \$150 000 per doctor “showed how much money is floating about. That being the case the whole business is grotesque.”

The matter of who was being paid by drug companies should be made publicly available by both doctors and by the companies who pay them. “The two lists should match,” said Professor Collier. And for that to be possible drug companies would have to publish



TOBY MELVILLE/REUTERS

**“It’s appropriate that we have a limit on what we pay,” said Andrew Witty of GlaxoSmithKline**

the names of who was receiving payments.

The move towards greater openness comes amid news of two investigations into payments from drug companies to doctors. At Emory University in Atlanta, Georgia, the US Senate finance committee is looking into undisclosed payments made to the psychiatrist Charles Nemeroff, who recently quit as chairman of the department of psychiatry and behavioural sciences at the university, pending conclusions of investigations.

Reports claim that Dr Nemeroff failed to report at least \$1.2m to Emory University, in violation of federal research rules (*BMJ* 2008;337:a2088, doi:10.1136/bmj.a2088).

In Europe, the Dutch Health Care

Inspectorate is investigating concerns about payments made by GlaxoSmithKline to academics who sit on the Health Council, an independent body that advises the Dutch government and parliament on public health issues. The company submitted a tender in July for its vaccine against human papillomavirus (HPV), Cervarix, to be adopted in the Netherlands. The decision is pending.

In a statement the company said that it was cooperating with the inspectorate over “materials related to activities and practices undertaken to support HPV vaccines.” It added, “No allegations of misconduct have been made.”

Cite this as: *BMJ* 2008;337:a2315

## Heart and lung disease take an increasing toll in developing world

John Zarocostas GENEVA

Deaths from heart disease and lung disease in developing countries are set to rise considerably in the next 25 years as populations age and deaths from infectious diseases decline, says a report from the World Health Organization.

*The Global Burden of Disease: 2004 Update* says that the leading causes of death globally in 2030 are projected to be “ischaemic heart disease, cerebrovascular disease (stroke), chronic obstructive pulmonary diseases, and lower respiratory infections

(mainly pneumonia).”

Non-communicable conditions will account for 75% of all deaths by 2030, up from 60% in 2004, said Colin Mathers, coordinator for epidemiology and burden of disease at WHO, and lead author of the study. WHO estimates that total deaths

from tobacco use will rise sharply, reaching 8.3 million in 2030, up from 5.4 million in 2004. It also forecasts a 28% increase in deaths from injury.

The report is at [www.who.int/healthinfo/global\\_burden\\_disease](http://www.who.int/healthinfo/global_burden_disease)  
Cite this as: *BMJ* 2008;337:a2322

## IN BRIEF

**Singapore has lowest infant mortality:** The US infant mortality rate of 6.9 deaths per 1000 live births in 2004 placed it 29th in the world, worse than Cuba and Hungary, and tied with Poland and Slovakia, the US Centers for Disease Control and Prevention reported. Singapore performed the best, with 2.0 deaths for every 1000 live births, followed by Hong Kong (2.5) and Japan (2.8).

**Persaud leaves consultant post:** Raj Persaud, the high profile psychiatrist who was found guilty by the General Medical Council of plagiarism last June, has left his consultant post at the South London and Maudsley NHS Foundation Trust, the trust has confirmed. His departure follows talks with the trust after the expiry of a three month suspension from practice imposed by the GMC.

**Information on clinical trials should be in plain English:** All information given to volunteers in clinical trials should be tested for readability to ensure that it is clearly written in a similar way to information leaflets for patients that are included in drug packets. A study by Leeds University Testing Organisation found that 20% of participants did not understand more than a quarter of the questions ([www.luto.co.uk](http://www.luto.co.uk)).

**Spinal cord stimulation for chronic back pain:** The National Institute for Health and Clinical Excellence (NICE) recommends that patients who have had chronic neuropathic pain for at least six months that has not responded to standard pain management should have access to spinal cord stimulation. Treatment with spinal cord stimulation should be given only after the person has been assessed by a specialist team that is experienced in assessing and managing patients given the treatment, says NICE.

