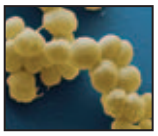


bmj.com New meningococcal A vaccine is being introduced into Africa
UK news Commission is set up to consider law on assisted dying, p 1123
World news US health lags behind other nations despite higher costs, p 1127
For the full versions of articles in this section see bmj.com

NEWS

Staff who dislike NHS reforms should go now, says health chief

Caroline White LIVERPOOL

Staff who strongly dislike the changes created by the government's white paper health reforms should go now, as they will be a "drag" on the health service during its critical transition phase, the NHS's chief executive, David Nicholson, has said.

Speaking last week in Liverpool at the annual conference of NHS Employers—which represents trusts in England on workforce issues—Mr Nicholson urged human resources directors to set in train processes to deal with the three categories of people working in the NHS at this stage of its evolution.

"There are those who essentially hate all this," he said, alluding to the "massive" challenges facing the health service during its transition to GP commissioning consortiums, while at the same time trying to plug a projected £20bn (€23.6bn; $32.3bn) shortfall over the next four years.

"My view about that group is that they should go, because they are not going to help us going forward, and they are going to be a drag on the [new] systems," he said. "It will be better for us and them if they go."

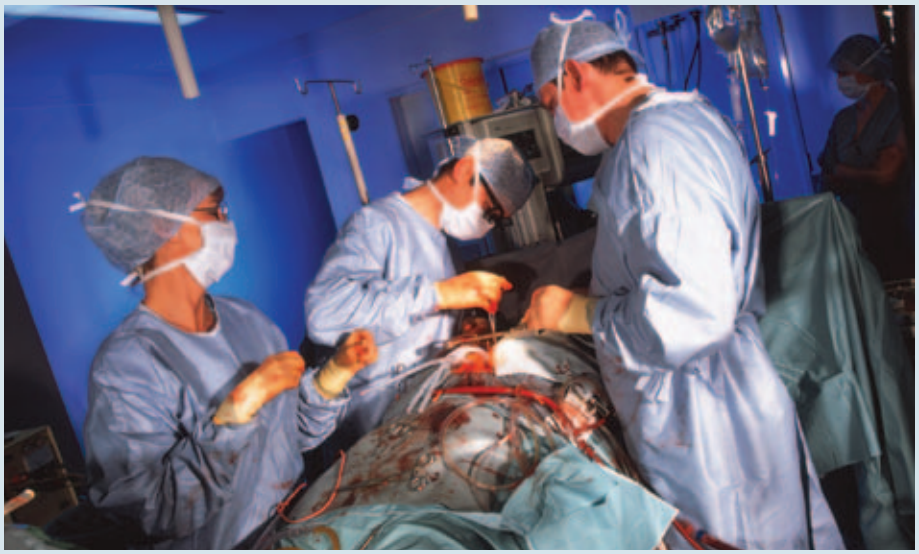
Asked by the *BMJ* whether Mr Nicholson was addressing doctors as well as managers, a spokesman for the Department of Health said that he was.

The second group understood the point of all the changes but had no desire to be part of the new, he said. But they were nevertheless prepared to see the transition through and ensure that the NHS had the best chance of success in 2013. They needed to be enabled to "leave early" and "have some certainty about where they can go," he said.

The third group were right behind the plans to give GPs more autonomy and power. "We need to support them and help them learn new skills to take forward," he said.

But he urged managers to get on with transferring people out of primary care trusts (PCTs) into GP commissioning support roles. And he moved to allay fears that the dissolution of PCTs would open up the NHS to widespread privatisation.

Cite this as: *BMJ* 2010;341:c6630



DEEP LIGHT PRODUCTIONS/SPL

More older people, women, and people with diabetes are having heart surgery

Survival after NHS heart surgery is higher than European average

Zosia Kmietowicz LONDON

Patients undergoing bypass surgery in the NHS have a better chance of surviving than almost anywhere in Europe, shows the first study of outcomes from heart operations across the continent.

Findings from the European Association for Cardio-Thoracic Surgery show that, after adjustment for risk, the in-hospital mortality rate after coronary artery bypass graft surgery in England was 1.8% between 2006 and 2008. In Wales the rate was 1.1% and in Scotland it was 2.2%. The average rate across 25 European countries was 2.4%.

Although it is the fourth time the association has published a report on outcomes of cardiac surgery, this is the first time that data have been good enough to compare countries with the European average.

