For the full versions of articles in this section see bmj.com

UK NEWS Roche's vouchers to patients breach regulatory code, p 564
WORLD NEWS India's health ministry is accused of disrupting vaccine supply, p 560
bmj.com Student admits sending email with incorrect details about new journal

Healthcare reform takes a substantial share of Obama's proposed $3.1 trillion budget

Janice Hopkins Tanne NEW YORK

Barack Obama's proposed $3.1 trillion budget includes $634bn (£450bn; €500bn) for healthcare reform, including universal health insurance coverage, electronic medical records, and preventive health care.

He has nominated Kathleen Sebelius of Kansas, the Democratic governor in a Republican state, as head of the Department of Health and Human Services, and will convene a White House healthcare summit meeting this week.

The president presented the budget on 26 February, two days after the Institute of Medicine released a report, called *America's Uninsured Crisis: Consequences for Health and Health Care* (available at www.iom.edu). The report says that nearly 46 million Americans lack health insurance, including one in five adults aged under 65 years and one in 10 children, and that numbers would increase as the economy worsened. It says, "For decades the health insurance crisis has grown without any decisive action by policy makers to stop it. Now is the time for action."

More than half of Americans said that their households have cut back on health care in the past year because of costs, a poll by the non-profit Kaiser Family Foundation has found.

President Obama's budget sets out broad proposals for reform of the healthcare system. It aims to improve the quality of health care while reducing its rising cost, which it said was unsustainable. "We will make the immediate investments needed to computerize all of America's medical records within five years while protecting the privacy of patient," the budget proposal says. "This is a necessary step to reducing waste, eliminating red tape, and avoiding the need to repeat expensive medical tests."

CHARLIE RIEDEL/AP/PA

Kathleen Sebelius, the governor of Kansas, has been nominated to head the US Department of Health

Nancy Nielsen, president of the American Medical Association, said, "In these tough economic times, the need for health system reform that provides coverage and high quality, affordable health care for all Americans has never been more clear. We must strengthen the public-private mix of health insurance and achieve greater value from the nation's healthcare spending."

A New Era of Responsibility: The 2010 Budget **is at www.whitehouse.gov/omb.**

Cite this as: *BMJ* 2009;338:b892

Inquest begins into deaths after concerns about diamorphine levels

Clare Dyer BMJ

An inquest will begin this month into the deaths of 10 elderly patients at a community hospital in Hampshire in the late 1990s, amid concerns over levels of prescribing of diamorphine and other drugs.

The 10, who died between 1996 and 1999, were among 92 who died after they were given large doses of drugs at Gosport War Memorial Hospital. The inquest, which opens on 18 March and is expected to last six weeks, was ordered by the justice secretary, Jack Straw.

Police investigations carried out between 1998 and 2002 were initially sparked by a complaint from a patient's relative, who accused staff of unlawful killing. The Crown Prosecution Service decided not to prosecute, but the police passed on to the Commission for Healthcare Improvement, now the Healthcare Commission, reports from medical experts that raised serious concerns about prescribing practice.

The experts found that there was "inappropriate combined subcutaneous administration of diamorphine, midazolam and haloperidol, which could carry a risk of excessive sedation and respiratory depression in older patients, leading to death."

The experts also said that there were no clear guidelines to prevent staff making assumptions that patients had been admitted for palliative rather than rehabilitative care. A protocol for palliative care "was inappropriately applied to patients admitted for rehabilitation."

The commission believed the use and combination of drugs was "excessive and outside normal practice."

Cite this as: *BMJ* 2009;338:b903

Sexual violence must be treated as a medical emergency

Jacqui Wise LONDON

Sexual violence should be treated as a medical emergency, with immediate medical care universally available, says a report from Médecins Sans Frontières (MSF).

The report, *Shattered Lives*, says that the provision of medical care within days of a rape can limit health risks for the victim. Yet in many countries access to tailored health services is severely limited or non-existent.