**Ethical publishing group expands:** The Committee on Publication Ethics ([www.publicationethics.org.uk](http://www.publicationethics.org.uk)) is to expand its activities and appoint a full time director after a 10-fold increase in membership this year. The committee, which helps scientific journal editors to improve their skills and the quality of their publications, has until now been run by a committee of volunteers. But membership rose this year from 450 to 5300 editors, with new members at Elsevier, Wiley-Blackwell, Springer Science and Business Media, and Taylor and Francis.

Cite this as: *BMJ* 2008;337:a2317

# Changes to abortion law fail as fertility bill moves to Lords

Clare Dyer *BMJ*

A bill to allow the creation of part human, part animal embryos for research in the United Kingdom passed its final stages easily in the House of Commons on 22 October, when the government also saw off attempts to use the bill to liberalise the UK's abortion laws.

Pro-choice MPs and campaigners accused ministers of "shabby" tactics and "cynical" manoeuvring in making sure that there would be insufficient time to debate the abortion amendments to the Human Fertilisation and Embryology Bill. The bill, which now goes back to the House of Lords for consideration of amendments made during the Commons stage, is expected to receive royal assent by the end of November.

The bill was introduced by the government to bring the 1990 law that governs infertility services and embryo research up to date with technological advances. As drafted, it was not concerned with abortion, but pro-choice and pro-life MPs seized on it as an opportunity to

revisit abortion laws last amended in 1990. An attempt to reduce the cut-off for terminations from 24 to 22 weeks' gestation failed at an earlier stage of the bill.

The bill will allow scientists to use admixed embryos, which are part human and part animal because of the shortage of human eggs for research. The embryos will have to be destroyed after 14 days, but the hope is that the stem cells that can be harvested could lead to advances in the treatment of a range of illnesses, including Parkinson's disease, Alzheimer's disease, and motor neurone diseases.

Pro-choice MPs had hoped to win changes to the bill to drop the rule that two doctors must approve an abortion; to allow nurses to perform early terminations in England, Wales, and Scotland; and to legalise abortion in Northern Ireland, where the law is different. They castigated the government for allowing only three and a half hours for debate and for placing the abortion amendments at the bottom of the list so time ran out before they were reached.



Diane Abbott—  
"a shabby manoeuvre"

JAMES CURLEY/REX

## Patients should be able to use email for

Jacqui Wise *LONDON*

The NHS has been slow to adopt technologies that would benefit patients and clinicians, says a report by the King's Fund, a health think tank.

*Technology in the NHS* says that patients should be able to routinely use email and the internet to book appointments with their GP, receive routine test results, view medical records, and have online consultations. It also calls for more innovative use of technology, for example, videoconferencing for medical consultations and "virtual visiting" by friends and family.

Alasdair Liddell, coauthor of the report and senior associate at the King's Fund, told the *BMJ*, "The NHS appears to be behind other sectors in terms of technology. Many of us now use the internet to bank, shop, and book holidays. But somehow the NHS has not embraced this technology." He added, "A lot of people are frustrated that they can't even email their own GP."

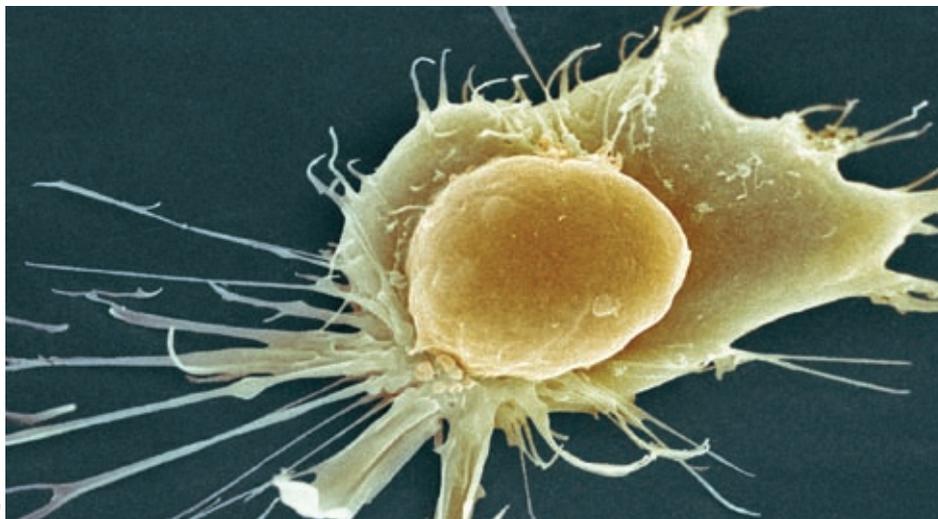
Mr Liddell said that there would be enormous benefits to patients. "Travelling and

waiting time could be cut massively if, for example, a patient undertook routine blood glucose tests at home and emailed the results to their doctor."