Since it was set up in 1995 the database has tracked more than a million cardiac operations from 29 countries in Europe and China, including Hong Kong. The latest report contains new data on 400 000 operations. England remains the largest single contributor to the database, with 72 000 cases (18%) in this round of data submissions and 344 000 in total (32%). Some countries, including France, Denmark, the Netherlands, Austria, and the Czech Republic, have submitted no data in this round.

David Taggart, president of the Society for Cardiothoracic Surgery in Great Britain and Ireland, said that a league table of cardiac surgery outcomes across Europe was undesirable because it might deter countries that perform less well from collecting and analysing data in the future. "And we know that if countries analyse and publish data they can begin to drive up results, because they are more likely to examine where the problems are," he added.

The society won the best quality improvement award in the BMJ Group awards earlier this year for publishing data on surgical mortality rates (*BMJ* 2010;340:c1450).

Professor Taggart said that cardiac surgeons led the profession on the issue of transparency and that it was a patient's right to know what outcomes to expect.

The individual country reports show that NHS patients treated in England and Wales spent less time in hospital (an average of less than nine days) than those in other European countries (10 days). About half of English patients left hospital within six days of surgery, compared with nine days in Germany.

The *Fourth EACTS Adult Cardiac Surgery Database Report 2010* is at www.edendrite.com/publishing/reports/Cardiothoracic-Surgery/44.

Cite this as: *BMJ* 2010;341:c6688

IN BRIEF

FDA tells US doctors to stop prescribing propoxyphene: The US Food and Drug Administration has asked doctors to stop prescribing the opioid propoxyphene, marketed as Darvon and Darvocet and in generic formulations. The drug was linked to a raised risk of cardiac arrhythmias and sudden death. It was removed from the UK market in 2005 and the European Union in 2009.

Spanish parents are to be compensated for looking after children with cancer: The Spanish social security system will pay parents of children aged under 18 with cancer and other serious diseases needing hospital admissions. From 2011 parents who reduce their working hours to take care of a child will be partly compensated, a long term demand of patients' associations.

Poundworld is fined for selling defective thermometers: The UK discount retailer Poundworld Retail has been fined £5000 (€5900; $8000) and ordered to pay costs of £9000 for selling defective digital thermometers and other non-compliant medical devices, including bandages, plasters, and sterile dressings, to the UK market.

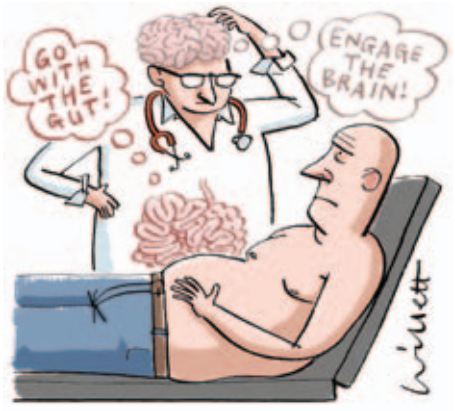
Female genital mutilation becomes less accepted in Africa: A study from Unicef in five African countries shows that although the prevalence of female genital mutilation remains very high in some countries (91% in Egypt in 2008) it is becoming less acceptable. In 1995 82% of Egyptian women aged 15 to 49 thought that the practice should continue, but in 2008 this figure dropped to 63%.

Health effects of bisphenol A are uncertain: Public health measures to remove bisphenol A from food packaging would be "premature," concluded an expert panel convened by the World Health Organization. The organic compound is rapidly eliminated in urine, said WHO, and studies showing adverse effects from low level exposure remain unconfirmed.

FDA warns against adding caffeine to alcoholic drinks: The US Food and Drug Administration has issued a warning to four manufacturers of caffeinated alcoholic "energy" drinks, known as "blackout in a can" drinks, after a review found an association with "risky behaviors that may lead to hazardous and life-threatening situations." The addition of caffeine to alcoholic beverages constitutes an "adulterated" product, said the regulator.

Cite this as: *BMJ* 2010;341:c6690

Think rationally rather than intuitively when making diagnoses



Rebecca Coombes BMJ

Diagnostic errors—the most common reason for patients to sue doctors—occur partly because doctors depend too much on their intuition when making clinical decisions, a conference on safety heard last week.