Thilde Knudsen, MSF adviser on sexual and reproductive health, said, "A victim of sexual violence is already suffering huge trauma, and added to this is anxiety about possibly having contracted HIV or being pregnant. If they can be given fast access to medical care this can help relieve some of the anxiety and stress."

Getting immediate care is critically important after a sexual assault, the report says. To prevent HIV a 28 day course of antiretroviral drugs needs to be started within 72 hours of the rape. If a woman is seen within five days of forced sexual intercourse it is possible to prevent an unwanted pregnancy. Sexually transmitted infections can be prevented and treated with antibiotics. Vaccines can also be given to prevent infection with hepatitis B and tetanus. And trauma counselling can help prevent anxiety, post-traumatic stress disorder, and other psychological conditions.

MSF teams provided health care to 2791 victims of sexual violence in 27 projects worldwide in 2007. The charity says the true prevalence of sexual violence is unknown.

Sexual violence is often used as a weapon of war. The United Nations estimate that 250 000 to 500 000 women were raped during the 1994 genocide in Rwanda. In North Kivu and South Kivu in the east of the Democratic Republic of Congo, MSF teams treated 6700 victims of sexual violence in 2008.

Shattered Lives **is at www.msf.org.uk.**

Cite this as: *BMJ* 2009;338:b850

A poster campaign by Amnesty International is also highlighting the impact of rape

India's health ministry is accused of

Ganapati Mudur NEW DELHI

The Ministry of Health in India has undermined the country's century old legacy of public sector vaccine production, exacerbated vaccine shortages, and jeopardised the immunisation programme, say several healthcare organisations in a complaint to the Indian Supreme Court.

A petition filed last week wants the court to revoke an order by the health ministry last year that had suspended production of vaccines at three government vaccine manufacturing plants. The ministry had said that the plants did not meet standards of good manufacturing practice.

The Central Research Institute, in Kasauli, in the northern state of Himachal Pradesh, the Pasteur Institute of India, in Coonoor, Tamil Nadu, and the Vaccine Laboratory, in Chennai, were producing vaccines against diphtheria, measles, whooping cough, polio, rabies, tetanus, tuberculosis, and yellow fever.

Senior health ministry officials said that inspections at these plants over the past five years had revealed structural, process, and documentation deficiencies.

But the petitioners have questioned the health ministry's decision to stop vaccine production at the three plants instead of improving their manufacturing practices.

"The quality of vaccines is important, but this was a hasty, immature decision," said Sourirajan Srinivasan, managing trustee of Low Cost Standard Therapeutics, a non-profit charitable trust in the western Indian town of Vadodara. The trust produces generic drugs and campaigns for the rational use of drugs.

"For a country that has successfully sent a spacecraft to the moon, which would also have demanded high quality control, upgrading facilities at vaccine manufacturing plants should be a picnic," said Mr Srinivasan, who is one of five petitioners who have approached the Supreme Court seeking the resumption of vaccine production.

Women in India are stamped to indicate they need to return when vaccine is available

India is among the world's largest producers of vaccines and uses childhood vaccines worth $150m (£105m; €120m) each year. The petitioners have estimated that the health ministry would have had to invest only 500 million rupees (£7m; €8m; $10m) to upgrade manufacturing facilities at the three plants.

The petitioners said that the shutdown has come at a time when vaccine production in the three public sector units was peaking and that the gap between demand and supply in India's immunisation programme had been narrowing. They have also argued that no one

New "academic trusts" will signal the

Zosia Kmietowicz LONDON

Creating academic health trusts in England is just the first stage of reconstruction of the health service that will see a rationalisation of organisations in the next few years, say those bidding for the new type of trust.

The health minister Ara Darzi called for the establishment of academic health science centres in England when he published his plans to overhaul London's health services in July 2007 (*BMJ* 2007;335:61).

