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bmj.com Brain damaged baby dies after court rules that his ventilator may be turned off

US sues company for off-label promotion of drugs for children

Janice Hopkins Tanne NEW YORK

The United States Department of Justice filed a civil complaint last month against Forest Laboratories in a district court in Massachusetts, alleging that the company violated the federal False Claims Act.

The department's complaint says that the company marketed its antidepressants citalopram (marketed in the US as Celexa) and escitalopram oxalate (Lexapro) for use in children when the drugs were not approved for such use, that the company paid inducements to doctors to promote use of the drugs in children, that the company failed to disclose a study showing that Celexa was not effective in children, and that the government was defrauded of millions of dollars because federal health insurance programmes such as Medicaid paid for prescriptions for the drugs that were not covered by off-label paediatric use.

Under the statute, the justice department says, “the government can recover treble damages and \$5500 [£3800; €4000] to \$11 000 for each false or fraudulent claim filed.”

Forest Laboratories issued a statement saying that it was currently reviewing the government's complaint and would respond at the appropriate time. It also said it was continuing its discussions with the government about the investigation.

In a related issue, Forest was at the centre of a controversy last week when it emerged that the *Journal of the American Medical Association* had taken five months to act on criticism that the lead author of a paper published in the journal had not declared a conflict of interests.

A letter from the lead author, Robert Robinson, of the University of Iowa, admitting that he had not disclosed previous funding from Forest, was published in *JAMA* after Jonathan Leo, from Lincoln Memorial Hospital in Harrogate, Tennessee, publicised the details of the conflict of interest in an electronic letter to the *BMJ* (www.bmj.com/cgi/eletters/338/feb05_1/b463#208503).

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MENCAP/PA

Martin Ryan's death could have been avoided had he not been left unfed for 26 days after a stroke

People with learning needs were treated “less favourably”

Zosia Kmietowicz LONDON

Investigations into complaints about the care of six people with learning disabilities in England has found that “significant and distressing failures” in the treatment they received from health and social care services led to the death of one and probably one other.

A lack of leadership and failure to understand disability and human rights legislation at some of the 20 bodies involved in the care of the six people led to them being treated “less favourably than others, resulting in prolonged suffering and inappropriate care,” says the health service and local government ombudsmen who carried out the investigations.

Mencap, a charity for people with learning disabilities, asked the ombudsmen to investigate the deaths of the six people, all of whom died between 2003 and 2005 while in NHS or local authority care.

The charity believed that they all died unnecessarily as a result of receiving substandard care because of their learning disabilities.

The ombudsmen upheld complaints of poor treatment in four of the six cases.

They also criticised the way that complaints were handled by some of the three local councils, 16 NHS bodies, and the Healthcare Commission. Altogether the ombudsmen recommended payments totalling £120 000 (€130 000; \$180 000) to the families whose complaints were upheld. The Healthcare Commission was also asked to apologise for mishandling four complaints.

The ombudsmen's findings “are a shocking indictment of services which profess to value individuals and to personalise services according to individual need,” the report says.

The investigations found that Mark Cannon, who had

severe learning disabilities and epilepsy, died at the age of 30 after three hospital admissions following a broken thigh bone. The ombudsmen concluded that the injury, which happened in a care home run by the London Borough of Havering, could have been avoided and that he should not have died.

The ombudsmen also concluded it likely that the death of Martin Ryan, a 43 year old man with learning disabilities, Down's syndrome, and epilepsy and who was unable to speak, could have been avoided had he not received substandard care. Mr Ryan was left unable to swallow after a stroke and was not fed for 26 days. By the time the team at Kingston Hospital realised what was happening, Mr Ryan was too weak to have a feeding tube fitted.

The report is available at www.ombudsman.org.uk.

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Study shows possible increase in survival from NHS cancer plan

Susan Mayor LONDON

The NHS's cancer plan has achieved small improvements in survival at one year for many types of cancer over the past few years, finds a study looking at trends in cancer survival in England since the plan's introduction in 2000. But it warns that the data do not yet provide definitive evidence of its effectiveness.

When the plan was introduced the United Kingdom had some of the poorest rates of survival from cancer in Western Europe. The plan was designed to improve five year survival in England with the aim of matching the best in Europe by 2010.