Pat Croskerry, professor in emergency medicine at Dalhousie University, Halifax, Nova Scotia, and a doctor of psychology, said that doctors were too quick to base their clinical decisions on intuition rather than on rational analysis. "Our intuition will always override analytical reasoning. We prefer to be in the intuitive mode; it is comfortably numb, but it gives you a misplaced feeling of security," he said at a conference on patients' safety hosted by Great Ormond Street Hospital for Children and supported by the *BMJ*.

"The diagnostic failure rate approaches 15%. This is staggering. But this fact is only just beginning to get some sort of momentum now," said Professor Croskerry.

He presented data from CRICO/RMF, a hospital insurance company in New England. An analysis of more than 1000 legal actions against doctors from 2002 to 2006 showed that the largest number of cases was in the area of failed diagnosis—including wrong, delayed, and missed diagnosis. More than 25% of malpractice cases were because of a failed diagnosis, rather than surgical, obstetric, or medication errors.

Professor Croskerry said, "You see these same data replicated around the world. The gap is even more dramatic in Canada, where diagnostic errors are head and shoulders above anything else; and the Medical Defence Union data shows that in the UK two thirds of claims against family doctors who end up in a medicolegal action are in the area of failed diagnosis."

But he said that diagnostic errors were rarely because of a "knowledge deficit."

"It is not because a doctor didn't know enough

Integration of care should be at heart of NHS reform, says King's Fund

Helen Mooney LONDON

The UK government must promote the "right kind of competition" to ensure that the NHS is able to further integrate care for the benefit of patients, says a report from the health think tank the King's Fund.

It warns that the reforms outlined in the government's *Equity and Excellence* white paper, published in July (*BMJ* 2010;341:c3796), need to encourage more integration of care to improve outcomes for patients.

Chris Ham, the chief executive of the King's Fund and the report's lead author, told the *BMJ* that the government's current proposals risked further fragmenting NHS providers of care, making integration more difficult.

He said, "If the government wants to promote more of a market and competition in the NHS it is important to talk about what are the right and wrong kinds of competition, and if the white paper is implemented as planned we will end up with the wrong kind of competition.

"What we need is a greater integration of providers . . . so patients and the public have a choice of providers with integrated services."

The report calls for clinical and service integration—rather than the integration of NHS organisations—to be put at the heart of moves to reform the health service. It warns that any changes to structures, funding, and regulation must allow integrated services to grow.

It also argues that the new GP consortiums could be in the vanguard of moves to integrate services. It says that GPs, as lead commissioners, will be well placed to use their control over budgets to provide a wider range of services in the community and meet patients' needs better, but it warns that GPs need to work with other professionals to avoid conflicts of interest.

The report highlights the work of Torbay Care Trust, where integrated health and social care teams aligned with general practices in 2005 to establish an integrated care organisation.

Clinical and Service Integration: The Route to Improved Outcomes **is available at www.kingsfund.org.uk.**

Cite this as: *BMJ* 2010;341:c6687

about a disease process to make that diagnosis but that they simply didn't think of it or something diverted them—something the patient said, or something in the context—from the fact that this was an atypical presentation," said Professor Croskerry.

Doctors were prone to miss atypical presentations because their brains were switched to the "intuitive mode."

"Our intuitions work very quickly. Most doctors work under time pressures, and it is very appealing to act on the fact that 'my gut is telling me something.' Most of the time we default into intuitive mode; it is a comfortable place to be, it is reflexive, and it often serves our purpose. Our intuitions mostly serve us well, but they are occasionally catastrophic."

He spoke of a 54 year old man who presented at a local walk-in clinic complaining of abdominal pain, blaming it on constipation. "That particular clinic had been going full out, all day long, and this guy comes in at the last minute and says he's been constipated for four days and has tried various different laxatives," said Professor Croskerry. The doctor sent the patient away with a prescription for a more powerful laxative. He later collapsed and died of a ruptured abdominal aorta.

"Our first response is an intuitive response, and you have to suppress that sometimes, especially in medicine," he said.

Cite this as: *BMJ* 2010;341:c6705

Commission is set up to consider law on assisted dying

Clare Dyer BMJ

An independent commission headed by the former lord chancellor Charles Falconer is to consider whether the law should be changed to allow assisted dying in England and Wales.

Terry Pratchett helped pay for the commission

The 12 person commission, which is expected to report in October 2011, will consider what system, if any, should exist to allow people to be helped to die and whether any changes in the law should be introduced.

The names of the other members—who include ethicists, doctors, lawyers, and law enforcement professionals—will be announced when the commission is launched on 30 November with a call for evidence at the independent think tank Demos in central London.