The centres of excellence will straddle academic and clinical medicine and help deliver groundbreaking treatments to patients' bedsides more quickly. They will be run along the lines of Massachusetts Hospital and Harvard Medical School in the United States and allow patients with the most serious illnesses, such as stroke, serious injury, and heart attack, to be channelled to expert centres, said Lord Darzi.

Stephen Smith, principal of the faculty of medicine at Imperial College London and chief executive of Imperial College Healthcare NHS Trust, one of the organisations bidding, said, "We are on a journey here. The

vaccine problems

DENIS MEYER/IMAGEBROKER/ALAMY

had complained about the quality of vaccines from the three plants.

"The ministry has killed its own production units and virtually invited the private sector to take over the immunisation programme," said Nandula Raghuram, a member of the Society for Scientific Values, a national watchdog for the preservation of ethics in science and health, another agency in the joint petition.

"The [quality] inspections at the three units had been going on for many years. There was enough opportunity for the government to make corrections," Dr Raghuram said. "The issue is: did it have the will to make them?"

Several states had experienced shortages of vaccines in 2008, such as those for tuberculosis, diphtheria, and tetanus.

Cite this as: *BMJ* 2009;338:b864

GMC is to reconsider guidance on care given at the end of life

Clare Dyer BMJ

Comprehensive guidance for doctors on care at the end of life, including difficult decisions on when to provide, withhold, or withdraw life prolonging treatment, will go out for consultation from the UK's General Medical Council in March.

The draft guidance was approved by the council at its February meeting, subject to minor amendments. The consultation will be launched in the week beginning 23 March and will end in July.

The new advice takes account of the Mental Capacity Act 2005; government strategies on end of life care in England and Scotland; GMC guidance in 2007 on consent; recent research; and a Court of Appeal judgment on a legal challenge to the GMC's 2002 guidance *Withholding and Withdrawing Life-Prolonging Treatments.*

Leslie Burke, a patient with spinocerebellar ataxia, challenged the lawfulness of the 2002 guidance, which said: "If you are the consultant or general practitioner in charge of a patient's care, it is your responsibility to make the decision about whether to withhold or withdraw a life-prolonging treatment, taking account of the views of the patient or those close to the patient."

A High Court judge initially ruled the guidance unlawful, but in 2005 the Court of Appeal reversed the ruling and held that it was lawful, if inadequately drafted. Nicholas Phillips, the master of the rolls, said, "Taken in the context of the guidance as a whole . . . we do not consider that any reasonable doctor would conclude from paragraph 32 that it would be permissible to withdraw life-prolonging treatment with a view to ending a patient's life despite the patient's expressed wish to be kept alive."

Where a competent patient indicated a wish to be kept alive by artificial nutrition and hydration (ANH), Lord Phillips said, "any doctor who deliberately brings that patient's life to an end by discontinuing the supply of ANH will not merely be in breach of duty but guilty of murder." There was one exception: in the last stage of life, artificial nutrition and hydration might not prolong life but might even hasten death. Whether to provide it was a clinical decision for the doctor, said Lord Phillips. Ultimately, "a patient cannot demand that a doctor administer a treatment which the doctor considers is adverse to the patient's clinical needs."

DANIEL BEREHULAK/GETTY

Leslie Burke challenged the 2002 guidance on life prolonging treatments

The GMC's draft guidance lays down a framework for taking decisions on life prolonging treatment for patients with and without the capacity to take their own decisions.

The GMC's consultation paper on end of life care is available at www.gmc-uk.org/about/council/papers/2009_02.asp.

Cite this as: *BMJ* 2009;338:b875

start of reorganisation of health services in England

underlying message is that the previous mechanism was not delivering [the health care] for patients in the UK which the public deserves. The country needs to wake up to the fact that the health service was not delivering."

Professor Smith was speaking at a meeting in London organised by the independent think tank Civitas ahead of interviews next month for the partnerships applying to become academic health science centres.