Researchers compared cancer survival in England with that in Wales, where a cancer plan was not introduced until 2006. They



Cancer tsar Mike Richards: survival has improved in England and Wales

analysed population based survival in 2.2 million adults who were given diagnoses of 21 common cancers in England and Wales during 1996 to 2006 and followed them up to 2007.

Trends in one year relative survival were compared for diagnoses made in three periods: 1996-2000 (before the cancer plan), 2001-3 (at the start of the plan), and 2004-6.

Their results showed that one year survival improved for most cancers in England and Wales, although not all trends were significant (*Lancet Oncology* doi:10.1016/S1470-2045(09)70028-2). Improvement was greater in England than in Wales in 2004-6, in contrast to the earlier periods.

The study authors, led by Michel Coleman, from the Cancer Research UK cancer survival group at the London School of Hygiene and Tropical Medicine, London, said, "The findings indicate slightly faster improvement in one year survival in England than in Wales during 2004-6, whereas the opposite was true during 2001-3."

Mike Richards, the national cancer director for England, said, "The good news from the study is that, for most cancers, survival has improved over the past decade in both countries."

Cite this as: *BMJ* 2009;338:b1260

Climate change could engulf relief agencies, experts warn

Peter Moszynski LONDON

Global warming is likely to lead to a huge increase in the number and scale of humanitarian emergencies worldwide, senior officials from the United Nations and Red Cross warned last week.

Speaking at a special UK parliamentary meeting on the humanitarian implications of climate change, the UN's emergency relief coordinator, John Holmes, said that international abilities to respond could well be overwhelmed unless immediate efforts towards reducing the risk of disaster are undertaken.

The International Federation of Red Cross and Red Crescent Societies said that climate change could bring "an increase in extreme weather events: more droughts, floods, landslides, heat waves, and more intense storms; the spreading of insect-borne diseases such as malaria and dengue to new places where people are less immune to them; a decrease in crop yields in some areas due to extreme droughts or downpours and changes in timing and reliability of rainy seasons; global sea level rise of several centimetres per decade."

Such events "could mean human displacement on an almost unimaginable scale, which

will overwhelm our capacity to respond," Mr Holmes told the gathering, which was organised by the Overseas Development Institute, a British think tank on international development, as part of a series of meetings on climate change and development in the run-up to the UN's climate change conference in Copenhagen in December.

The number of weather related natural disasters, such as those triggered by hurricanes and floods, has risen in recent years—a trend that the institute warns is set to continue. Changing weather and climate have major implications for agricultural production and food security, "including the prospect of harvest failure and potential famine," it said. "Experts predict loss of productive land, water scarcity, conflict over available resources, and new patterns of forced migration."

Disaster prevention is the "first line of defence against the impacts of climate change," said the Red Cross secretary general, Bekele Geleta, who called for at least a quarter of emergency disaster funding to be put aside for risk reduction and mitigation. He said it was estimated that humanitarian costs could rise 16-fold over the next 20 years as a result of global warming.

Healthcare commission claims it has

Susan Mayor LONDON

A combination of ongoing regulation and targeted investigations of service providers has resulted in significant improvement in the quality of care of patients, the Healthcare Commission, England's healthcare watchdog, has claimed in an assessment of its work over the past five years.

The commission, which is being subsumed into a larger body on 1 April, has assessed the effect of independent regulation on outcomes and quality of care since 2004, when it was set up. It has found "robust evidence from evaluation work that supports the view that regulation has made an important contribution as part of the overall system for improving the quality of care," it says in its report of the assessment.

The percentage of trusts that the commission has rated "excellent" or "good" rose from 46% in 2005-6 to

60% in 2007-8. The report acknowledges that this increase may partly be a result of trusts getting better at "satisfying the regulator," but it argues that the standards and targets for assessment have become tougher over this period.

Performance in meeting a range of government targets, including waiting times for treatment of cancer, admission to hospital for treatment within 18 weeks, and targets concerning care in emergency departments, has also improved significantly since the commission included these measures in performance assessment.

The commission attributes its success to a combination of broad assessment of compliance with standards, "deeper dives" into particular services, and targeted investigations into services where concerns have been raised. "This," the report says, "has allowed the commission to 'flex' its regulatory



Ian Kennedy hopes lessons can be learnt



JOCELYN AUGUSTINO/FEMA

The number of weather related disasters such as Hurricane Katrina has risen in recent years

Pointing out that the number of natural disasters had more than doubled in the past 20 years, Mr Holmes said that “we need to focus more of our efforts on financing and more of our concentration on prevention and preparedness, and on building national and international capacity, rather than regarding the international humanitarian community as the fifth cavalry that is always going to ride over the horizon to save communities

when they are struck by disasters.”

