

UK NEWS Study on stem cells for stroke patients to start in Scotland later this year, p 256

WORLD NEWS Obama overturns ban on funding of family planning groups that promote abortion, p 258

bmj.com NHS 10 years away from harnessing the benefits of genome medicine

NHS may have to pay for electronic patient records it never uses

Michael Cross LONDON

Pressure on the NHS in England to abandon or radically reform its £13bn (€14bn; \$18bn) scheme to computerise all patients' records reached a new peak this week with the publication of a critical parliamentary report. The Committee of Public Accounts' second investigation into the NHS national programme for IT says that the health service may never adopt the programme's core systems for acute hospitals but will end up paying for them anyway.

Although the 7 year old programme has notched up some achievements, risks remain "as serious as ever," said the committee's chairman, the Conservative MP Edward Leigh. The committee's report says that the main point of concern is the installation of electronic records in secondary care. Originally the programme was to be complete by 2010, a date that has now been set back to 2014-15. However, even that date "now looks doubtful", the report says.

By the end of 2008 the "Lorenzo" care records software chosen for most of the country north of London had still not gone completely live in a single acute trust. In the south uncertainty continues after the termination last year of the prime contractor Fujitsu's £1bn contract.

As a result "the programme is not providing value for money at present," the report says. It warns that the estimated overall cost of £12.7bn "remains uncertain" and that if trusts decide not to install the systems the health department "is none the less obliged to make payments to the suppliers."

Vivienne Nathanson, head of science and ethics at the BMA, said that the report "highlights many of the issues the BMA has raised over the years . . . such as concerns over cost, reliability, and security." Though not calling for cancellation, she said that trusts must have more freedom to implement IT systems that take local needs into account. *The National Programme for IT in the NHS: Progress Since 2006* can be seen at www.parliament.uk

Cite this as: *BMJ* 2009;338:b337



PAUL GLENDELL/ALAMY

The report calls for better management of domestic, clinical, and hazardous waste

More treatment at home will help cut NHS carbon footprint

Andrew Cole LONDON

The UK health department unveiled a radical package of measures this week designed to reduce the carbon footprint of the NHS. Currently, the service is responsible for more than 3% of all emissions in England.

The department's strategy includes proposals to reduce meat and dairy products in hospital food, reuse more medical equipment, and bring health care closer to the home and general practice.

The report, launched on Tuesday, says that urgent action is needed to achieve the government's 2015 target for the NHS of a 10% carbon reduction. The longer term target is an 80% cut by 2050.

The NHS currently emits more than 18 million tonnes of carbon dioxide, a quarter of all public sector emissions. The main areas responsible are procurement (60%), buildings (22%), and transport (18%). About half of all procurement

emissions come from drugs and medical equipment.

Achieving this turnaround will be a huge challenge, the NHS chief executive, David Nicholson, admitted at the launch. But he insisted that the strategy was completely in line with better patient care and value for money in the NHS.

The report calls on every organisation to monitor the amount of drugs and equipment it is buying, the level of use, the most appropriate stock levels, and whether items can be reused or recycled.

David Pencheon, director, NHS sustainable development unit, said, "The priority is patient safety, but the reality is we are going to have to balance the risk of being profligate in the use of resources against the immediate safety of patients. Sometimes we may have been overcompensating where in reality we could reuse or sterilise without any detriment to patient care."

A review is planned later this year to examine the scale and cost of drugs wasted and the reasons why patients do not take drugs as intended.

The strategy wants to see more care in surgeries and the home rather than in hospital to reduce unnecessary travel. Trusts should encourage staff and patients to use their cars less and consider alternative means of transport. At the moment 5% of all travel on England's roads is NHS related.

The report calls for better management of domestic, clinical, and hazardous waste. At the moment one in every 100 tonnes of domestic waste in the United Kingdom comes from the NHS, with the vast majority going to landfill.

There are also proposals to make buildings more energy efficient and to improve the sustainability of hospital food. The report is at www.sdu.nhs.uk

Cite this as: *BMJ* 2009;338:b345

See **EDITORIAL** p 248



SUTTON-HIBBERT/REX

Home is the most popular place to drink

Middle classes drink most alcohol, but smoking rates fall

Oona Mashta LONDON

More than a third of adults in Great Britain drink more than the recommended daily amount of alcohol at least once a week, amid widespread confusion over what the safe level is, show two surveys by the Office for National Statistics.

But the surveys show encouraging figures on the prevalence of smoking, which is at its lowest recorded level of 21%. The group that has the highest rate is the 20-24 year old age group.

The figures relating to alcohol show that a fifth of adults consumed more than double the limit on their heaviest drinking day of the week, data from the General Household Survey for 2007 show.

Although most people (70%) think that they know how much they can drink before risking their health, only two fifths of respondents knew the correct daily limits for men, and 44% knew what they were for women, according to a second survey of adults' opinions on drinking.

The figures also show that drinking is higher in the middle classes; 43% of people in "managerial and professional" households exceeded the daily limit on their heaviest drinking day of the week compared with 31% of adults in "routine and manual" households.

More men than women drank once a week more than the recommended daily amount, 41% compared with 34%, show the findings from the 16 000 adults who took part.

Home is the most popular place to drink; 60% of women and 45% of men were most likely to have drunk their most at home.

Only 11% of men and 8% of women said that they had discussed drinking with their GP or someone else at the surgery.

The reports are at www.statistics.gov.uk/ghs.