Lord Falconer told the *BMJ* that the idea for the commission came from Dignity in Dying, which raised the money for the commission from the best selling novelist Terry Pratchett, who has Alzheimer's disease, and from the businessman Bernard Lewis. It will be run by Demos.

But he added, "I and every single other person on the commission only agreed to participate in it on the basis that we were to be completely independent . . . Neither those who are funding it nor Dignity in Dying nor Demos have any influence on the result."

He said it was currently against the law in England and Wales to help somebody with a terminal illness to die. People who helped loved ones go to Switzerland, where assisted suicide was lawful, were committing a major criminal offence in this country, although the director of public prosecutions had issued guidelines saying that he would not enforce the law in certain specified circumstances.

"Is that the right solution? It might be, in the sense that the full might of the law being there in the background might be the way to stop people over-persuading relatives, etc. I wonder if it is," Lord Falconer said.

"If it's not the right way, then what the commission wants to look at is what are the practical ways that you can assist people."

Cite this as: *BMJ* 2010;341:c6622

GMC clears former BMA chairman of most charges

Clare Dyer BMJ

The previous chairman of the BMA failed to take part in the postoperative care of several patients and failed to participate in multidisciplinary meetings to discuss patients' care, a General Medical Council panel has held.

Jim Johnson, a former consultant surgeon at North Cheshire Hospitals NHS Trust, was also found guilty of failing to administer intraoperative heparin when he should have done and failing on one occasion to explain that an operation carried a risk of leg amputation.

BRUNO VINCENT/GETTY IMAGES

Jim Johnson admitted that, in one case, he failed to respect the skills and contribution of colleagues

The GMC's fitness to practise panel also found that he agreed to perform a femoropopliteal bypass in one case without discussing angioplasty as an alternative, when he knew or ought to have known that a bypass was not surgically appropriate. He also attempted to perform a gastroscopy when he knew that the patient had not signed the consent form and failed to obtain up to date vascular imaging in one case.

But he was cleared on the majority of the charges he faced over his treatment of 14 patients between June 2006 and January 2008, including some of the most serious charges.

In one case he admitted that he failed to respect the skills and contributions of colleagues in the operating theatre and to treat them fairly and with respect. But charges that he shouted at a patient and the staff members assisting him on another occasion were withdrawn by the GMC.

He was also cleared of making misleading statements to a coroner's officer over the death of a patient after an operation and of sewing up a wound knowing that a surgical clip was missing.

Opening the case in September, the GMC's lawyer, Andrew Colman, described Mr Johnson as "a caricature of surgical arrogance." Newspaper reports highlighted an incident when he struck a house officer in the forehead with a needle in the operating theatre.

The GMC accepted that the incident was accidental but accused him of failing to take care of his hand movements. But the house officer gave evidence that her head had probably been too close, and he was cleared on that charge.

The GMC alleged that the pressure of his BMA role, which he held between 2003 and 2007, led to his failures to involve himself in patients' postoperative care.

In one case in which he was found at fault, the panel said that it took account of its expert, who said, "Everything suggested that this was a staff grade driven operation which was then undertaken by Mr Johnson, who had almost no input preoperatively or perhaps postoperatively."

The panel will now go on to consider whether Mr Johnson's fitness to practise is impaired.

Cite this as: *BMJ* 2010;341:c6667

New HIV infections fall by a sixth in a decade, latest figures show

John Zarocostas GENEVA

From 1999 to 2009 the number of new infections of HIV fell worldwide by 16%, says a report by UNAIDS, the joint United Nations agency on HIV and AIDS. Greater use of effective antiretrovirals has also resulted in fewer AIDS related deaths, it says.

The fall in new infections between 2001 and 2009 exceeded 25% in 33 countries, including 22 in sub-Saharan Africa, says the report. However, in seven countries—five in eastern Europe and central Asia—the incidence of HIV rose by more than 25% in the same period.

Michel Sidibé, executive director of UNAIDS, said, "We are breaking the trajectory of the AIDS epidemic with bold actions and smart choices.

"Investments in the AIDS response are paying off, but gains are fragile. The challenge now is how we can all work to accelerate progress."

SVEN TORFINN/PANOS

A patient with HIV in Arua, Uganda, is examined by a doctor from the charity Médicine Sans Frontières

Mr Sidibé also expressed concern that growth in funds to combat the disease "flattened for the first time in 2009."