He cautioned that the failure to prepare for the humanitarian challenges presented by climate change could “derail development and threaten global security,” warning that “the stakes are very high,” so “we need to start acting now.”

More details are available from the UN International Strategy for Disaster Reduction at www.unisdr.org.

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succeeded in improving standards

approach in relation to the risks of poor outcomes for people.”

The success of this approach was shown in the number of NHS organisations considering that the benefits of regulation outweighed the costs, says the report. It says that 93% of NHS trusts thought that the “annual health check,” which assesses performance in meeting core standards and national targets, had a positive effect on patient care, and 81% thought it had focused on the safety of patients.

The commission considered that its reviews of particular services, including maternity, inpatient, and mental health services and care of older people, have stimulated improvements.

More than two thirds (70%) of trusts considered that these reviews had positive results for patients.

Investigations into “serious service” failures, including infection control, have also improved safety and the quality of care.

More than a third (35%) of trusts reported that these investigations had a major effect on improving standards in their trust, and 55% reported a positive but smaller effect, the commission found.

Ian Kennedy, chairman of the Healthcare Commission, said, “I hope these lessons can assist in making regulation as effective as possible in safeguarding the public, protecting their rights, promoting better outcomes for people, and supporting those who care for them.”

The commission’s regulatory work in health care will be taken over in April by the Care Quality Commission, which will regulate health care, mental health services, and adult social work in England.

See **NEWS** p 738.

The Healthcare Commission 2004-2009:

Regulating Healthcare—Experience and Lessons

can be found at www.healthcarecommission.org.uk/publicationslibrary.cfm?fde_id=10335.

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NICE calls for end to “reflex” sick notes from GPs in England

Jacqui Wise LONDON

Doctors should not automatically write a sickness certificate and should instead discuss with their patients any barriers to returning to work, says new guidance from the National Institute for Health and Clinical Excellence (NICE).

“A GP could be doing more harm than good by writing a reflex sickness certificate,” said Sian Williams, consultant in occupational medicine at the Royal Free Hampstead NHS Trust and a member of the group that drew up the guidelines. “If someone is off work for six months, there is only a one in five chance of getting them back to work in the next five years.”

NICE’s guidance on long term sickness absence and incapacity for work includes a number of recommendations for employers and GPs and other NHS professionals. The aim is to reduce the number of employees moving to long term absence because of sickness and to promote a return to work.

Dr Williams said, “GPs have sometimes not been quite sure when someone is ready to go back to work. But an individual doesn’t have to be 100% fit to return to work.” She says that the GP or a consultant in occupational health medicine should discuss with patients what they see as the barriers to a return to work, which could be physical or psychological.

“Instead of writing a sick note, the GP could write to the employer and say that the patient could return to work if, for example, they can sit down while doing the job or have regular breaks or travel outside of rush hour,” she suggested.

The guidance recommends that employers identify someone who is suitably trained and impartial to make initial inquiries with the employee to discuss any perceived barriers to returning to work. A plan for return to work should then be developed and agreed with the employee.

Paul Nicholson, chairman of the BMA’s occupational medicine committee, said: “GPs would like to be assured that there won’t be an increase in the burden on them as a result of this guidance, and they don’t want to be in a position of policing absence from work.”

Long-Term Sickness Absence and Incapacity for Work is available at www.nice.org.uk/PH19.

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The number of people infected with HIV in Washington, DC, has risen by 22% since 2006

HIV prevalence in US capital matches some African nations

Janice Hopkins Tanne NEW YORK

The prevalence of HIV infection in Washington, DC, is at least 3% among people aged over 12 years, as high as that in several African countries, a report by the District of Columbia's health department says.

But prevalence is rising because of earlier detection and better treatment, so that people are living longer. The rate of new infections is falling.

A rate of 1% or more is classified as an epidemic by the World Health Organization and the US Centers for Disease Control and Prevention.

The true prevalence may actually be higher, the report from the Washington Health Department says, because studies indicate that a third to a half of those infected do not know they are infected.