Ara Darzi's review of the NHS makes innovation and technology a priority for the health service with a new Health Innovation Council to develop and deploy high technology healthcare (*BMJ* 2007;335:739). But the King's Fund report warns that much needs to be done to translate Lord Darzi's vision into reality. It says that the main barriers restricting adoption of new technologies are a lack of resources, lack of incentives for clinicians, and a lack of leadership from the Department of Health.

Mr Liddell said, "It is not simply a matter of more funding. Improving use of technology could actually save money by keeping people out of hospital, for example. It is more a matter of reallocating resources."

A Department of Health spokesperson said, "We agree that the NHS needs to do better at using technology. Many patients already book their GP or hospital appoint-



Scientists hope to grow stem cells from admixed embryos, the creation of which the bill allows

The Labour MP Diane Abbott, leading the attempt to legalise abortion in Northern Ireland, described the timetabling as “a shabby manoeuvre by ministers to stop full debate on some very important matters.”

Any changes to abortion law would require a new bill to be introduced, but the government indicated that there were no plans to bring reforming legislation forward. Ann Furedi, chief executive of the British Pregnancy Advisory Service, said, “It’s scandalous that, having denied MPs today’s chance to make the abortion law fit for

purpose, Downing Street says it has no plans to reintroduce the matter.”

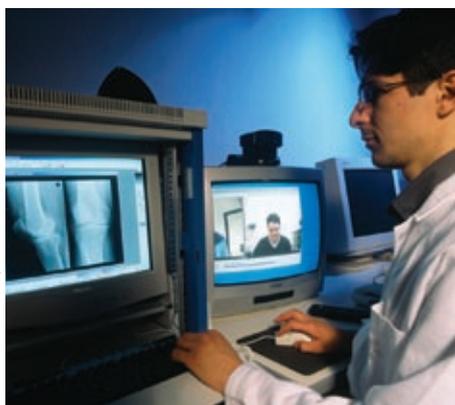
The Conservative spokesman Mark Simmonds said, “There is a significant feeling in all parts of the House of Commons that there needs to be a serious debate regarding the current workings of the abortion legislation. There is real concern and anger in all parts of the House about the government tactics to limit debate both on abortion and on other key aspects of this bill.”

Cite this as: *BMJ* 2008;337:a2273

## results and online consultations

ments online. This should be routine throughout the service as should telephone or email consultation. Forward looking surgeries and hospitals already provide these. People are also increasingly using websites like NHS Choices to decide which hospital to go to for a particular treatment or operation or choose their GP.”

Grant Ingrams, chairman of the BMA’s



A doctor examines an x ray of a patient’s knees and consults with the patient

GP IT committee, welcomed the report. “The development of NHS information technology is too entrenched in what the government believes is needed. Information technology needs to be driven by the needs of patients and the healthcare workers that use the systems.”

The report gives many examples of the sort of technologies that could be available in the next decade:

**Doctors’ e-bags** Portable computers that incorporate basic diagnostic testing equipment as well as decision support systems and access to online medical records

**Appointment reminders** Sent by mobile phones to reduce the number of missed appointments

**Intelligent pill dispensers** To remind patients to take drugs at the appropriate time

**Videoconferencing** Between doctors and patients, for example, to check wound healing; or between a patient and family to allow “virtual visiting” of a patient

The report is at [www.kingsfund.org.uk/publications](http://www.kingsfund.org.uk/publications)

Cite this as: *BMJ* 2008;337:a2303

## GMC says charges against fertility doctor were not misconduct

Owen Dyer LONDON

The General Medical Council’s case against a UK fertility specialist collapsed on 24 October, when a GMC fitness to practise panel ruled that the evidence against Mohamed Taranissi could not sustain a misconduct charge.