Cite this as: *BMJ* 2009;338:b312

Researchers denied access to records without consent

Clare Dyer *BMJ*

The UK government has quietly dropped a passage in the draft handbook to the NHS constitution that said that ministers had decided to give researchers the right to trawl medical records for research participants without the need for patients' consent.

Organisations that are charged with safeguarding patient confidentiality had objected strongly to a section in the draft handbook that said, "Patients can . . . expect that a health professional or a research professional who owes the same duty of confidentiality as a health professional may use care records, in confidence, to identify whether they are suitable to participate in approved clinical trials."

"Appropriate patients will be notified of opportunities to join in, and will be free to choose whether they wish to do so, after a full explanation."

The organisations that expressed reservations included the UK Council for Caldicott Guardians (UKCCG), the Patient Information Advisory Group, and the new National Information Governance Board, which came into operation this month. The UKCCG, whose members are responsible for safeguarding patient confidentiality in the NHS, called for the statement to be removed from the constitution pending "much deeper discussion and legal consideration."

The relevant passage of the finalised handbook, published this week with the

final version of the constitution, says, "The NHS will do all it can to ensure that patients from every part of England are made aware of research that is of particular relevance to them. The NHS is therefore putting in place procedures to ensure that patients are notified of opportunities to join in relevant ethically approved research and will be free to choose whether they wish to do so."

The Health Bill, introduced in parliament this month, places providers and commissioners of NHS services under a statutory duty to take account of the new NHS constitution.

The constitution, which covers England, spells out for the first time in one place the legal rights patients and staff have in their dealings with the NHS, although it creates no new legally enforceable rights. It says patients have a right, for example, to express a preference for being treated by a particular GP in a practice and that the practice will try to comply. But patients will not be able to insist on a particular doctor.

Steve Barnett, chief executive of the NHS Confederation, said that the pledge would have "repercussions for primary care trusts and doctors' practices, and the appropriate funding and staff levels will need to be in place to ensure that this can be made to work."

The constitution also includes pledges to patients, public, and staff, which the NHS is committed to achieving but which are not legally binding. It pledges, for example, "to make decisions in a clear and transparent way, so that patients and the public can understand how services are planned and delivered."

Cite this as: *BMJ* 2009;338:b271

See **EDITORIAL** p 250

Study on injecting stem cells into the

Bryan Christie EDINBURGH

Stem cells derived from human fetal tissue are to be injected into the brains of patients who have had a stroke in a trial to begin in Glasgow later this year. The eventual aim is to determine if neural stem cells can repair tissue damaged by stroke.

ReNeuron, the UK based company that has developed the stem cell line, has turned to Britain to carry out the research after failing to get approval in the United States.

The UK Medicines and

Healthcare Products Regulatory Agency has given the go-ahead for the trial; this is thought to be the first time that neural stem cells will be injected into patients anywhere in the world. The approval is dependent on ReNeuron providing data both from an ongoing preclinical study and from the long term follow-up of trial participants.

The trial will involve 12 patients who have been left disabled by an ischaemic stroke. They will be treated with ReNeuron's ReN001 stem

cell therapy at the University of Glasgow's Institute of Neurological Sciences. The aim of the phase I trial is to test safety, but it may also give early indications of the clinical value of the treatment.

The patients will be split into four groups and given a range of cell doses, ranging from two million to 20 million. Recruitment is expected to start before the summer, and the trial will last for two years, with longer term patient follow-up.

ReNeuron says that in rat

Celebrities help promote campaign to take the stigma and shame out of mental illness

Lynn Eaton LONDON

An £18m (€19; \$24) campaign to tackle the discrimination and stigma that surrounds mental health was launched in the press and other media in England last week.

The Time to Change initiative is funded by Comic Relief and the National Lottery. Its aim is to tell the public that it is no longer acceptable to discriminate against people with a mental illness. The campaign includes an advertisement on prime time television, during *Coronation Street*, which will continue to be shown on ITV for three weeks.

A series of press advertisements involving celebrities who have experienced mental illness is also part of the campaign. Celebrities include the former aide to the prime minister Alistair Campbell, the television host Ruby Wax, and the actor Stephen Fry. The campaign's website gives details of what can be done to help people with a mental illness and how to run a local campaign to support national initiatives.

"Doctors are often the first port of call for people with mental health problems or people worried about a friend or family member," said Sue Baker, director of Time to Change.

She encouraged doctors to direct patients concerned about mental health to the initiative's website for information about local programmes. The website also provides support for people close to those who are affected by mental health problems.



Television host Ruby Wax (left), former political aide Alistair Campbell (centre), and actor Stephen Fry (right) are all appearing in campaign advertisements

The campaign says that mental illness is one of the last taboos and that shame and stigma can stop people seeking help. It highlights the fact that mental illness is far more common than people realise with one in four people experiencing a mental health problem at some time in their life. It has produced beer mats which make that point by saying: "You probably work with someone with mental illness."

And it promotes the message that it is possible to help people with a mental health problem by not cutting them out of your life.

The campaign is based on similar

national initiatives in New Zealand and Scotland. The mental health charities Mind, Rethink, and the Institute of Psychiatry are partners in the campaign, which will be evaluated by the institute.

The campaign has several strands, including a project to encourage physical activity; a legal helpline for people who think that they have been discriminated against in a job or in receipt of services because of their illness; and local initiatives to support service users who want to speak out about their experience of discrimination.