The seven partnerships left in the bidding process are Birmingham University, Cambridge University, Imperial College London, King's College London, Manchester University, Oxford University, and University College London. The Department of Health has said that the number of centres created will depend on the quality of the applicants. The results are expected at the end of March.

"The harsh truth is we cannot tinker any more with this system; it needs a fundamental review of the way we use money in health care," said Professor Smith.

"If you set up a clinical service without education and research then it will be out of date in a matter of weeks."

Robert Naylor, chief executive of University College London Hospitals NHS Trust, said that the first step in the reorganisation process was to bring universities and NHS trusts together. He said, "Once we have set out our platforms there will be a lot of overlap, and to avoid duplication we will have to collaborate."

The present arrangements in London, with 32 primary care trusts and 32 acute trusts, could not continue, especially in the current economic climate, he said.

Cite this as: *BMJ* 2009;338:b906

IN BRIEF

Italian MPs consider law on advance directives: Italy's parliament is discussing a controversial law on advance directives that will limit patients' choices and make it impossible to refuse or withdraw artificial nutrition and hydration. It follows the death of a woman in a vegetative state whose parents obtained a court order to detach her feeding tube (*BMJ* 2009;338:b574). The woman's father and 13 other people are under investigation for murder after a complaint from a pro-life group.

US issues warning on chronic use of metoclopramide: The US Food and Drug Administration has told manufacturers of metoclopramide to add a black box warning to drug labels about the risk of tardive dyskinesia from long term use or high doses of the drug. Elderly women are especially at risk, it says. Treatment is not recommend beyond three months.

Drug resistance could set back malaria control success: The World Health Organization has warned that the emergence of parasites on the Thailand-Cambodia border that are resistant to artemisinin could seriously undermine the success of global efforts to control malaria. The recent shift in treatment to the highly effective artemisinin based combination treatments has been a breakthrough in the fight against malaria in recent years, but new drug resistance threatens these gains, says WHO.

Scotland bans cigarette displays: Cigarette vending machines and tobacco displays in shops are to be banned in Scotland as part of new legislation to be introduced by the Scottish government. The Tobacco and Primary Medical Services (Scotland) Bill also proposes introducing a registration scheme for retailers and imposing fixed penalty fines on those found selling cigarettes to people aged under 18.

Cancer survival has improved in deprived areas of England: New figures from the Office for National Statistics show that improvements in cancer survival from 1998 to 2004 have been slightly greater among patients in the most deprived areas than in the rest of England. However, cancer survival remains lower in deprived areas than in the rest of England for 10 common cancers at one year after diagnosis and for seven of these cancers at five years.

Cite this as: *BMJ* 2009;338:b904

NHS can learn from "exemplary" service provided at front line

Oona Mashta LONDON

NHS emergency services should learn from the care given to British troops wounded on the front line, which the health service watchdog has described as "exemplary."

Ian Kennedy, chairman of the Healthcare Commission, said that urgent and emergency care services in the NHS could learn a lot from how the defence service plans and prepares to treat casualties quickly, the innovations it uses to treat major injuries, and how it trains its staff.

But the commission criticised the standard of health care away from the front line at many of the medical centres in the United Kingdom and abroad run by the Defence Medical Services to treat defence personnel.

The commission found that the training of medical staff in child protection issues was lacking, even though military personnel aged 16 and 17 are still legally children. Although the commission had no specific concerns relating to treatment of children, it called for better training to safeguard them.

The commission was invited to review the Defence Medical Services, which are responsible for providing health care to 258 000 defence personnel and their families in the UK and overseas.

The commission used the same core standards that apply to the NHS, assessing 153 units in the UK and 53 abroad.

The Healthcare Commission found significant variation in standards at the units away from conflict zones. Some medical centres in the UK and abroad were, it said, in an "unacceptable condition," with poor hygiene, leaky roofs, and general lack of maintenance.