Mr Taranissi, founder of the Assisted Reproduction and Gynaecology Centre, London, was accused of inappropriately pressuring one patient to take adalimumab, a drug not licensed for fertility treatment. He was also accused of failing to adequately treat a patient who attended his clinic distressed and nauseous and who later collapsed and was admitted to intensive care with severe hyponatraemia (*BMJ* 2008;337:a1995, 6 Oct).

The panel’s chairman, Harvey Marcovitch, told the hearing, “Although the panel concluded that on the evidence, taken at its highest, there was sufficient evidence to find that Mr El-Taranissi failed to keep a note of one consultation, and this conduct was capable of falling below the standard expected of a registered medical practitioner, it was incapable of amounting to misconduct. The panel concluded that in those circumstances it would not be aided by hearing further evidence and determined that the case be concluded at this point.”

Leaving the hearing, Mr Taranissi told reporters, “I just want to go back to what I do best, which is hopefully looking after patients and helping them have treatment.”

Two patients testified against Mr Taranissi. The first, named only IK, alleged that Mr Taranissi applied an “inappropriate degree of pressure” to persuade her to take adalimumab, telling her angrily that it would be her own fault if she had a miscarriage as a result of refusing.

But Mr Taranissi’s legal counsel painted IK as a serial complainant against in vitro fertilisation clinics and was able to highlight gaps in her recollection of events.

The second complainant, named CG, collapsed with hyponatraemia shortly after attending a scheduled appointment at Mr Taranissi’s clinic. She alleged that he had ignored her obvious distress, instead “focusing on hormone levels and ovaries,” and had later adopted a “defensive” attitude.

But the panel ruled that Mr Taranissi could not have been expected to diagnose the rare condition.

Cite this as: *BMJ* 2008;337:a2310



Afghans are travelling to Pakistan because of poor facilities at home

## Patients from Afghanistan are

**Ashfaq Yusufzai** PESHAWAR

Afghans are still crossing into neighbouring Pakistan to seek basic medical services despite the fall of the Taliban government three years ago and subsequent international pledges to restore the war ravaged country.

“The hospitals in Afghanistan are rudimentary. They are understaffed, there are not enough drugs, and they lack specialist facilities,” said Mamoon Mahmood, a medical doctor in Peshawar, Pakistan.

Afghanistan’s healthcare services barely exist. An estimated 70% of

medical programmes in the country have been implemented by aid organisations. The state’s health infrastructure could no longer function without them.

Even Afghanistan’s largest hospitals lack the most basic equipment. High tech equipment is not available, and cleanliness is a luxury that few medical centres offer.

“Peshawar is just 120 km from the Afghan capital, Kabul, and Afghan patients overburden the three teaching hospitals in this border city, occupying 30% of the beds,”

## Doctors in Europe and US think conditions are deteriorating

**Rory Watson** BRUSSELS

Doctors in Europe and North America have a strong feeling that the conditions in which they work are deteriorating. In particular, they point to financial restrictions, administrative burdens, and interference by non-medical third parties.

In contrast, their colleagues in China, India,

and Australia are more positive about the direction medicine is taking. But optimists and pessimists agree that the relationship between doctor and patient is changing because of time constraints and increasing demands from patients who are better informed.

The findings emerge from the Global Physicians’ Survey, produced by Pfizer’s medical partnership initiative. Now in its fifth year, the survey, which is financed by the drug company and conducted by independent consultants, sought the opinions of 1741 doctors in 13 countries in North America, Europe, and Asia.

In Asia, 68% of doctors surveyed said that medicine was going in the right direction—a view strongly expressed in China and India but not in Japan or Korea. In contrast 51% of doctors in Europe think it is going in a negative direction, and in the United States and Canada the fraction is 39%.

Similar views emerge when doctors are asked how satisfied they are with their own experience of practising medicine today. On a scale of 1 to 10 (where very satisfied is 10) Asian doctors had a score of 7.25, North Americans 6.95, and Europeans 6.32.

Substantial differences emerged in the

## Israeli doctors call for HIV screening for all high risk

**Judy Siegel-Itzkovich** JERUSALEM

A study has found that four of the babies born in the past 11 years to Ethiopian Jewish immigrants to Israel who were carrying HIV were unnecessarily infected with the virus by their mothers. This has led to demands that medical practice should change (*Israel Medical Association Journal* 2008;10:668).