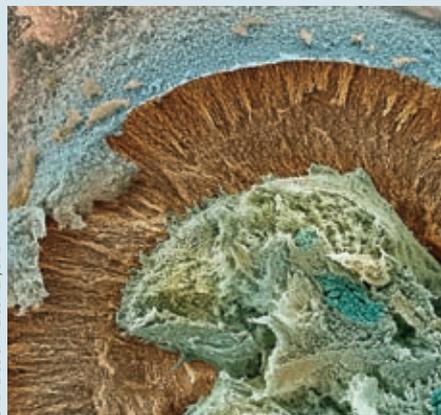
Laurence Buckman, chairman of the BMA's GPs' committee, welcomed the initiative.

"The aim of eliminating discrimination against people with mental illness is to be applauded," he said. "The stigma associated with mental illness leaves many patients feeling lonely, isolated, and reluctant to go to their GP for help. Making people less afraid of mental illness and of people with mental illness would go a long way to helping improve the nation's mental health."

See www.time-to-change.org.uk.

Cite this as: *BMJ* 2009;338:b309

brains of stroke patients to start in Scotland this year



Coloured scanning electron micrograph of a section through a fetal brain

experiments the stem cell therapy has been successful in reversing the brain damage associated with induced stroke. The company also says the therapy has been shown to be safe in these animal tests, with the stem cells eventually being cleared from the body with no adverse effects.

Keith Muir, senior lecturer in neurology at the University of Glasgow, who will lead the trial, said: "Stem cell treatment offers the potential to repair brain tissue lost as a result of stroke.

We are very excited at the opportunity to undertake this, the first clinical trial involving neural stem cell therapy in stroke. If successful, we hope it will lead on to larger studies."

ReNeuron first applied in late 2006 to the US Food and Drug Administration (FDA) to carry out the trial. However, approval was not given, and the company turned its attention to the UK.

Michael Hunt, chief executive of ReNeuron, said regulators differ in the way they look at research applications. In the

two years since the initial application was submitted in the US, more data have been generated about the stem cell therapy. These have been given to the Medicines and Healthcare Products Regulatory Agency, and discussions are continuing with the FDA.

The cells for the trial have been derived from a single donation of fetal tissue from which manufactured cell banks have been created. These will be used for subsequent trials.

Cite this as: *BMJ* 2009;338:b245

IN BRIEF

Death penalty for two men over baby milk scandal:

Two men who traded melamine used in infant formula milk have been sentenced to death in China. At least six children died and nearly 300 000 became sick after drinking the contaminated milk last year. Tian Wenhua, the chairwoman of the Sanlu Group, which was at the centre of the incident, was given a life sentence.

US rewards doctors for e-prescriptions:

The Centers for Medicare and Medicaid are paying doctors a bonus to e-prescribe to reduce costs. The bonus amounts to 2% of charges billed to Medicare in 2009, and will decline to 0.5% by 2013; doctors who don't e-prescribe will get a penalty. The programme could prevent 1.9 million adverse drug events.

Allegations that AIDS doctors were tortured:

The Iranian doctors Kamiar and Arash Alaei have been imprisoned for three and six years for conspiring with the United States to overthrow the government. Physicians for Human Rights claims that the trial was blatantly unfair. The doctors' televised confessions seemed to have been obtained under duress.

Screening in Europe needs to double:

Public health authorities must increase their screening programmes for breast, cervical, and colorectal cancer, says the European Commission after a report showed that the number of screenings a year in the European Union is running at less than half the recommended rate (ec.europa.eu).

Italian woman in vegetative state denied death:

The death of Eluana Englaro, the Italian woman in persistent vegetative state whose family's request for death was approved in recent months by the highest Italian courts, has been prevented. The hospital chosen to detach her feeding tube and respirator was told by the health minister that its contract with the health service could be interrupted if it proceeded with the order.

Pfizer buys Wyeth: The US drug company Pfizer, the world's largest, is buying rival Wyeth for \$68bn (£49bn; €52bn). Pfizer said that it was cutting 10% of its workforce and reducing the number of manufacturing sites. The merger will protect Pfizer as several of its drugs, such as atorvastatin (Lipitor), face patent protection in the next few years.

Cite this as: *BMJ* 2009;338:b323

Deaths from listeriosis remain a cause for concern in Europe

Rory Watson BRUSSELS

The number of campylobacter infections in humans continues to rise across Europe, while the number of cases of salmonella is maintaining a downward trend, new data released in Brussels on 20 January show.

The report on zoonoses, jointly produced by the European Food Safety Authority in Parma, Italy, and the European Centre for Disease Prevention and Control in Stockholm, provides the latest picture on the extent to which infectious diseases are transmitted from animals to humans in 31 European countries.

Twenty two of the 27 European Union countries reported a rise in the number of confirmed cases of campylobacter in humans during 2007 (those that didn't were Estonia, Hungary, Lithuania, the Netherlands, and Spain). Mainly transmitted in fresh poultry meat, this organism can cause diarrhoea, fever, and headaches in patients. It affected 200 000 people across the continent in 2007. The biggest increases from the previous year were in Germany (number of cases up by 27%) and the United Kingdom (up by 11%).

In contrast, the number of confirmed cases of human salmonellosis, which can induce fever, abdominal pain, nausea, and vomiting, fell for the fourth year in succession, from 164 000 to 152 000. Although there was a rise in cases in Germany, this was more than offset by major falls in the Czech Republic and Hungary.

The number of listeria infections in humans remained at the same level in 2007 as in

2006: 1554 confirmed cases. However, the disease showed a high mortality rate of 20%, and mortality was especially high among vulnerable groups such as young babies and elderly people.