Shannon Hader, head of Washington's HIV and AIDS administration, who worked in Africa for the Centers for Disease Control and Prevention, told the *Washington Post*: "Our rates are higher than West Africa. They're on a par with Uganda and some parts of Kenya" (www.washingtonpost.com, 15 Mar, "HIV/AIDS rate in DC hits 3%").

The most severely affected group is men, especially black men, 6.5% of whom are infected. In terms of age, Washington residents in the 40-59 year age groups are disproportionately affected, the report says, with 7.2% of 40-49 year olds and 5.2% of 50-59 year olds infected.

Prevalence is 4.3% among black residents, 1.9% among Hispanic people, and 1.4% among white people.

The number of people infected with HIV has risen by 22% since 2006, the report says.

Nearly 72% of the cases are in men. Among men the most common mode of transmission was sex with another man (37%), followed by heterosexual contact (28%), and injecting drugs (18%). Among women the most common mode of transmission was heterosexual contact, accounting for 56% of cases, though this figure ranged from 42% in "other" ethnic groups (mixed race, Asians, Alaska natives, American Indians, Pacific Islanders, and unknown) to 51% in white women, 58% in black women, and 70% in Hispanic women.

The report says that, among people with AIDS, male to male sexual transmission was the most common mode of infection but that among people with a new diagnosis of HIV infection the most common mode of transmission was heterosexual contact, followed by male to male sexual contact.

The good news, the report says, is that "the number of newly diagnosed cases in Washington has declined since 2003, reaching its lowest point [since then] in 2007 with a rate of 127.9 cases per 100 000 population." However, thanks to earlier detection and better drug treatment, the number of people continuing to live with AIDS rose from just under 1400 per 100 000 in 2003 to 1724 per 100 000 in 2007.

The number of infants in the city born with HIV infection fell from 10 in 2005 to only one in 2006 and one in 2007.

The report is at <http://doh.dc.gov>.

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WHO increases its estimate of TB deaths associated with HIV

John Zarocostas GENEVA

The World Health Organization said this week that more than 450 000 of the people who died from tuberculosis in 2007 were infected with HIV, more than double the estimated global total of 200 000 in 2006.

But it attributed the increase mainly to a big rise in testing for HIV among people being treated for tuberculosis, particularly in Africa. "These findings point to an urgent need . . . to test for HIV in all patients with TB in order to provide prevention, treatment, and care," said Margaret Chan, WHO's director general. "Countries can only do that through stronger collaboration programmes and health systems that address both diseases."

The new expert report from WHO says, "HIV-positive people are about 20 times more likely than HIV-negative people to develop TB in countries with a generalized HIV epidemic (compared with a previous estimate of six)." The new data are direct measurements in 64 countries of the proportion of people with tuberculosis who are also infected with HIV.

In 2007 about 37% of patients with tuberculosis in WHO's African region were tested for HIV, up from 4% in 2004 and from 22% in 2006, says the report.

The report is available at www.who.int/tb.

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Trial vaccine may



The type of Ebola virus the scientist was working with is lethal in 90% of infections

Pope's claims that condoms exacerbate HIV and AIDS problem attract wide condemnation

Bob Roehr WASHINGTON, DC

Pope Benedict XVI has disparaged the use of condoms as a tool to rein in the AIDS pandemic. "You can't resolve it with the distribution of condoms," the pope told reporters travelling with him on his first trip to Africa. "On the contrary, it increases the problem."

The 81 year old pontiff said that abstinence and fidelity within marriage were the solutions in the fight against AIDS.

Numerous African clergy and lay people have long urged the pope to ease the Catholic church's prohibition on condom use within the context of HIV prevention.

Criticisms of the pope's comments were immediate. A spokeswoman for the Treatment Action Campaign in South Africa said, "The pope's comments are irresponsible. The evidence that consistent condom use is effective at reducing the risk of HIV transmission is incontrovertible." Rebecca Hodes cited several studies showing that condoms, when used properly and consistently, can be highly effective at preventing the spread of HIV.

She said that the pope's "opposition to condoms conveys that religious dogma is more important to him than the lives of Africans."

A *New York Times* editorial on 17 March said that the pope "deserves no credence when

he distorts scientific findings about the value of condoms in slowing the spread of the AIDS virus" (www.nytimes.com, "The pope on condoms and AIDS").

It called his statement "grievously wrong." Citing a meta-analysis by the Cochrane Collaboration, it said: "There is no evidence that condom use is aggravating the epidemic and considerable evidence that condoms, though no panacea, can be helpful in many circumstances."