Some of the women did not know that they were HIV positive. Others knew that they were positive but did not take steps to avoid infecting their children—for example, by taking antiretroviral drugs, having caesarean sections, and bottle feeding their babies. Three refused antiretroviral treatment.

The article calls on the health ministry to change its opt-in policy, in which pregnant women are tested for HIV only if they specifically ask, to an opt-out policy, in which all high risk pregnant women are routinely tested unless they refuse.

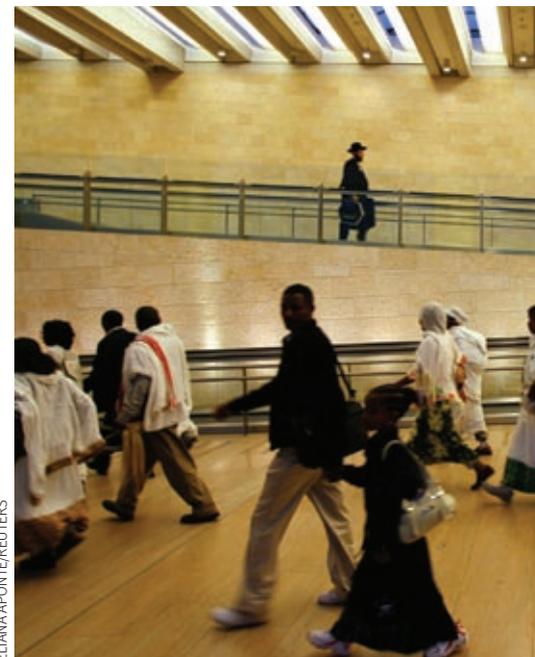
Women found to be HIV positive would

be offered antiretroviral treatment and caesarean sections and advised to bottle feed their infants, the researchers at Hadassah University Medical Center in Jerusalem wrote.

Shlomo Ma’ayan, director of Hadassah’s AIDS centre, headed a team that studied the cases of 35 HIV positive women who delivered 45 babies at their hospital between 1996 and 2006. Five of the mothers, all of whom were Ethiopian immigrants, did not know they were carriers. Two of these mothers breastfed their babies.

Although all 35 of the women in the study were HIV positive, only four of the 45 babies born were either infected with HIV at birth or became infected as a result of breastfeeding. They were all born to women who were Ethiopian immigrants; two of these knew they were HIV positive and two did not. The situation in the country’s other hospitals is thought to be similar to that in Hadassah’s.

Cite this as: *BMJ* 2008;337:a2308



ELIANA APONTE/REUTERS

## forced to seek medical treatment in Pakistan's hospitals

said the health director, Javid Khan.

Afghans who travel to hospitals in Peshawar sometimes complain that they are not treated with respect by the doctors there. "The Pakistani health professionals... call us parasites for taking advantage of Pakistan's health system. But what choice do we have?" asked Gul Wali, an Afghan shopkeeper who had travelled from Kabul to Peshawar when his pregnant wife developed complications.

"I took my wife to a hospital in Kabul. There were no ultrasound

facilities, nothing. She was in extreme pain, and I was worried about the baby. As her condition became worse I decided to bring her here," Mr Wali told the *BMJ*.

"Now the Pakistani doctors say that she needs an operation. I have called my relatives to come here and donate blood for my wife," he said.

Like Mr Wali, Raees Maroof made an overland journey from Kabul with his wife and sick 5 month old son.

"My baby son has jaundice, and I don't want him to die. I went to the hospital in Kabul, and the

nurses said that they could not do anything," Mr Maroof said.

He said that two of his children died recently in an Afghan hospital. "I want this son of mine to survive. There have been enough deaths in my family."

Pregnant women and infants are likely to bear the brunt of Afghanistan's health problems. A recent report by the United Nations' assistance mission in Afghanistan describes the country's maternal mortality as "one of the highest in the world, with two to three women

dying every hour," Ali Shamsher, a spokesman for the mission, told the *BMJ*.

More than half of all Afghan children grow up stunted and with iodine deficiency, he added.

Dr Bahramand Baryalay, a UN official who works with WHO in Afghanistan, said that of every 100 babies born in Afghanistan, 14 are likely to die before the age of 5.