Andrea Ammon, the disease prevention centre's head of surveillance, said, "Although tackling salmonella and campylobacter infections remains a top priority, we are particularly concerned by the high proportion of deaths among older people as a result of infection with listeria. We have also noted a high proportion of newborn babies among the cases of listeriosis."

The report notes that listeria bacteria were seldom found above legal safety limits in ready to eat foods. However, they were detected above these levels in smoked fish and other ready to eat fishery products and also in certain meats and cheeses.

Throughout Europe the occurrence of bovine brucellosis remained largely unchanged from 2006, but there was a slight decrease in bovine tuberculosis and sheep and goat brucellosis. In humans, 542 confirmed cases of brucellosis were reported. Most were in Spain and Greece, and the overall trend is decreasing.

Although rabies is still found in domestic and wild animals in the Baltic and some eastern European countries, only three cases of rabies in humans were reported in 2007. These occurred in Finland, Germany, and Lithuania, and the patients had contracted the disease outside Europe, in the Philippines, Morocco, and India.

The Community Summary Report on Trends and Sources of Zoonoses and Zoonotic Agents in the European Union in 2007 is at www.efsa.europa.eu

Cite this as: *BMJ* 2009;338:b319



Obama overturns ban on funding for family

Fred Charatan FLORIDA

The new president of the United States, Barack Obama, has signed an executive order cancelling the restrictions on foreign aid from the US Agency for International Development (USAID) to international family planning programmes that offer abortion or that advocate for abortion rights.

The restriction, first established by President Ronald Reagan in 1984, was dubbed the "global gag rule" by abortion rights groups.

It was reversed by Bill Clinton in 1993 and reinstated by George W Bush in 2001.

Under the Bush administration agencies that accepted funding from USAID could not advocate for, counsel on, refer to, or offer abortion services, even if they used money that came from other sources. As a result many organisations opted out of the foreign aid programme.

The day before President Obama signed the order was the 36th anniversary of the



PETER ANDREWS/REUTERS

The number of people in the world with severe hunger has increased by 12% since 2007

Unicef appeals for \$1bn to help children and women in emergencies

John Zarocostas GENEVA

The chief of Unicef this week launched the agency's 2009 funding appeal for humanitarian action, seeking just over \$1bn (£0.72bn; €0.77bn) from donors—of which 38% is for health and nutrition—to help millions of children and women affected by emergencies in 36 countries worldwide, the bulk of which are in sub-Saharan Africa.

“Many countries featured in the report are silent or forgotten emergencies. Women and children are dying every day due to diseases, poverty, and hunger, but sadly their deaths go largely unnoticed,” said Ann M Veneman, Unicef's executive director.

The agency, in its *Humanitarian Action Report 2009*, warns that climate change and high food prices have adversely affected many of the countries for which it is seeking emergency aid funds.

It notes that the number of people with severe hunger increased to 950 million in 2008, up from 850 million the year before, and warns that the risk of hunger could

increase for about 50 million people worldwide by 2010 as a result of climate change.

Over half of the funds sought in 2009—which is about 17% higher than last year's appeal—are earmarked to continue provision of Unicef support to victims in major conflict zones such as the Democratic Republic of Congo, Somalia, Uganda, and Zimbabwe.

In Sudan—which includes the conflict in the Darfur region, which has caused the internal displacement of 2.7 million people—Unicef is seeking \$147.6m for 2009, including \$33.6m for health and nutrition, and \$4.6m for HIV/AIDS.

This includes the procurement and distribution of essential emergency drugs and equipment to health centres throughout the country to reach over eight million children and women, and the supply of antenatal and midwifery kits for 400 000 women. Unicef also aims to provide information on HIV prevention to 15 million young people.

Unicef's report is available at www.unicef.org.uk.

Cite this as: *BMJ* 2009;338:b322

Drug eluting stents are a “major concern” in the longer term

David Spurgeon QUEBEC

A three year Canadian study of more than 6000 patients who had an angioplasty with either drug eluting or bare metal stents concludes that the medicated version, now used in 85% of procedures in the United States and in 40% or more elsewhere, could be associated with longer term adverse events (*CMAJ* 2009;180:167-74).

An accompanying commentary, from Columbia University Medical Centre, New York, notes that “despite the large and favourable long-term data on the use of drug-eluting stents from randomised controlled trials, meta-analyses and observational studies, the long-term safety of drug-eluting stents, especially regarding late and very late stent thrombosis, remains a major concern” (pp 154-5, doi:10.1503/cmaj.081907).

In the study, which used data from a prospective multisector registry in Alberta province, drug eluting stents were inserted in 1120 patients and bare metal stents in 5320.

At one year follow-up, the drug eluting stents were associated with a mortality of 3% compared with 3.7% for bare metal stents (adjusted odds ratio 0.62; 95% confidence interval 0.46 to 0.83). The rate of the composite outcome (death or repeat revascularisation) was 12% for the drug eluting stents and 15.8% for the bare metal stents (0.40; 0.33 to 0.49).

The adjusted relative risk of the composite outcome (death or repeat revascularisation) associated with drug eluting stents or repeat revascularisation associated with drug eluting stents relative to bare metal stents was 0.73 early in the first year of follow-up; it then rose gradually over time, to a peak of 2.24 in year 3.

Cite this as: *BMJ* 2009;338:b253

planning organisations that promote abortion

US Supreme Court decision in the case of *Roe versus Wade*, which made abortion legal in the US. President Obama said, “We are reminded that this decision not only protects women's health and reproductive freedom but stands for a broader principle: that government should not intrude on our most private family matters. I remain committed to protecting a woman's right to choose.”