The agency's 2010 report on the global AIDS epidemic says that last year international donors and governments provided $15.9bn (£10bn; €11.8bn) for the global HIV and AIDS response, $10bn short of the $26.8bn needed.

The gap between need and availability of resources, it warns, "is widening at a time of fiscal constraints."

The report estimates that worldwide 33.3 million people were living with HIV in 2009, up from 26.2 million in 1999. The number of new infections in 2009 was 2.6 million, down from 3.1 million a decade ago. And 1.8 million people died from AIDS related causes, down from 2.1 million in 2004.

The report, which draws on new data from 182 countries, says that in 2009 sub-Saharan Africa had the highest burden, with 22.5 million people with HIV, 68% of the world total; 1.8 million new infections (substantially less than the 2.2 million infected in 2001); and 1.3 million AIDS related deaths.

Last year 5.2 million people in low and middle income nations had access to antiretrovirals. However, this represents only 35% of those eligible under new WHO guidelines issued in 2010.

The report is at www.unaids.org.

Cite this as: *BMJ* 2010;341:c6739

HIV drugs halve infections in men who have sex with men

Bob Roehr WASHINGTON, DC

Once a day treatment with two standard antiretrovirals offers significant protection against infection with the virus, a large trial has found.

The international pre-exposure prophylaxis initiative trial, published on 23 November in the *New England Journal of Medicine* (doi:10.1056/NEJMoa1011205), took place in six countries on four continents.

The trial enrolled 2499 high risk men or transgender women who have sex with men, randomising them to receive once a day dosing of either the combination treatment of tenofovir with emtricitabine (marketed as Truvada) or placebo. The analysis was based on a median use of the drug of 1.2 years.

HIV disproportionately affects men who have sex with men, who constitute about half of all infected people in developed countries. In sub-Saharan Africa men who have sex with men are at least four times more likely to become infected with the virus than heterosexual men.

This large prevention study focusing on the high risk group of men who have sex with men found that the intervention reduced the incidence of new infections by 44% (95% confidence interval 15% to 63%; P=0.005).

Detailed analysis suggests that most of the infections that occurred among those receiving the drug were due to poor adherence. Those who took at least half of their doses had 50.2% fewer infections than the placebo group, while those who took at least 90% had 72.8% fewer infections.

The lead investigator, Robert Grant, from the Gladstone Institute at the University of California, San Francisco, said that the researchers asked participants to report their compliance but also tested for concentrations of the drug in the blood of those who became infected.

Thomas Coates, a researcher in HIV prevention at the David Geffen School of Medicine at the University of California, Los Angeles, said that the response was not good enough to signal immediate widespread adoption of this approach as a prevention intervention, particularly given the cost of the treatment.

Cite this as: *BMJ* 2010;341:c6737

ALBERTO PIZZOLI/AFP/GETTY IMAGES

Pope's comment on condom use is a "significant and positive step" towards HIV prevention, say activists

Bob Roehr WASHINGTON, DC

Condom use can be justified in some situations to help stop the spread of HIV, said Pope Benedict XVI in a comment that seemed more off the cuff than a formal change in policy. It came in a book published this week in Germany, excerpts of which appeared in a newspaper in Rome on 20 November.

The example cited by the 83 year old pontiff—a male prostitute using a condom "where this can be a first step in the direction of a moralisation, a first assumption of responsibility"—was both curious and limiting.

The pope also said that condoms were not "a real or moral solution" to the HIV epidemic.

The Vatican was quick to back away from any broader reading of the pope's comments, without specifically denying them. It said in a prepared statement issued soon after the newspaper article's appearance that the remarks are not "reforms or changes" in the church's teaching.

The Catholic church's prohibition of condom use lies in its views prohibiting sex outside marriage and a prescription against contraception.

Most observers have tended to make the best of the situation and spin

Countries must cut user fees for healthcare to increase access for the poor, WHO says

John Zarocostas GENEVA

The world's healthcare systems are estimated to be wasting between 20% and 40% of their resources, but smarter spending and tackling leakages could increase healthcare coverage of their populations by similar amounts, says a new World Health Organization report.

The study also says that more than a billion poor people, mostly in poor nations, don't have access to the health services they need because they can't afford to pay for them.

"In ethical terms, no one in need of healthcare, whether curative or preventive, should risk financial ruin as a result of paying for this care," said Margaret Chan, WHO's director general, at the launch of the report in Berlin this week. The report says, "Worldwide, about 150 million people a year face catastrophic health costs because of direct payments such as user fees, while 100 million are driven below the poverty line."