In the United Kingdom *The Times* echoed that position. It called the pope's views "a threat to public health . . . [and a] guaranteed prescription for more funerals" (www.timesonline.co.uk, 18 Mar, "Aids and the Vatican").

Michel Kazatchkine, head of the Global Fund to Fight AIDS, Tuberculosis and Malaria, told France Inter radio that the pope's remarks "are unacceptable—it's a denial of the epidemic."

Several foreign governments have taken the unusual step of criticising the Vatican. Belgium's health minister, Laurette Onkelinx, said that



Abstinence and fidelity are the solutions to AIDS, says the pope

the pope's view reflects "a dangerous doctrinaire vision . . . [that] could demolish years of prevention and education and may endanger many human lives."

A spokesman for France's foreign ministry, Eric Chevalier, said, "While it is not up to us to pass judgment on church doctrine, we consider that such comments are a threat to public health policies and the duty to protect human life."

The US group Catholics for Choice commissioned an independent poll in five nations in 2007 (www.catholicsforchoice.org/documents/BRSPOLLFINAL1.pdf).

To the statement "Using condoms is prolife because it helps save lives by preventing the spread of AIDS" it found support ranging from 59% in Ghana to 90% in Mexico. The Philippines (77%), United States (79%), and Ireland (86%) were the other nations polled.

See OBSERVATIONS, p 745

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CHRISTOPHE SIMON/AFP/GETTY IMAGES



have saved Hamburg scientist from Ebola fever

Annette Tuffs HEIDELBERG

A scientist from the Bernard Nocht Institute for Tropical Medicine in Hamburg who was quarantined for a week because of a possible infection with the Ebola fever virus has left the isolation ward of Hamburg University Hospital. She has been transferred to a normal ward, because she had no clinical signs of infection, and neither the virus nor any antibodies against the virus were found in her blood.

This positive development may be due to the use of an experimental vaccine given to the scientist that has never previously been used in humans. The vaccine virus was found in her blood shortly

after vaccination but vanished within two days, indicating that the patient's immune system had eliminated it.

"She is currently doing well," said Stephan Günther, head of virology at the Bernard Nocht Institute. "However, the Ebola virus can have an incubation period anywhere between four and 21 days, which means she could still fall ill."

The dangerous virus is named after the Ebola River in the Republic of Congo, near where the first recognised outbreak occurred in 1976. Several outbreaks have since occurred, mainly in central Africa.

On 12 March the Hamburg scientist, who had been working

in a high security laboratory on a project to produce antibodies against the Ebola virus, had pricked herself through three layers of safety gloves with a needle containing the virus. The particular virus type is lethal in 90% of infections.

The benign outcome may have been aided by the swift reaction of the international Ebola research community, members of which were contacted by colleagues of the Hamburg scientist. Within 48 hours the scientist was given an experimental attenuated live vaccine against the virus, which had been shown to be effective in monkeys but which had not yet

been tested in humans.

The vaccine was developed by Heinz Feldmann and former colleagues at the National Microbiology Laboratory of the Public Health Agency of Canada, in Winnipeg, Manitoba, along with Boston University virologist Thomas Geisbert, who tested it in macaque monkeys at the US Army Medical Research Institute of Infectious Diseases, Frederick, Maryland.

About 12 hours after vaccination the Hamburg scientist developed a fever and headaches and other clinical signs typical of a reaction to a vaccine, which have subsided since.

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IN BRIEF

Food control in schools helps reduce

overweight: Eliminating all sweets and sweetened drinks and promoting low fat dairy products and wholegrain bread in schools can reduce overweight in 6 to 10 year olds, a study shows. The prevalence of overweight and obesity fell by 3.2 percentage points (from 20.3% to 17.1%) in intervention schools in the Stockholm area, whereas it rose by 2.8% (16.1% to 18.9%) in control schools (*International Journal of Obesity* doi:10.1038/ijo.2009.38).

Help is offered to NHS staff to reduce carbon footprint:

The Faculty of Public Health of the three UK Royal Colleges of Physicians is publishing a new guide on sustainable development to help NHS organisations reduce their carbon footprint (www.fph.org.uk). The guide provides evidence to demonstrate the benefits to public health of taking action and practical guidance on how to act.