WHO says there are only about two doctors to 10 000 Afghans, in a country with 22 million people.

Cite this as: *BMJ* 2008;337:a2291

amount of time that doctors spend with patients in a typical day. In North America this accounts for 54.1%, in Asia 48.3%, and Europe 36.4% of time. When asked why this is the case, Asians tended to cite a shortage of medical professionals, North Americans pointed to low levels of reimbursement, and Europeans mentioned administrative requirements. Two thirds of German doctors were pessimistic but half of UK doctors thought medicine was going in the right direction. The survey will be published on 15 December at [www.medicalpartnershipinitiative.com](http://www.medicalpartnershipinitiative.com)

Cite this as: *BMJ* 2008;337:a2280

## pregnant women



Ethiopians arrive at Israel's Ben Gurion airport. More than 5000 are waiting to enter the country

## European drugs agency withdraws antiobesity drug

Anna Sayburn LONDON

The antiobesity drug rimonabant (sold under the brand name Acomplia) has had its marketing authorisation suspended across Europe. The European Medicines Agency (EMA) says that the benefits no longer outweigh the risks of psychiatric disorders, particularly depression.

Doctors have been advised not to issue new prescriptions for rimonabant and to review the treatment of any patients taking it. Patients taking rimonabant should see their doctor or pharmacist to discuss their treatment. There is no need for them to stop taking rimonabant immediately, the agency advises, but they can if they wish.

Warnings about psychiatric side effects, in particular depression, have been included in rimonabant's product information ever since it was first approved in Europe in June 2006. In June 2007 use of the drug was contraindicated in anyone with major depressive disorders or who was taking antidepressant drugs. In March this year the product information was updated again, to advise doctors to monitor patients taking rimonabant for signs of depression and other psychiatric disorders.

The US Food and Drug Administration decided not to license rimonabant because of concerns about depression and suicidal ideation and because of lack of evidence about the long term risks.

The European agency's Committee for Medicinal Products for Human Use reviewed all the evidence relating to rimonabant since it was granted marketing authorisation. It found that serious psychiatric disorders may be more common than in the clinical trials considered in the initial assessment of the drug and that the effectiveness in clinical practice is more limited than expected because patients generally take rimonabant for only a short period.

In a letter to healthcare professionals informing them of the European review, the UK's Medicines and Healthcare Products Regulatory Agency (MHRA) wrote: "There was approximately a doubling of the risk of psychiatric disorders in patients taking rimonabant compared with patients taking placebo." The letter

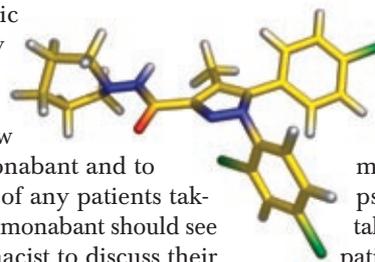
also said that symptoms such as depression, sleep disturbance, anxiety, and aggression may be more common in clinical practice than in the prelicensing clinical trials.

The committee considered that further restrictions on the use of rimonabant would not be sufficient to reduce the risk of harm.

By January 2008 the MHRA had received 876 reports of psychiatric reactions to rimonabant, including 52 reports of suicidal or self harming thoughts or behaviour. There was one death by suicide. For comparison, the MHRA said that, by the end of 2007, prescriptions for rimonabant had been issued for the equivalent of 21 000 patient treatment years.

The European Medicines Agency's press release is at [www.emea.europa.eu/humandocs/PDFs/EPAR/acomplia/53777708en.pdf](http://www.emea.europa.eu/humandocs/PDFs/EPAR/acomplia/53777708en.pdf).

Cite this as: *BMJ* 2008;337:a2301



DR TIM EVANS/SPL

## IN BRIEF

### Cases of *C difficile* fall in England:

There were 8683 cases of *Clostridium difficile* in people older than 65 in England between April and June 2008, a fall of 18% from the previous quarter, January to March 2008, when the total was 10 608. This represents a fall of 38% from the same quarter in 2007, when 13 924 cases were recorded in patients aged 65 years and older.