GEORGE STEINMETZ/CORBIS

The Healthcare Commission criticised Defence Medical Services centres away from the front line

Standards on infection control, appropriateness of environments, and safeguarding children had low levels of compliance. In some cases where units had said they had complied with certain standards, the commission overturned the statements after an inspection.

Sir Ian said, "Away from the front line and the spotlight of war, the DMS [Defence Medical Services] must give urgent attention to the maintenance and cleanliness of buildings. It must also improve awareness that 16 and 17 year olds are still legally children—[whether they are] military personnel or not—and healthcare workers have a responsibility to act on any suspicion of bullying or abuse."

Commenting on the report, Louis Lillywhite, surgeon general of the British armed forces, said, "Action has already been taken to deliver improvements. I have appointed an inspector general, Surgeon Rear Admiral Philip Raffaelli, who will ensure that all recommendations made in this review are implemented in full."

A Review of the Clinical Governance of the Defence Medical Services in the UK and Overseas **is at www.healthcarecommission.org.uk/_db/_documents/Defence_Medical_Services_review.pdf.**

Cite this as: *BMJ* 2009;338:b893

Organisations question EC proposals

Rory Watson BRUSSELS

Medical and consumer organisations are raising concerns about plans by the European Commission to allow drug companies to provide information on prescription only drugs directly to the public. The drug industry is also questioning how the system would work.

The initial reactions to measures that would allow drug companies to supply factual information on prescription only drugs to the public emerged last week at a conference in Brussels organised by the European Commission and the Organisation for Professionals in Regulatory Affairs.

The draft legislation, tabled last December, covers the type of information that may be given; the channels through which it may be supplied; the quality criteria and conditions to be met; the monitoring mechanisms to be put in place; and the sanctions to be applied in cases of non-compliance.

The conference was the first major opportunity for different groups to present their views in the same forum.

US supplied phosphorus shells used in Gaza, says report from Amnesty International

Clare Dyer BMJ

White phosphorus shells used by Israeli forces in the Gaza strip were made in the United States, according to an Amnesty International report. The report calls for an arms embargo on all parties involved in the recent Gaza conflict.

Amnesty's investigation has documented dozens of weapons used by Israel and the Palestinian group Hamas and accuses both sides of using weapons from abroad to commit war crimes in the three week conflict.

"We urge the United Nations security council to impose an immediate and comprehensive arms embargo on Israel, Hamas, and other Palestinian armed groups until effective mechanisms are found to ensure that munitions and other military equipment are not used to commit serious violations of international law," said Malcolm Smart, Amnesty's Middle East director.

"In addition, all states should suspend all transfers of military equipment, assistance, and munitions to Israel, Hamas, and other Palestinian armed groups until there is no longer a substantial risk of human rights violations."

He added, "To a large extent, Israel's military offensive in Gaza was carried out with weapons, munitions, and military equipment supplied by the US and paid for with US taxpayers' money. The Obama administration should immediately suspend US military aid to Israel."

Amnesty found that Israel had used artillery designed for conventional battlefields in built-up residential areas. Weapons experts found white phosphorus artillery shells with markings that showed that they came from US manufacturers of munitions.

At a United Nations Relief and Work Agency (UNRWA) school, where 1600 people were sheltering from the fighting, a classroom was hit. Amnesty delegates found remains of 155 mm white phosphorus artillery shells and still smouldering remains of white phosphorus.

Several shells hit a UNRWA field operations headquarters in Gaza city on 15 January, causing a large fire that destroyed tens of tons of humanitarian aid.

White phosphorus is intended to provide a smokescreen for troop movements. Each shell releases dozens of wedges, which ignite on contact with oxygen and can scatter over an area the size of a football pitch.

When it lands on skin white phosphorus burns deeply into muscle and bone and can damage the liver, heart, and kidneys.