“Green nephrology” fellowship

is established: NHS Kidney Care is funding a one year “green nephrology fellowship” (www.greenerhealthcare.org/nephrology-fellowship), an “out of programme experience” for specialist trainees in renal medicine. The successful candidate will receive training in clinical systems improvement and will work with the Campaign for Greener Healthcare and the Renal Association to develop sustainable models of kidney care.

Doctors back alcohol price tariff:

The government’s “peremptory and negative response” to the call by Liam Donaldson, England’s chief medical officer, to set a minimum price for a unit of alcohol was criticised by the BMA’s public health committee at the BMA annual conference last week of public health doctors.

Walmart is to offer doctors an

electronic records system: The giant US retailer Walmart has teamed up with Dell and eClinicalWorks to offer doctors a programme to make their patient records available electronically. The cost will be \$25 000 (£17 000; €18 000) for the first doctor in a practice, about \$10 000 for each additional doctor, and \$4000 to \$6500 a year for maintenance and support. Few US doctors use electronic medical records, and the Obama administration has encouraged their adoption.

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Will “people’s regulator” adopt

Nigel Hawkes talks to **Baroness Young** about her plans for the new regulatory body for health and social care

Nigel Hawkes LONDON

When Barbara Young was asked to chair the new Care Quality Commission, she might have expected the toughest part of the job would be uniting three different regulators: the Healthcare Commission, the Commission for Social Care Inspection, and the Mental Health Act Commission. But last week’s report into care at Mid-Staffordshire NHS Foundation Trust (*BMJ* 2009;338:b1141) shows that much more than that needs to be done and raises questions about the whole structure of regulation she has inherited.

Mid-Staffordshire was deemed “fair” by the Healthcare Commission in 2006-7 and “good” in 2007-8—but “appalling” last week, after the commission had carried out a detailed investigation prompted by patients’ complaints. This was a trust that was considered good enough to be awarded foundation status by Monitor, the regulator of foundation trusts, in apparent ignorance that it was already under investigation by the commission; and a trust that was defended from criticism by the regional strategic health authority, NHS West Midlands, whose chief executive, Cynthia Bower, had been hand picked by Baroness Young to be her chief

executive at the newly formed commission.

All in all, hardly a textbook example of good regulation or joined-up thinking. So is now a good moment to be undertaking a major reorganisation that was heavily criticised last year on its passage through the House of Lords as pointless and misconceived? Baroness Young defends it stoutly but rather gives the game away by insisting that this must be the last reorganisation of health and social care regulation for at least a decade. “Let’s not do it again,” she pleads. “Regulators need time, and there have been far too many changes. People out there are getting pretty pissed off.”

Her task is to combine three organisations with very different regulatory models, and that are responsible for services with different structures and traditions, without dropping the plates. It sounds like the job of nightmares, but she is breezily cheerful. “We’re having a ball,” she says. “We have a great staff, and it’s a really important job.” That said, she admits she is planning to give a prize to the first person who, unbidden, tells her she is lucky to have such a wonderful job. For the moment, it remains unclaimed.

Her vision remains hazy. Speaking to the

Luxembourg is to become third country to allow euthanasia

Rory Watson BRUSSELS

Luxembourg has become the third European country, after the Netherlands and Belgium, to legalise euthanasia in certain cases. The new legislation, which is accompanied by a parallel text on palliative care, will enter into force on 1 April.

The law stipulates that doctors who carry out euthanasia and assisted suicides will not face “penal sanctions” or civil lawsuits as long as they first consult a colleague to ensure that the patient has a terminal illness, is in a “grave and incurable condition,” and has repeatedly asked for the right to die.

Within eight days of helping a patient to end his or her life, the doctor must fill out a questionnaire and submit it to a committee of nine members, who will verify whether the various procedures were correctly followed.

Unlike the Netherlands, which formally approved euthanasia in 2001, and Belgium, which did so a year later, in Luxembourg the legislation was not introduced by the government.

Instead the bill was championed by a Socialist MP, Lydie Err, and a Green party deputy, Jean Huss. Mr Huss, who began to support euthanasia after seeing an uncle die in terrible pain several years ago, explained that the move is designed to remove some of the secrecy from the sensitive issue.

He said, “People would ask me how we could help them and whether we had any addresses in the Netherlands or Switzerland, for instance. Luxembourgers would go abroad, and euthanasia was also practised in secret . . . We wanted a law that would make everything transparent and give people the freedom of choice.”