### Orlistat goes over the counter:

The European Medicines Agency's committee for medicinal products for human use has recommended that 60 mg tablets of orlistat (Xenical), an antiobesity drug

from GlaxoSmithKline, become available over the counter. It is the first time that the committee has recommended that a drug that was centrally authorised in the European Union be switched from prescription only to non-prescription. The recommendation will now be sent to the European Commission for a decision.

### Higher response to surveys printed in larger fonts:

Bigger print and thicker paper may result in higher and more complete responses in surveys among older people, a study has indicated (*Journal of Clinical Epidemiology* 2008 Oct 21, doi:10.1016/j.jclinepi.2008.07.005). Response rate was significantly greater for participants who had questionnaires with a larger font size (79.3% v 75.2%; hazard ratio 1.26, 95% confidence interval 1.02 to 1.56). Questionnaires printed on thicker paper were more likely to be completed (7.1% v 3.2%, P=0.049).

### Europe delays law on patient information:

The European Commission has postponed the consideration of a draft directive that would allow drug companies greater freedom to target the public with information about prescription only drugs. Lobbying by the European Union of Consumers, the Picker Institute, and other groups raised enough questions for it to be impossible to achieve the EC consensus needed for a law to go on to the parliament.

### Fewer cervical screening tests have to be repeated:

Fewer women in England have to give a repeat sample for cervical screening because the first was inadequate, a report from the NHS Information Centre has shown. The rate of inadequate samples has fallen from 9% to 2.9%, after the introduction of liquid based cytology in 2003.

Cite this as: *BMJ* 2008;337:a2330

## Germany says two doctors needed to approve some drugs

Annette Tuffs HEIDELBERG

Patients in Germany with pulmonary arterial hypertension will need two doctors to sign their prescriptions from next year before their health insurance will cover the cost of expensive drug treatments, which range from €11 000 (£8700; \$14 000) for sildenafil to €110 000 for iloprost.

This rule, which affects about 4000 patients with hypertension, will also be applied in due course to the treatment of cancer of the large bowel and other conditions.

The federal joint committee, which is composed of doctors, health insurance companies, and patients' representatives, decides which treatments will be reimbursed by the state health insurance companies. It has called for a second doctor's review on prescriptions. Both have to agree on the prescription before it can be dispensed. Disagreements will only be accepted under special circumstances. Doctors who treat a patient against the opinion of a second doctor may be made liable for the costs that are met by the health insurance company.

The second opinion has to be given within 10 working days of its request. It applies to patients in general practice and patients who receive specialist hospital treatment. The regional Associations of Statutory Health Insurance Physicians have to name doctors for second opinions by the end of 2008. They do not have to be specialists in the discipline but must have been involved in at least 10 of these treatments in the previous year.

"We assume that this policy to require second opinions will serve the cause of a better standard of care, because it requires doctors to think carefully before prescribing certain risky and expensive medications," the committee's chairman, Rainer Hess, said at a press conference in Berlin. "It's also about cost effectiveness."

The rule is part of an effort by the German government to reduce healthcare spending as the costs of new treatments rise and the population ages. Needing a second opinion on expensive and high risk drugs was part of the overhaul of the German healthcare system that was enacted in 2007.

Drug companies and doctors opposed the ruling, saying that it would cause lengthy and unnecessary bureaucracy for patients and doctors.

Heart and lung specialists object to the fact that the condition of pulmonary arterial hypertension has been chosen to test the new rule. They say that patients with this condition are already being treated by highly specialised doctors. They also say that if a doctor has to wait 10 working days before a prescription is countersigned by a second doctor, the patient will be subject to a dangerous delay in treatment.

"The second opinion rule is a massive interference in the relationship between doctor and patient," said Ekkehard Grünig, heart and lung specialist from the Thoracic Hospital in Heidelberg.

The joint committee will next consider requiring a second opinion on drugs for cancer of the colon. Committee members said that they want to wait two years to evaluate the new rule before implementing it beyond hypertension and colon cancer.

Cite this as: *BMJ* 2008;337:a2292

## Records of presidential candidates show

Fred Charatan FLORIDA

The US presidential candidates have released details of their medical condition, in accordance with recent practice of politicians standing for high political office. Ever since it was revealed after his death that John F Kennedy had Addison's disease, the health of presidential candidates has been considered a matter for public disclosure.