Other weapons used by Israeli forces in Gaza included tank shells filled with flechettes—each shell with 5000-8000 darts—which were designed to be used against massed infantry attacks and squads of troops in the open, Amnesty said. An ambulance was hit by a tank shell filled with flechettes.

Also found were remains of a US made Hellfire missile that killed a 12 year old boy and three paramedics who were going to rescue two wounded men in Gaza city.

Lior Ben Dor, spokesman for the Israeli embassy in London, said, "The Israeli Defense Forces utilises only weaponry that is used by other democratic countries, and only in accordance with international law."

Hamas criticised the report's findings as "unjust and unfair." Its spokesman told the BBC, "It [the report] equates the criminal and the victim."

Fuelling Conflict is at www.amnesty.org.uk.

Cite this as: *BMJ* 2009;338:b828

JERRY LAMPEN/REUTERS

Doctors treating this patient at Gaza's Shifa hospital say her burns were caused by white phosphorus shells

on providing drug information directly to the public

For the medical profession, Lisette Tiddens-Engwirda, secretary general of the Standing Committee of European Doctors, welcomed moves to empower patients but emphasised the importance of the doctor-patient relationship.

"Healthcare professionals should remain the principal source of health information to patients," she said. She also warned against a US style "horror scenario" whereby doctors and pharmacists came under pressure from the public to prescribe certain drugs.

Consumers' organisations were even more opposed to the idea. Ilaria Passarani, the head of the health department of the European Consumers' Association, argued that the future legislation was "based on an unworkable distinction between information and advertising." Instead she argued for a comprehensive strategy on health information that would enable patients to choose and compare different treatments.

Paul Woods, the global compliance policy director for the drug company AstraZeneca, said that the draft legislation was close to the industry's position and insisted that information to patients should be judged on its content and effect, not its source.

He noted that nothing in the proposal went further than was already allowed in some European countries. But he questioned how prior vetting of information to the public would work in practice and called for clarification of what types of publication would be included in the proposal.

Cite this as: *BMJ* 2009;338:b894

Roche's vouchers to patients breach regulatory code

Roger Dobson ABERGAVENNY

The pharmaceutical company Roche has breached the British drug industry's code of conduct with a scheme that provided shopping vouchers to young patients as an incentive to use one of the company's products.

The scheme was described as "unacceptable" by the code of conduct panel of the Association of the British Pharmaceutical Industry, which found that Roche breached the code of practice in an adherence and incentive scheme for its cystic fibrosis drug dornase alfa (marketed as Pulmozyme).

"The panel was very concerned about a pharmaceutical company in effect providing cash as an incentive to patients to use its medicine," says a report on the ruling, which followed a complaint from an anonymous Roche employee.

"The panel considered that once enrolled into the programme, and knowing about the £10 [€11; $14] vouchers, patients would be likely to ask their doctor to prescribe Pulmozyme, and thus a breach of the code was ruled. The panel considered that the incentive scheme was totally unacceptable."

In the scheme a doctor would prescribe the drug, which comes in an ampoule with a removable cap. The patient would collect the caps, and for every 30 returned to Roche's agency they would be sent a £10 shopping voucher.

The panel said it noted Roche's submission that daily adherence with dornase alfa was particularly important in cystic fibrosis and that the drug was the only one in its class.

"The panel accepted that there were difficulties with adherence but did not consider the incentive scheme run by Roche was an appropriate means of encouraging patients to take their medicine," says the report. It says there was no guarantee that the children would actually take the drug as prescribed, and they could simply have taken off the tops and collected the vouchers.

The report noted: "The complainant was particularly concerned that if they [the patients] had a side effect and either still remained

Dutch and UK doctors lead in information technology use

Janice Hopkins Tanne NEW YORK

Doctors in the Netherlands and the United Kingdom are leaders in using health information technology, while doctors in the United States and Canada lag behind, according to a study of seven nations by the Commonwealth Fund, a non-profit making organisation that works to advance health systems.

