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NEWS

Civil rights groups decry conviction of Indian paediatrician who pioneered community health

Ganapati Mudur NEW DELHI

A court in the eastern Indian state of Chhattisgarh has sentenced to life imprisonment an Indian paediatrician, public health specialist, and human rights activist, Binayak Sen, who is accused of sedition and unlawful activities but is acclaimed in medical circles for his spearheading of community health activities in some of India's poorest areas.

The additional district sessions court in Raipur, the state capital, convicted Dr Sen, national vice president of the People's Union for Civil Liberties (PUCL), a leading human rights organisation in India, of sedition in a case in which the state had accused him of carrying letters for a jailed Maoist leader.

Dr Sen had spent two years in prison on these charges while he was being tried until he was granted bail by India's Supreme Court in May 2009 after an intense campaign led by Indian and foreign civil rights groups, public health activists, and lawyers (*BMJ* 2009;338:b1864).

Civil rights groups have said that Dr Sen, who was found guilty of sedition and sentenced to life imprisonment by the Raipur court on 24 December, has been a victim of the vendetta of the Chhattisgarh government.

Dr Sen has been charged with being a courier of letters from a jailed Maoist leader, Narayan Sanyal, to Piyush Guha, an alleged Maoist sympathiser. But his supporters believe that he was arrested because he had helped expose human rights violations such as torture and extra-



Protesters demonstrate in New Delhi against the life sentence handed down to Dr Binayak Sen

judicial killings supported by the state.

The PUCL has said not a single jail authority had appeared as a prosecution witness to support charges against him throughout his trial.

"His conviction is an example of the state succeeding in securing conviction of an innocent person on the basis of false evidence," the union said, asserting that it would challenge the conviction in higher courts.

Dr Sen, who had specialised in paediatrics at the Christian Medical College, Vellore, moved to

some of India's poorest tribal areas in the state of Madhya Pradesh in the early 1980s, where he pioneered a model for community health. He had helped train health workers for rural areas and set up a hospital in an iron ore mining zone of the state that lacked government health services.

Amnesty International has described Dr Sen as a "pioneer of healthcare to marginalised and indigenous communities in Chhattisgarh."

Cite this as: *BMJ* 2010;341:c7438

US medical school staff continue to break conflict of interest rules

Janice Hopkins Tanne NEW YORK
ProPublica, an independent, non-profit investigative journalism project, has reported that although medical schools have strengthened their rules about faculty members' interactions with drug companies, some doctors still break their institutions' conflict of interest rules.

The report is part of ProPublica's Dollars for Docs project, which it launched in October 2010 (*BMJ*

2010;341:c6026). It said that some medical schools with tough conflict of interest policies were not checking to make sure faculty members followed the rules. It pointed to Stanford University, among others, saying that faculty members had not disclosed ties to drug and device companies.

ProPublica noted that Stanford University in California was one of the first medical schools to try to separate drug company influence from faculty.

It banned sales representatives, stopped provision of free meals by drug companies and pharma labelled devices, and last year forbade its doctors to give talks sponsored by drug companies. But, ProPublica noted in its story of 19 December, "more than a dozen of the school's doctors were paid speakers in apparent violation of the policy—two of them earning six figures [\$100 000 (£65 000; €76 150)] since last year."

Stanford's dean, Philip Pizzo, said a preliminary investigation had shown some of Stanford's faculty had "understandable reasons for confusion about Stanford's policies," but others "offered explanations... that are difficult if not impossible to reconcile with our policy." See <http://projects.propublica.org/docdollars/>. Dr Pizzo's statement is at <http://deansnewsletter.stanford.edu/>. Cite this as: *BMJ* 2010;341:c7435

IN BRIEF

Top earners are the biggest drinkers:

People in the highest income households are more likely than those in other households to consume more than twice the recommended daily intake (with men drinking more than 8 units and women more than 6 units on at least one day of the past week), the 2009 Health Survey for England has found. More top earners (23%) also drink on five or more days a week than those living in the lowest earning homes (14%).

Canadian doctors are concerned about using marijuana for medical purposes:

The Canadian Medical Association is advocating for the same safety and evidence standards to apply to medical marijuana as to pharmaceutical products. It emphasises that marijuana should not be used for medical purposes without clear scientific evidence.

FDA no longer recommends bevacizumab for breast cancer:

The US Food and Drug Administration has recommended removing breast cancer as an indication from the labelling for bevacizumab (Avastin) after a review of data from four clinical studies showed that the drug doesn't prolong survival or slow the disease enough to outweigh the significant risks the drug poses to patients.

Polypill trial begins: A trial to test whether the "polypill" can prevent heart attacks and strokes in people with no history of heart disease began on 4 January by researchers at the Wolfson Institute of Preventive Medicine at Queen Mary, University of London. The pill contains simvastatin, losartan, hydrochlorothiazide, and amlodipine. The idea of a polypill to prevent heart disease was proposed in the *BMJ* in 2003 (2003;326:1419).

NHS pays too much for supplies: John Neilson, managing director of NHS Shared Business Services, has said that the NHS wastes more than £1bn a year, or 12% of its purchasing budget, by paying too much for supplies, from stationery to surgical instruments. Trusts pay very different prices for the same products, he told the *Times* on 3 January. NHS Shared Business Services was formed in 2005 to outsource back office functions and now has almost 700 employees in India.

Cite this as: *BMJ* 2011;342:c7471

Immunity for expert witnesses is under threat from court case

Clare Dyer *BMJ*

Expert witnesses could lose their longstanding immunity from being sued for negligence, in a test case that goes to the UK Supreme Court on 11 January.