The Planned Parenthood Federation of America hailed the president for “lifting the

stranglehold on women's health across the globe with the stroke of a pen . . . No longer will healthcare providers be forced to choose between receiving family planning funding and restricting the healthcare services they provide to women.”

The advocacy group Population Action International said that the global gag rule had led to funding cuts in family planning clinics in 29 countries.

Cite this as: *BMJ* 2009;338:b320



Barack Obama remains committed to protecting a woman's right to choose abortion



Seventy per cent of men aged between 30 and 60 smoke in China after which the rate declines gradually

Tobacco will kill one third of Chinese men if smoking persists

Roger Dobson ABERGAVENNY

One hundred million people in China will be killed by tobacco in the first half of this century if current smoking trends continue, a report says (*CVD Prevention and Control* 2009 Jan 20, doi:10.1016/j.cvdpc.2008.12.001).

One third of all young Chinese men will eventually die of tobacco related diseases, and the annual number of tobacco deaths will rise to three million by the middle of the century.

“The only hope of substantially limiting tobacco deaths in China in the first half of this century is for many of the adults who now smoke to stop doing so, because discouraging young people from starting will take many decades to produce its main health benefits,” say the authors, Richard Peto, Zheng-Ming Chen, and Jillian Boreham, all from the University of Oxford.

The report says that there has been a rapid increase in cigarette consumption in China since the 1970s. Annual domestic production and consumption of cigarettes increased fourfold over a period of 30 years, from about 500 billion cigarettes in 1978 to more than 2000 billion in 2006.

Almost three quarters of Chinese men eventually become smokers. The prevalence rises steeply between ages 15 and 25 and then remains at about 70% from age 30-60, after which it declines gradually, partly because the smokers are less likely to have

survived into old age.

China has one fifth of the world's population and produces and consumes about one third of the world's cigarettes, says the report. Although the rise in cigarette consumption, especially among younger men, has been too recent for its full effects on health to be seen, there are already about a million deaths a year from tobacco, more than in any other country.

The authors say that several factors have contributed to the rapid and substantial rise in cigarette consumption, including population growth; improved affordability as a result of economic development; a move away from traditional forms of tobacco such as pipes; a failure to recognise the hazards of smoking; and lack of effective anti-tobacco legislation.

As in the United States, about half the people who smoke will eventually be killed by their habit, says the report.

The authors say that higher tobacco taxation may be one way to tackle the problem.

“In addition to measures such as better public information on smoking hazards, prominent health warning labels on cigarette packs, banning smoking in public places, and improved availability of smoking cessation clinics, higher taxation of tobacco products, a control measure that is vastly underutilised in China, could be of substantial public health importance,” they say.

Cite this as: *BMJ* 2009;338:b302

Donors pledge \$630m to help boost global polio eradication

John Zarocostas GENEVA

Rotary International, the Bill and Melinda Gates Foundation, and the British and German governments last week pledged more than \$630m (£440m; €475m) in new funds to step up the worldwide campaign to eradicate polio.

The funds are to be used by the World Health Organization's Global Polio Eradication Initiative for immunisation programmes and research into new vaccines and to enhance surveillance activities to detect cases of the disease and contain outbreaks.

The initiative was launched in 1988 and spearheaded by the World Health Organization, Unicef, the US Centers for Disease Control and Prevention, Rotary International, and national governments. However, the initiative has failed to meet a number of target dates—the latest at the end of 2005—for eradicating the virus.

In 2008 a total of 1633 confirmed cases were reported in 17 countries worldwide, most (1491) in the four polio endemic countries and the remainder being imported cases in non-endemic countries.

The number of cases reached 790 in Nigeria, sharply up from 278 in 2007, 118 in Pakistan (up from 31), 31 in Afghanistan (up from 16), and 552 in India (down from 756). However, last year the number of confirmed imported cases rose sharply to 28 in Angola (up from eight), 36 in Chad (up from 19), and 25 in Sudan (up from one).

“Complete elimination of the polio virus is difficult and will continue to be difficult for a number of years,” said Bill Gates, co-chairman of the Gates Foundation. The foundation is giving a \$255m grant to Rotary, which will itself raise \$100m from its members over the next three years. The UK pledged \$150m and Germany an additional \$130m.

Cite this as: *BMJ* 2009;338:b335



The Bill and Melinda Gates Foundation last week pledged \$255 million to polio eradication

BMJ Group announces shortlist for awards

RESEARCH PAPER OF THE YEAR

Green BB, et al. Effectiveness of home blood pressure monitoring, web communication, and pharmacist care on hypertension control: a randomized controlled trial. *BMJ* 2008;299:2857-67.

Zacho J, et al. Genetically elevated C-reactive protein and ischemic vascular disease. *N Engl J Med* 2008;359:1897-908.

Hopper AD, et al. Pre-endoscopy serological testing for coeliac disease: evaluation of a clinical decision tool. *BMJ* 2007;334:729-32.

Thombs BD, et al. Depression screening and patient outcomes in cardiovascular care: a systematic review. *JAMA* 2008;300:2161-71.

Tielsch JM, et al. Impact of newborn skin-cleansing with chlorhexidine on neonatal mortality in southern Nepal: a community-based, cluster-randomized trial. *Pediatrics* 2007;119:330-40.