The Republican candidate, John McCain, aged 72, gave

permission for the Mayo Clinic to release 1200 pages of his medical records to the press under strict security arrangements. A group of reporters representing the major news agencies and other outlets were allowed to read them at a hotel near the clinic, for a few hours. They were not allowed to make copies.

The records showed that Mr McCain has survived multiple melanomas and that he has problems with his joints after his

imprisonment in North Vietnam.

They detail the removal of a melanoma from his left shoulder in 1993. In August 2000 he had head and neck surgery for the removal of two more melanomas on his left arm and left temple, discovered by the doctor to the United States Capitol, John Eisold, together with 30 lymph nodes that were found to be free of cancer cells. A fourth melanoma in situ was found on the left side of his nose in

# Women with severe depressive symptoms are twice as likely to have a preterm delivery

Janice Hopkins Tanne NEW YORK

Women who have depressive symptoms early in pregnancy are more likely to deliver their babies prematurely than those without such symptoms, a new study has found.

The large US, non-profit healthcare group Kaiser Permanente, which was behind the study, had already begun using a simple questionnaire to screen for depressive symptoms in pregnant women in a pilot project in northern California and is expecting to use it more widely, said the study's lead author, De-Kun Li, senior research scientist at the Kaiser Foundation Research Institute, Oakland, California.

The study reported that 41% of women in early pregnancy had significant depressive symptoms and 22% had severe symptoms. In comparison with women without depressive symptoms, women with severe symptoms had almost twice the risk of preterm delivery, while those with significant symptoms had a 60% higher risk (*Human Reproduction*, doi:10.1093/humrep/den342).

Delivery before 37 weeks of gestation is the leading cause of infant morbidity and mortality in the United States. The authors estimated that the cost of such deliveries in 2005 was \$26.2bn (£17bn; €21bn). They say the causes of preterm delivery remain "largely unknown."

Depression and mood disorders have been emerging as possible causes for preterm delivery. Some researchers have suggested that such disorders might affect placental



PICTURE PARTNERS/ALAMY

**Delivery before 37 weeks is the leading cause of infant morbidity and mortality in the US**

hormones and placental function. Whether depressive symptoms might lead to hormonal problems affecting the placenta was beyond the scope of his study, Dr Li said.

The population based cohort study followed 791 pregnant members of the Kaiser Permanente health plan in the San Francisco Bay area in 1996 to 1998 until they gave birth to a live infant. (Women who had miscarriages were not included.)

At about 10 weeks into the women's pregnancies the researchers, using the short Center for Epidemiological Study depression scale, asked the women about depressive

symptoms. A score of more than 16 indicates significant depressive symptoms and a score of more than 22 indicates severe depressive symptoms. Dr Li said that women with a score above 22 were "quite often" later given a diagnosis of clinical depression.

Dr Li emphasised that women with depressive symptoms were not technically depressed, because such a diagnosis can be made only by a clinician. He also noted that no good data existed on the prevalence of depression in women in the same age group in the general population.

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## McCain has had melanoma and Obama uses nicotine therapy



GARY HERSHORN/REUTERS

**John McCain (right) has released 1200 pages of his records; Barack Obama has released a one page letter**

2002. Doctors said that there was no evidence of metastasis.

Mr McCain, a former navy pilot, was shot down in 1967 and was a prisoner of war in Hanoi for five and a half years. Eight months after his capture, following brutal treatment in prison, he tried to hang himself with his shirt. No diagnosis of mental health disorder was later made. But untreated war wounds and injuries sustained while in prison might yet require joint replacements, according to

his current doctors.

Some people have expressed concern about Mr McCain's age. If elected he would be the oldest person to have become president, but he has pointed out that his mother is vigorous and in good health at 92.

The Democratic nominee, Barack Obama, aged 47, has released a one page letter from his personal doctor, which states that he is in excellent health. The results of standard laboratory tests and

electrocardiograms are normal, but Mr Obama has had difficulty quitting smoking and uses nicotine replacement therapy.

After the 1980 election, Ronald Reagan was asked what he would do if he became senile as president. He replied, "Resign." That was not necessary. He left office in 1989, and in 1994 he disclosed that he had been diagnosed as having Alzheimer's disease.

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