A spokeswoman for the UK charity Oxfam, Anna Marriott, said, "It's appalling that hundreds of millions are denied life saving healthcare because they can't afford it."

"Catastrophic" costs, says WHO, are when households have to pay more than 40% of their income directly for healthcare, after basic needs have been met. Such costs can arise not only from expensive medical procedures but also from the steady drip of medical bills for people with chronic disease or disabilities.

The report looks at ways to increase healthcare equity by reducing countries' reliance on fees, said David Evans, director for health systems financing at WHO and the report's lead author.

It advocates reliance on forms of prepayment such as insurance or on paying for healthcare out of taxation rather than on direct, out of pocket payments.

WHO/EURO/IGOR SAPHOZHNIKOV

A patient at the Kirov primary healthcare centre, Uzgen, Kyrgyzstan, has his blood pressure taken. Kyrgyzstan has recently improved its health coverage by changing its health financing methods

In most nations in the Organisation for Economic Co-operation and Development healthcare costs are covered by pooled funds, such as state or private insurance schemes, supplemented by direct payments. Some developing nations, such as Brazil, Ghana, Rwanda, and China, have also recently managed to lower the proportion of direct payments and to increase coverage of people from pooled funds.

WHO's report identifies 10 areas where savings could be made.

"In many settings," it says, "antibiotics and injections are overused, there is poor storage and wastage, and [there are] wide variations in the prices procurement agencies negotiate with suppliers."

Dr Chan said, "Many policies for healthcare financing got the incentives wrong. They encouraged unnecessary tests and procedures, overprescribing of medicines, and longer than needed hospital stays."

Health Systems Financing: The Path to Universal Coverage **is available at www.who.int.**

Cite this as: *BMJ* 2010;341:c6715

the pope's comments towards the ends they favoured.

Michel Sidibé, the executive director of UNAIDS, the joint United Nations programme on HIV and AIDS, called it "a significant and positive step forward . . . [It] recognises that responsible sexual behaviour and the use of condoms have important roles in HIV prevention."

In a statement released by his office Mr Sidibé said, "This will help accelerate the HIV prevention revolution, in promoting evidence-informed and human rights based approaches to achieve universal access goals towards HIV prevention, treatment, care, and support."

The British advocate of gay and human rights Peter Tatchell said, "The pope's concession that condoms may be morally justified to prevent the spread of HIV is a significant modification of the Vatican's traditional hardline stance against all condom use. He seems to be admitting, for the first time, that using condoms can be morally responsible if they help save lives."

Sophie Harman, an expert in global AIDS policy at City University, London, called the pope's change in approach to condoms "a massive boost to the global response to combating HIV. It shows that instead of criticising the Vatican it is important to work with the Catholic church and recognise the beliefs of Catholics living in countries with high HIV prevalence."

Thomas Coates, a researcher in HIV prevention at the David Geffen School of Medicine of the University of California, Los Angeles, joined in the chorus of praise.

"I think it is significant from the perspective of harm reduction, much of which has been centred around syringe exchange [programmes to reduce the spread of HIV]," he told the *BMJ*.

Dr Coates believes that the pope's comment may have an effect in areas of sub-Saharan Africa where the Roman Catholic church has a strong presence that extends beyond the religious sphere to the provision of education and healthcare services. "It may allow them to do more along HIV prevention lines," he said.

Cite this as: *BMJ* 2010;341:c6734

Charity aims to provide pulse oximeters to poor countries

Jane Feinmann LONDON

Taken for granted in most Western hospitals, the pulse oximeter is set to form the centrepiece of an ambitious new initiative of the World Health Organization's "Safe surgery saves lives" programme.

From next year a new charity, Lifebox, will deliver robust, inexpensive pulse oximeters along with educational materials anywhere in the world for just $250 (£160; €180), including postage and packaging (and $25 for a replacement probe). The aim is to save hundreds of thousands of lives by ensuring that every patient undergoing anaesthesia has routine continuous oximetry.

"We now know that around 32 million operations are carried out every year without a piece of kit that is seen as essential in Western operating theatres, recovery rooms, and intensive care wards," said Iain Wilson, president of the Association of Anaesthetists of Great Britain & Ireland, speaking ahead of the announcement of the project at the first global symposium on health systems organised by WHO and held in Montreux, Switzerland, this week.