Sullivan FM, et al. Early treatment with prednisolone or acyclovir in Bell's palsy. *N Engl J Med* 2007;357:1598-607.

Hacke W, et al. Thrombolysis with alteplase 3 to 4.5 hours after acute ischemic stroke. *N Engl J Med* 2008;359:1317-29.

Gillies CL, et al. Different strategies for screening and prevention of type 2 diabetes in adults: cost effectiveness analysis. *BMJ* 2008;336:1180-5.

CORPORATE SOCIAL RESPONSIBILITY

Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust, communications team
BMA Medical Fair and Ethical Trade Group (MFETG)
GlaxoSmithKline, Global Community Partnerships
Children's Acute Transport Service, Great Ormond Street

HEALTH COMMUNICATOR OF THE YEAR

Dr Val Curtis, PhD, director, Hygiene Centre, London School of Hygiene and Tropical Medicine
Dr Ben Goldacre, writer, www.badscience.net
Jeremy Laurance, health editor, *The Independent*
Dr Chris Smith, The Naked Scientists

BEST INNOVATION IN MEDICAL COMMUNICATION

NHS Connecting for Health and Kent and Medway NHS Trusts and PCTs
Northern Lincolnshire Mobile Working Project
NHS National Services Scotland, Scottish Patients at Risk of Readmission and Admission (SPARRA)
NHS Choices, Behind the Headlines

BEST QUALITY IMPROVEMENT

Health Development and Service Redesign Team, Tameside and Glossop Primary Care Trust
Western Renal Service, Western Health and Social Care Trust, Londonderry
St Benedict's Hospice Day Care, Sunderland Teaching Primary Care Trust, Sunderland
Clinical governance and infection control teams, Barking, Havering, and Redbridge Hospitals NHS Trust

OUTSTANDING ACHIEVEMENT IN EVIDENCE BASED HEALTH CARE

Professor Hywel Williams and team from Centre of Evidence Based Dermatology, University of Nottingham
Professor Peter Rothwell, professor of clinical neurology, University of Oxford
City Hospitals Sunderland NHS Foundation Trust
NHS Pathways, NHS Connecting for Health
Professors Gene Feder, University of Bristol, Harry Hemingway, University College London, and Adam Timmis, Barts and the London NHS Trust

EXCELLENCE IN LEARNING AND EDUCATION

MSc in International Primary Healthcare team, University College London
Undergraduate Medical School, University of Glasgow
Maternity Team, Southmead Hospital and Bristol North Academy, University of Bristol
Hospital at Night team—Skills for health workforce project team
School of Surgery, London Deanery

CLINICAL LEADERSHIP

Dr Jean Jaques de Gorter, Spire Healthcare
Dr Kassim Javaid, Nuffield Orthopaedic Hospital, Oxford, and Professor John Wass, Churchill Hospital, Oxford
Miss Stella Vig, the Mayday Healthcare NHS Trust
Dr Naeem Shaukat, consultant cardiologist and clinical director at Kettering General Hospital NHS Foundation Trust
Mr Satajit Bhattacharya and Mr Ajit Abraham, HPA Centre at Barts and the London NHS Trust

GLOBAL LEADERSHIP

London School of Hygiene and Tropical Medicine
Professor Prabhat Jha, director, Centre for Global Health Research
WHO Reproductive Health Library, World Health Organization, Switzerland
Bill and Melinda Gates Foundation
LV Prasad Eye Institute
Cite this as: *BMJ* 2009;338:b329



BMJ editor,
Dr Fiona Godlee

The BMJ Group announced last year that it was setting up 10 new awards to recognise various aspects of achievement in health care, including contributions to research, education, communication, and leadership.

We have been delighted with the enthusiastic response, and this week we are announcing our 10 shortlists.

For all except the lifetime achievement award, the winners will be chosen by expert panels. For the lifetime achievement award, we whittled down the 45 nominations to a shortlist of 10, choosing candidates on the basis of who has, over his or her working lifetime, made a unique and substantial contribution to improving health care, whether in clinical practice, health services, public health, health policy, medical education, or medical research. We are now asking readers to vote for the person whom they consider most deserves the award. Voting is taking place on bmj.com until 27 February.

The winners of all the awards will be announced at the BMJ Group Awards ceremony at the London Marriott Hotel on 2 April.

Cite this as: *BMJ* 2009;338:b325





Professor Patrick Bradley

Patrick Bradley has devoted his career to improving the management of head and neck cancers, building up one of the busiest services for the condition in the UK during his 26 years working as a head and neck oncological surgeon at Nottingham University Hospitals NHS Trust, UK.

Described as “the most influential health and neck surgeon of his generation”, he played a key role in developing the specialty and introduced many innovations before they became widely popular, including voice restoration surgery in the mid 1980s and multidisciplinary treatment planning in the late 1980s.

As well as building a good local service for head and neck cancers, Professor Bradley has driven initiatives at a national level, including working as national lead clinician for head and neck cancer, and internationally, serving on the European Laryngological Society.

He has trained a generation of surgeons and is internationally acknowledged as a teacher throughout Europe, North America, Australia, and India. He has published more than 200 papers, and in 2007-8 served as the Hunterian Professor for the Royal College of Surgeons, in addition to being on the editorial board of several journals. He has also contributed in the area of management, having served as clinical director of his trust for two terms and worked with the National Institute for Health and Clinical Excellence. He received an MBA from Nottingham University Business School in 2000.