Although the law was passed by only a handful of votes in the 60 member parliament, opinion polls showed that it was supported by over 70% of the population.

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a heavier approach than former commission?

BMJ before the Mid-Staffordshire report was published, she says she wants to be seen as “the people’s regulator” and hints at changes to the approach used by the Healthcare Commission. “I think we will have a bit more emphasis on ‘sniffing the breeze’ in health care,” she says. “There will be a bit of rebalancing.”

Does this mean more inspection and less data collection and analysis? Mental health and social care regulation both rely heavily on inspection, she says, hinting that health care may have been under-inspected in the “light touch” regime favoured by the Healthcare Commission. Nor is it clear whether the publication of results will continue in the form of the annual “health check.”

“I’m in two minds about that,” she admits. “CSCI [the Commission for Social Care Inspection] has a rolling programme of inspection and publishes the results as and when they have them, rather than as an annual ‘big bang.’” But she acknowledges that annual publication has the virtue of focusing minds and increasing visibility.

The Care Quality Commission will start work without a director of operations and two other directors, finance and human resources. “We have recruited five directors, . . . and we need three more,” she says. “But we’ve got two deputy directors of operations, so we’re not going to fall over.”

The process of shoehorning three organisations into one has not gone entirely smoothly. One union, Prospect, has complained that staffing plans were three months behind schedule, and the Healthcare Commission said at the beginning of February that the handover was a “red risk,” with some basic decisions unresolved. Baroness Young was especially nettled by an issue of the *Health Service Journal* (19 February) that featured on its cover a “CQC health check” listing staff engagement, clear leadership, and use of resources as “weak.” She says: “I stuck it on the wall and threw darts at it.”

Of course some groups of staff were unhappy, she admits. “We don’t need three of everything. We’d reached that stage in the merger when decisions about who we did need were being taken. It would have been strange indeed if there had not been a few bangs and crashes.”

Uncertainty remains over the extent to which general practice will be regulated by the new commission. “The public can judge if they think they are getting a good service—if they can arrange appointments easily and the receptionist is polite,” she says. “But they are less good at judging issues of safety. The level of reporting from GPs to the National Patient Safety Agency is much less than you would expect.”

A ministerial announcement is expected in



PAUL GROVER/REX

Baroness Young expects that the new Care Quality Commission will also regulate GPs

April on the scope of regulation, and Baroness Young expects it to include GPs. But she hopes that an accreditation scheme being worked on by the Royal College of General Practitioners will do part of the job of pushing up quality.

Baroness Young has the experience, the chutzpah, and the charm to make the merger work—despite the evidence in the NHS and elsewhere that mergers seldom achieve what is hoped for. She has been assured by ministers that she will have the independence, too. Does she believe them? “Yes, I think they mean it. The important thing is to demonstrate to the public that the service is not just a series of disaster stories.”

Cite this as: *BMJ* 2009;338:b1193

“Honour killings” are a public health problem for Pakistan



SHAKIL ADIL/AP/PA

A photo of Tasleem Solangi, victim of an honour killing, is held by her mother at a demonstration

Roger Dobson ABERGAVENNY

One in five homicides in Pakistan may be so called honour killings, a new report says.

Over four years around 2000 women were killed, with husbands, brothers, and other close relatives the main perpetrators, says the report in the *European Journal of Public Health* (doi:10.1093/eurpub/ckp021).

The study found that the victims were mostly adult married women and that the main reason for the homicide was alleged extramarital relationships, accounting for 1759 (92%) of the 1902 deaths where a reason was given. In 116 events (6%), however, the reason given for the killing was that the woman had made her own choice about whom she wanted to marry.

“The study highlights the dire and urgent need for further research, systematic data collection and preventive measures in this important area of public health,” the authors wrote. “Clear knowledge about the extent

and the brutal consequences of honour killing may serve to alter traditional practices. Though laws exist for punishment of culprits, they need enforcement.”

The authors say that the extent and nature of the killings have been difficult to estimate, because information is not systematically collected by any health agency.

The study used data collected by the Human Rights Commission of Pakistan through newspaper reports in the country. Local centres of the commission across Pakistan collected the reports, which were then centrally reviewed before being added to a database.

A total of 1957 events—defined as any that caused the death of one or more women in the name of honour—were recorded over the four years. Of the 978 killings in which ages were available, 803 (82%) were adults aged 18 or over, and 175 (18%) were under 18.

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