Research published last month in the *Lancet* (2010;376:1055-61) showed that more than 70 000 of the world's operating theatres don't have the non-invasive monitor. The problem is its prohibitive cost, at $1000 in Western catalogues and two or three times that as they become accessible to hospitals in developing countries, with a further $100 cost to replace the easily broken probe.

Over the past year the Association of Anaesthetists of Great Britain & Ireland has cooperated with the World Federation of Societies of Anesthesiologists and the charity Smile Train, under the leadership of WHO's safe surgery lead, Atul Gawande of Harvard School of Public Health, to develop a low cost, high quality pulse oximeter. Compliant with all international standards, the new machine is virtually unbreakable and runs on rechargeable batteries.

It has been successfully tested in regions of Uganda, Vietnam, the Philippines, and India and will be targeted at charitable private and state funded hospitals, with fundraising drives to buy oximeters for theatres that cannot afford them.

A new website currently under construction will enable clinicians to order the oximeter, along with an educational CD with training materials for self teaching and classroom programmes, with the goal of bringing about a sustained change in practice as well as safe anaesthesia.

The initiative arose when experts in anaesthesia called for the original "Safe surgery saves lives" checklist to be revised to include the recommendation that pulse oximetry be used in all anaesthesia worldwide (*Anaesthesia* 2009;64:1045-8). "We had to insist that the 'Safer surgery' checklist . . . would not work without a pulse oximeter in the operating theatre," said Isabeau Walker, consultant anaesthetist at Great Ormond Street Hospital for Children.

Cite this as: *BMJ* 2010;341:c6649

Indian government warns Indian Medical Association against product endorsements

Ganapati Mudur NEW DELHI

Two doctors in India who had steered the Indian Medical Association into agreements to endorse Quaker oats, Tropicana juice, and a brand of mosquito repellent skin lotion should be delicensed for six months, a government ethics committee has ruled.

The Medical Council of India's ethics committee has said that a former president and former secretary general of the association who had authorised the endorsement agreement should be deprived of their licences to practise medicine for six months. The ruling, announced by India's minister of health and family welfare, Ghulam Nabi Azad, in parliament on Friday, caps a two year campaign by an Indian ophthalmologist who had complained to the council about the association's endorsements.

Under the endorsement agreement reached in October 2007 the association was to receive about $115 000 (£72 000; €84 000) a year for three years from the multinational company Pepsico, the manufacturer of the oats and juice brands, and $57 500 a year for three years from India's Dabur, the manufacturer of the mosquito repellent. Pepsico also agreed to pay about $15 000 to support continuing medical education courses by the association, according to documents submitted to the council.

The agreement allowed the manufacturers to use the association's logo. The juice packet, for instance, has the logo and the words: "IMA recommends eating 5 servings of fruit and vegetables everyday. A glass (200 ml) of 100% fruit or vegetable juice equals one serving of 5 a day."

India's code of medical ethics forbids doctors from endorsing any products.

"This kind of activity is destroying the dignity and honour of the medical profession," said Kankokkaran Vadakke Babu, the ophthalmologist in the southern Indian town of Kannur who complained about the association.

"People in this country still have enormous faith in doctors," said Dr Babu, who is himself a member of the association. "But what is our credibility if the country's largest association of doctors does such things?" he told the *BMJ*.

But senior association officials have said that the punishment proposed for the two doctors is not justified because the government had not clarified, until now, whether the code of ethics that applies to individual doctors also applies to associations of doctors.

"Medical associations in India have endorsed other products in the past, but no one had ever objected," said Vijay Panjabi, a family doctor in Mumbai and vice president of the association.

In May 2004 two senior officials of the association had issued a "certificate of endorsement" to Eureka Forbes for a range of water purifiers. Their letter stated that the products are "in conformity with international standards for providing safe drinking water."

But Dr Babu's complaint appears to have had an effect. In November 2009 the association decided not to enter into any endorsement pacts in the future, Dr Panjabi said.

One of the doctors whose name appears on the agreement said that he had signed on behalf of the association and not as an individual. "We haven't been given an opportunity to explain anything," said Surya Narayan Misra, a surgeon in New Delhi and former secretary general of the association.

Cite this as: *BMJ* 2010;341:c6695

PETE SALOUTOS/JUPPERCUT IMAGES/GETTY IMAGES

Campaigners believe that the WHO safer surgery checklist cannot work without the availability of pulse oximeters in operating theatres. A charity hopes to make them available for $250 each.