Cite this as: [BMJ 2009;338:b272](#)



Professor Andrew Lister

Andrew Lister is a leading international authority in the field of medical oncology, as a physician, clinical academic, and teacher. As professor of medical oncology, director of the Cancer Research UK Medical Oncology Unit, and centre lead for medical oncology (Institute of Cancer) in the Barts and the London School of Medicine and Dentistry, he has developed a team of haemato-oncologists, clinician scientists, and basic scientists at the forefront of translational research into leukaemia and lymphoma.

He defined precisely the clinical course of follicular lymphoma, in particular, with conventional and experimental treatments, some of which have subsequently become standard. This work was complemented by the identification of molecular aberrations occurring in follicular lymphoma and acute myeloblastic leukaemia and their potential clinical relevance. In this context, the Department of Health and Cancer Research UK have opened an experimental cancer medicine centre at Barts.

Throughout his career, Professor Lister has been respected for his skills in teaching undergraduates and postgraduates. Many erstwhile clinical research fellows occupy important positions in medicine. He has fulfilled a leadership role as chairman of the Association of Cancer Physicians and the Royal College of Physicians subcommittee on medical oncology. He was elected to the Academy of Medical Sciences and the Royal College of Pathology and Radiology without examination.

Cite this as: [BMJ 2009;338:b332](#)



Professor Judith Longstaff Mackay

Judith Mackay was a lone voice when she started campaigning against the tobacco industry in Asia in 1984. The impact of her activities was illustrated by her being labelled “one of the three most dangerous people in the world” by the industry only five years later and being voted one of *Time* magazine’s “60 Asian Heroes” in 2006.

Based in Hong Kong since 1967, and working as a hospital physician until 1984, she took a stand on public health issues, writing a weekly newspaper column on health topics, publishing the first survey in the region on spouse abuse, and chairing the committee that established the first refuge for battered women in Asia.

Since becoming a full time public health advocate in 1984, Professor Mackay has worked with most of the governments in the Western Pacific to help them establish national tobacco control legislation and taxation policies. Much of her work has been with China.

At a global level, she is a consultant to the World Health Organization and was instrumental in developing the Framework Convention on Tobacco Control, which is now ratified by 162 countries. She is currently director of the Asian Consultancy on Tobacco Control, senior adviser to the World Lung Foundation, and senior adviser to WHO and a range of tobacco control organisations throughout Asia.

Cite this as: [BMJ 2009;338:b273](#)



Dr Ann McPherson

For the past 30 years, Dr Ann McPherson has been at the forefront of work to improve both the public understanding of health and illness and the relationship between patients and healthcare professionals. She has been driven by the belief that patients should have a full understanding of their treatment options, including access to the experiences of other people facing similar health challenges.

Dr McPherson has translated this belief into action in her work as a general practitioner, lecturer, writer, and broadcaster. A GP since 1979, she is also a lecturer in general practice and has spoken at national and international conferences on subjects such as “Whose illness is it anyway?”

One of her books, *Diary of a Teenage Health Freak* (co-authored with Dr Aidan McFarlane), sold over a million copies and has been made into two award-winning television series. It led to her setting up an interactive website, www.teenagehealthfreak.org, providing practical health advice to teenagers.

In 2001 Dr McPherson cofounded the charity DIPEx, which has published more than 10 000 video clips of over 2000 people talking about issues ranging from serious illness and disability to sexual health. She has ensured the approach is evidence based, gathering stories through rigorous research by the Health Experiences Research Group at the University of Oxford, which interviews 40-50 people with each condition to capture the breadth of individual experiences.

Cite this as: [BMJ 2009;338:b274](#)



Professor Jillian Rose Mann

Professor Jill Mann is well known in the field of paediatric cancer. As a paediatric oncologist, Professor Mann has led many of the improvements of recent times in this field.

Soon after being appointed as a consultant in Birmingham in 1972, she established a world famous, multiprofessional team around her. Better facilities for cancer patients were vital to Professor Mann, who secured the first computed tomography scanner at the Children’s Hospital in Birmingham and organised charitable funding to construct wards for children with cancer.

Professor Mann worked at the hospital for 35 years before retiring in 2002 to become emeritus consultant paediatric oncologist, and since 1997 has been an honorary professor of the University of Birmingham School of Medicine.

She hosted the first meeting of the United Kingdom Children’s Cancer Study group, now the Children’s Cancer and Leukaemia Group. This organisation took the lead in establishing what are now UK standards and protocols for treating children with cancer and has run many clinical trials to help improve the prognosis for childhood cancer.

As well as being a member of many prestigious organisations, Professor Mann is recognised as having contributed to research in this discipline.

Cite this as: [BMJ 2009;338:b287](#)

ACHIEVEMENT AWARD SHORTLIST



Sir Michael Rawlins

As Chair of the National Institute for Health and Clinical Excellence (NICE), Sir Michael has for the past 10 years presided over an organisation charged with making decisions that are among the hardest in public life. The attention that NICE receives from the public, the media, the medical community, and politicians, domestically and internationally, reflects its important role.

Under Sir Michael's chairmanship, the past decade has seen a number of key milestones, such as the establishment of the technology appraisals and clinical guidelines programmes, the creation of the Citizens Council—which allows the wider public to influence NICE's approach to serving the NHS—and, since 2005, work in public health.

Over the past year the work of NICE in the NHS has been reinforced through the findings of the Health Select Committee and the recommendations made in the NHS Next Stage Review by Lord Darzi; NICE now has a key role in maintaining both quality and value for money.