The study covered doctors' use of health information technology in Australia, Canada, Germany, the Netherlands, New Zealand, the United Kingdom, and the United States (*Health Policy* 2008 Nov 26, doi:10.1016/j.healthpol.2008.10.002).

Nearly all doctors in the Netherlands (98%), and most in New Zealand (92%), the United Kingdom (89%), and Australia (79%) used electronic medical records. In contrast, only 23% in Canada, 28% in the United States, and 42% in Germany used electronic records. Practices with five or more doctors were more likely to use electronic records.

The study surveyed a random sample of 6088 primary care doctors in 2006, asking about many points relating to information technology. Based on their answers, the researchers categorised doctors into low, middle, or high users of information technology.

Despite Dutch doctors' high use of information technology, only 11% routinely accessed patient hospital records electronically. However, they were substantially more likely to share patients' medical records with doctors outside their practice.

Doctors in New Zealand were most likely to be able to access patients' records when outside the office. UK doctors were most likely (46%) to provide patients with easy access to their records. New Zealand and UK doctors were more likely than others to use a computerised system to send patients reminders about preventive or follow-up care.

Regardless of where they practised or the practice size, doctors who were high users of information technology were more likely to say that they were well prepared to care for patients with multiple chronic diseases and mental health problems. They were also more likely to use treatment guidelines based on evidence; to give patients with chronic diseases written instructions on how to manage their care at home; and to have a patient safety system for following up adverse events.

Cite this as: *BMJ* 2009;338:b827

New website brings history of medicine into 21st century

Set of 60 miniature heads used in phrenology (1831)

Wendy Moore LONDON

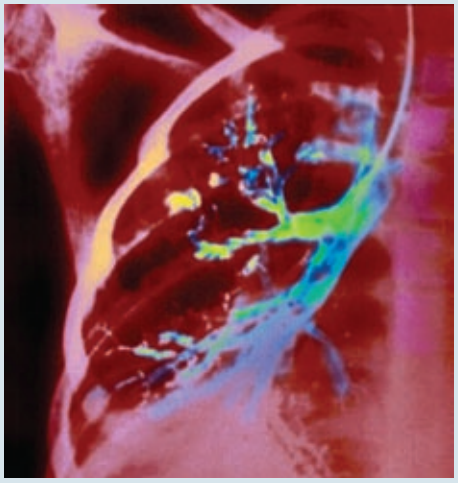
Images of 2500 objects from the history of medicine, ranging from Roman votive statues to René Laennec's stethoscope, have been made available online in a £1m (€1.1m; $1.4m) multimedia project launched by the Science Museum in London this week.

The Brought to Life website (www.sciencemuseum.org.uk), funded by the Science Museum and the Wellcome Trust, features rarely seen artefacts from the massive collection created by the American born philanthropist Henry Wellcome.

Aimed primarily at secondary school pupils and at undergraduate students researching medical history, the site is divided into 10 themes, including surgery, public health, and hospitals, but it also provides biographies of key people in the history of medicine and interactive displays. Ultimately it will feature 4000 artefacts.

"This will probably become the most read medical history textbook in the world," said Robert Bud, principal curator of medicine at the Science Museum.

Cite this as: *BMJ* 2009;338:b900



BSIP VEM/SPL

Coloured chest x ray picture showing the bronchi of a person with cystic fibrosis

on treatment or just wasted NHS money by fulfilling the next prescription without taking the medicines, then this raised concerns over patient safety."

In a statement Roche acknowledged a breach of the association's code of practice. It said, "Adherence to cystic fibrosis treatment is a serious and widespread problem and can lead to patients' worsening, and causing irreversible lung damage. The intention behind the programme was therefore to support patients and help them to understand the importance of taking their medicine appropriately, something which cystic fibrosis experts agreed was urgently needed." The voucher programme is no longer operating.