Up to a fifth of patients acquire infections in European hospitals

Rory Watson BRUSSELS

The Stockholm based European Centre for Disease Prevention and Control has launched a campaign to alert hospitals to the prudent use of antibiotics at the same time as it has confirmed 77 cases of a new multidrug resistant "superbug" from India.

The centre pointed out that every year up to 400 000 patients across the European Union are infected with organisms that are resistant to several antibiotics. An emerging trend in *Klebsiella pneumoniae*, a common cause of infection, is the proportion of resistance to powerful last line antibiotics such as carbapenems.

Marc Sprenger, the centre's director, said, "Antibiotic resistance remains a serious threat to patient safety, reducing options for treatment and increasing lengths of hospital stay as well as patient morbidity and mortality."

Herman Goossens, from the University of Antwerp, said that the misuse of antibiotics in hospitals was one of the main factors driving resistance. He was commenting on preliminary findings from research involving 17 900 patients in 63 hospitals in 22 countries. The investigation by the University of Antwerp, in collaboration with the Institute of Sanitary Surveillance in France and the Scientific Institute of Public Health in Brussels, found that the proportion of patients who acquire an infection in hospital ranged from 0% to 23%.

"If a hospital has 14% or more, it should look at what is going on, since it could have a problem," suggested Dr Goossens.

He also warned that the superbug problems found in hospitals may now extend to long term care facilities and insisted that it was "not acceptable" that in some nursing homes 20% or more of the residents were taking antibiotics.

To reduce healthcare associated infections, hand hygiene was essential in care settings, he said, and should be encouraged by national and regional campaigns.

As the European Centre for Disease Prevention and Control continues its efforts to highlight the dangers of misuse of antibiotics, it published details on 18 November of the spread of bacterial strains containing the plasmid known as New Delhi metallo-β-lactamase (NDM-1). Bacteria with NDM-1 had resulted in 77 cases and seven deaths in 13 European countries by 4 October 2010. Most cases (51) have been reported in the UK and have been associated with medical treatment in or travel to the Indian subcontinent or the Balkans (*BMJ* 2010;341:c5124).

Dominique Monnet, a senior expert at the Stockholm centre, pointed out that 14 countries now had national guidelines on NDM-1. "There is a large correlation between countries having guidance and instructions on detection and reporting findings," he said.

Details of the campaign are at http://ecdc.europa.eu.

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US healthcare lags behind other nations despite higher costs

Bob Roehr WASHINGTON, DC

The US healthcare system has glaring gaps where it falls far behind other countries in terms of access, quality, efficiency, and health outcomes, according to the International Health Policy Survey.

The 13th annual version of the report by the charity the Commonwealth Fund was released on 18 November in Washington, DC, at an international symposium that brings together experts in healthcare to foster cross national research and collaboration. The paper was published in the journal *Health Affairs*.

Karen Davis, president of the fund, said, "The US spends far more, more than $7500 (£4650; €5470) per capita in 2008, more than twice, on average, what other countries spend that cover everyone."

The rate of spending increases "are on a continuing upward trend that is not sustainable. We are clearly not getting good value for the resources that we allot to healthcare," she said.

The survey was conducted between March and June this year in 11 industrialised countries: Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the US, and the UK.

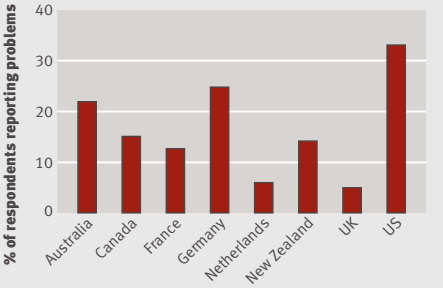
A third of US citizens (33%) went without recommended care because of costs in the past year, it found. Germany (25%) and Australia (22%) followed—while the Netherlands (6%) and the UK (5%) performed best on that measure, said Cathy Schoen, a fund vice president and senior author of the study.

A third of US citizens (35%) were more likely to have out of pocket medical expenses greater than $1000, including 38% who had health insurance.

The survey is at www.commonwealthfund.org.

Cite this as: *BMJ* 2010;341:c6628

PERCENTAGE OF PEOPLE REPORTING COST RELATED PROBLEMS IN ACCESS IN PAST YEAR*



* Percentage of respondents replying "yes" to at least one of "did not fill prescription or skipped doses," "had a medical problem but did not visit doctor," and "skipped test, treatment, or follow-up."

Source: *Commonwealth Fund*