Before working at NICE, Sir Michael was professor of clinical pharmacology at the University of Newcastle upon Tyne until 2006. He has also worked as a consultant physician and consultant clinical pharmacologist with the Newcastle Hospitals NHS Trust.

He has been chairman of the Advisory Council on the Misuse of Drugs since 1998 and has acted as vice-chairman (1987-92) and chairman (1993-98) of the Committee on Safety of Medicines.

Cite this as: *BMJ* 2009;338:b275



Dr Robert William Schrier

A prolific expert in the renal field and major force in world medicine, Dr Robert Schrier is currently professor of medicine at the University of Colorado Denver's School of Medicine, where he was chairman of the department of medicine for 26 years.

In 1989, he was elected a member of the Institute of Medicine of the National Academy of Sciences, and has been president of the Association of American Physicians, the American Society of Nephrology, the National Kidney Foundation, and the International Society of Nephrology.

Dr Schrier is well known for his contributions to biomedical research, education, and clinical medicine. His prolific research work includes authoring more than 900 scientific papers as well as editing many books, including editions in internal medicine, geriatrics, drug use, and kidney disease.

The full time faculty where Dr Schrier was chair of medicine expanded greatly during his time there, as did its annual research grants, which rose from around \$3m to \$100m.

Colorado's governor and mayor declared May 4 2002 "Robert W Schrier Day," in the city, county, and state of Colorado. Dr Schrier has received several honorary degrees and won the highest awards of many prestigious organisations including the American College of Physicians, the National Kidney Foundation, and the Association of American Physicians. The International Society of Nephrology also awarded him their top award, the Jean Hamburger Award, for contributions to patient oriented research.

Cite this as: *BMJ* 2009;338:b276



Dr Moises Selman

Dr Moises Selman is a world expert in the complex field of interstitial lung diseases. Currently director of research at the National Institute of Respiratory Diseases in Mexico, Dr Selman has received many accolades for his contribution to pulmonary fibrosis and has served on committees and boards as a leader in this area.

He has participated in the transcriptional research of these diseases and his work is considered to be groundbreaking and clinically important.

Dr Selman is a member of many international and prestigious organisations and his international reputation is evident from the numerous invitations he has received to influential committees.

He was a member of the board of directors of the American Thoracic Society, governor for Mexico for the American College of Chest Physicians, and president of the Mexican Society of Pulmonology.

In 1993 he received the prestigious John Simon Guggenheim Memorial Foundation Fellowship, and he has also won many awards for his research.

Dr Selman made a seminal contribution to the understanding of idiopathic pulmonary fibrosis by proposing a new hypothesis for the pathogenesis of this devastating disorder. His work has led to a shift in understanding of the disease.

Dr Selman has also been praised for the fact that his scientific contributions were made in Mexico, in conditions often considered to be close to those of a developing country.

Cite this as: *BMJ* 2009;338:b280



Dr Hanumappa Sudarshan

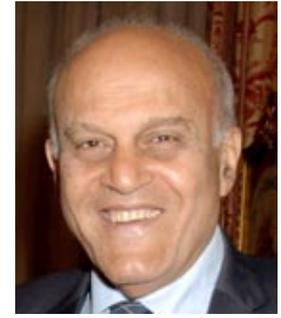
Dr Sudarshan has spent his career improving the health of rural and tribal people in India. He developed a public-private partnership model of primary health care with the Karuna Trust, a charitable trust based in Bangalore that he set up 10 years ago. Since then, the trust has set up primary health centres in three states, providing health care to more than 600 000 people in rural India.

The Karuna Trust primary health centres provide around the clock emergency and casualty services, outpatient facilities on six days a week, a small five to 10 bed inpatient department, and 24 hour obstetric facilities.

Dr Sudarshan is firmly committed to state provision of health care, but set up the trust when it became clear that many primary health centres in rural India were providing very poor services, with insufficient staff and poor access to drugs. The trust's aim is to set up primary healthcare centres that provide models to improve the working of other government funded clinics in the area. To achieve this, he has introduced a range of innovations, including community health insurance, telemedicine, and the integration of mental health into primary care.

Dr Sudarshan has also served on several government committees working to improve public health, as well as working as a government appointed ombudsman to reduce corruption in health care.

Cite this as: *BMJ* 2009;338:b281



Professor Sir Magdi Habib Yacoub

The heart surgeon Sir Magdi Yacoub has performed more than 20 000 heart operations, including 2000 heart transplants and 350 to 400 heart-lung transplants.

Currently professor of cardiothoracic surgery at Imperial College, London, Sir Magdi has made advances in cardiac surgery since moving to Britain in 1962 from Egypt. He performed the United Kingdom's first double heart and lung transplant in 1983. His first consultant position in Britain was at Harefield Hospital in Middlesex, and under his leadership it became a world renowned transplant centre, undertaking more than 200 such operations a year.

In 1995 Sir Magdi founded the Chain of Hope charity, which sends missions abroad to treat children in developing countries and equip new units, and which also brings children to the UK where they are treated free. Through Chain of Hope, Sir Magdi has trained many surgeons and helped establish cardiac services in other countries.

Sir Magdi is also the founder and director of research at The Magdi Yacoub Institute, which is dedicated to studying heart disease.

He was knighted in 1992 and won a lifetime achievement award at the *Daily Mirror's* Pride of Britain Awards in 2007.

In 1999 he was elected a fellow of the Royal Society and was also presented with a Lifetime Outstanding Achievement Award by the then Health Secretary Frank Dobson in recognition of his contribution to medicine.

Cite this as: *BMJ* 2009;338:b282