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

Cite this as: *BMJ* 2009;338:b899

Healthcare workers protest against privatisation in Madrid

Miguel Jara MADRID

A coalition of health professionals and patients was due to demonstrate in Madrid this week against increasing privatisation in the capital's public healthcare system.

The coalition, called the Coordinadora Anti-privatización de Madrid, condemns the People's Party government of the president of Madrid, Esperanza Aguirre, for "developing a healthcare model that dismantles, slowly but surely, the public healthcare system to offer large benefits to construction, finance, and health insurance companies," said Juan Antonio Gómez Liébana, a nurse, sociologist, and member of the coalition.

Since 2004 Mrs Aguirre's government has been promoting a private finance initiative, which has led to the construction of seven hospitals in Madrid. Another four are being planned.

To build the new hospitals the government of the community of Madrid has given construction companies public land to use for at least 30 years and pays the companies rent for managing the buildings. Support services, such as administration, cleaning, sterilisation, food services, gardening, residues, transport, storage and distribution, archives and documentation, and telephone services, are subcontracted to other companies. "Complementary commercial zones"—for example, parking, shops, restaurants, and vending services—are tendered to private companies.

Technology in the hospitals is also subsidised with public money. For example, the computer systems are run by Siemens, General Electric, IBM, Soluziona, or El Corte Inglés, and the oncology technology is managed by Toshiba but paid for by the local Madrid government. A contract for the technical support worth €2.2m (£2m; $2.8m) for the seven hospitals has been awarded to private companies rather than civil servants.

"All this means a huge change of model, as now what matters in the healthcare system is profit," says Mr Gómez Liébana.

The doctors' union, the Federación de Médicos y Titulados Superiores, which for years has collaborated with the Aguirre government by not criticising privatisation or the privately financed hospitals, has finally felt obliged to denounce the way the health service is being run. It has won a judicial challenge that says that the appointment of 1091 doctors by the new hospitals is illegal and that there was "favouritism when the jobs have been given out."

The Madrid government's appeal is waiting to be heard by the capital's High Court. If judges rule that doctors' appointments were illegal, the hiring process will have to be repeated.

In a statement to the *Redacción Médica* magazine, Antonio Burgueño, director general of Madrid Hospitals says, "There will be savings at the administrative level. The model is towards a centralisation of the bureaucracy. There is also the possibility of having hospitals do their purchasing together."

Cite this as: *BMJ* 2009;338:b785

Charities call for "public-researcher partnership" for data

Lizy Cooper BMJ

UK charities involved in clinical research have called for greater public participation in the debate on the use of patients' data, in particular electronic records.

The British Heart Foundation, the Wellcome Trust, and Cancer Research UK warned that clinical trials are being delayed because of problems identifying patients suitable for research projects. Time spent recruiting patients is also eroding the money and time available to spend conducting clinical trials, they said.

Mark Walport, director of the Wellcome Trust, said that patients had "a very strong altruistic view" of the use of their medical records for research.

"Surveys show that most patients want their data to be used," he said. "The big challenge is in gaining public confidence about access to electronic patient records. There has to be some form of partnership to help that debate and move it forward."

Increasing bureaucracy and regulations on consent could drive clinical research out of the UK as costs rise, he warned.

PETER TITMUSS/ALAMY

The researcher is part of the clinical care team

The need for "consent for consent," where researchers have to apply to ethics committees to be allowed to contact patients to ask for their consent to participate in trials, is cutting into valuable research time.

"It's becoming harder and harder to do medical research that would previously have been fairly straightforward to do," said Sir Mark. He cited the Nobel winning discovery that *Helicobacter pylori* causes peptic ulcers as research that would be impossible to do under current consent law because it relied on the testing of tissues collected during routine biopsies.

"One of the dangers is research being viewed as separate from health care. The researcher is part of the clinical care team," he said. Once patients understand this, they are as willing to share their information with researchers as they would with any healthcare worker, he added.

Cite this as: *BMJ* 2009;338:b856