The case has been brought against a consultant clinical psychologist, but the judges' eventual ruling will apply to all expert witnesses.

Paul Wynne Jones sued the psychologist Sue Kaney, his own expert witness in a road traffic incident case, claiming that he had to settle the case for substantially less than expected because of her alleged negligence.

The case has "leapfrogged" the Court of Appeal and gone directly from the High Court to the Supreme Court because the appeal court

is bound by a decision of its own in a 1998 case upholding witness immunity.

Dr Kaney's original report said Mr Jones had post-traumatic stress disorder, but the psychiatrist appointed by the driver's insurers disagreed and believed he was exaggerating his symptoms.

The two experts had a telephone discussion after a judge told them to get together and prepare a joint statement. After the discussion, the psychiatrist drafted a joint statement and sent it to Dr Kaney.

She returned it signed without amendment, even though it stated, "Dr Kaney found Mr Jones to be very deceptive and deceitful in his reporting," and said both experts agreed that his psychological reaction was not post-traumatic stress disorder.

Dr Kaney later said the joint statement did not agree with what she had said in the telephone conversation, but she had felt under some pressure in agreeing the statement.

Cite this as: *BMJ* 2010;341:c7337

More than 700 people are hospitalised for critical care treatment as flu cases surge

Zosia Kmietowicz *LONDON*

Pressure on UK hospitals rose sharply in the last week of 2010 as the number of people with flu in critical care (intensive care and high dependency) more than doubled, rising to 738 in the week ending 30 December from 460 in the previous week. Of the people receiving critical care treatment 42 were children under 5 years, said the Department of Health of England.

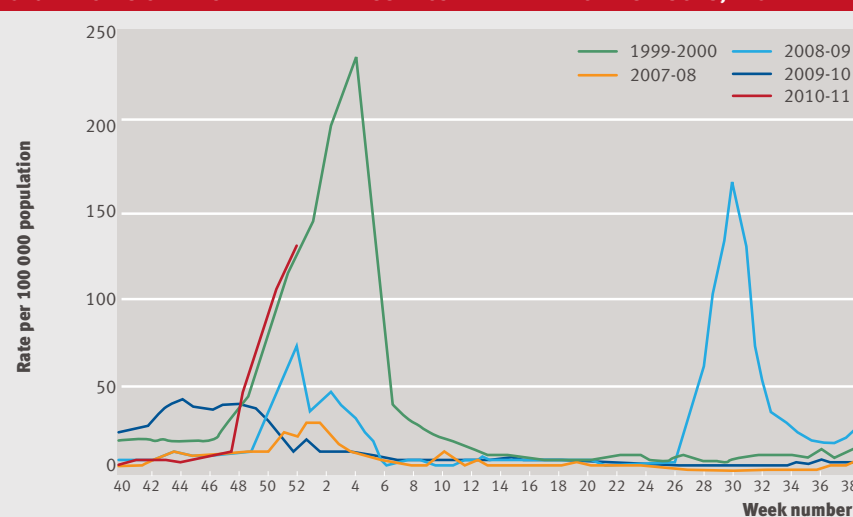
As the *BMJ* went to press on Tuesday latest figures showed that 12 people in the UK died from flu in the week ending 30 December, bringing the total number of deaths since the flu season

began in October to 39. According to the Health Protection Agency 36 of the flu deaths were from the H1N1 (2009) strain, and three were from influenza B. All patients except one were under 65 years and four were under 5 years.

Information on 38 of the people who died is available and shows that 23 (61%) were in at-risk groups for vaccination. Only two of 33 people for whom information was available are known to have received the vaccine.

The surge in cases has prompted England's chief medical officer to ask the Joint Committee on Vaccination and Immunisation to review the

GPs' REPORTS OF INFLUENZA-LIKE ILLNESS IN CURRENT AND RECENT SEASONS, ENGLAND AND WALES



Source: Health Protection Agency (RCGP data)

GP consortium agrees partnership with private firm to run referral service from February 2011

Adrian O'Dowd LONDON

Concerns have been raised over an early deal signed between one of the new pathfinder GP commissioning consortiums and the private firm UnitedHealth UK.

The referral management deal with UnitedHealth UK has been jointly agreed by the NHS Hounslow primary care trust and the London based Great West Commissioning Consortium.

The trust said that this was an innovative new service to support GPs in their new role as commissioners and to improve the quality of referrals. But the BMA said that it was disappointed



Dr Nicola Burbidge:
the scheme will ensure patients are seen by right people

at this early partnership between a consortium and the private sector.

NHS Hounslow said that the "referral facilitation service" had been developed with local GPs—with the blessing of all the area's 57 general practices—and would handle all referrals, including consultant to consultant referrals, from February 2011. It will act as a first port of call for GPs or hospital consultants when making an outpatient referral.

The trust said that referral guidelines had been developed with local GPs and consultants and that the service would be subject to peer review and a feedback programme for local GPs.

United Healthcare, part of the global health-care company UnitedHealth Group and which has worked with the NHS since 2002, was selected to run the service after a competitive tender process by a selection panel that included local GPs and patients. The service is expected to deliver net savings of £1.5m (£1.7m; \$2.3m) over three years by improving use of services.

Nicola Burbidge, a GP in Chiswick, west London, and chairwoman of the Great West Commissioning Consortium, said, "The referral facilitation service will make sure patients are seen directly by the right service, as agreed by local clinicians."

Cite this as: *BMJ* 2011;342:c7470

latest data and advise whether the current recommendations saying who should receive the flu vaccine are correct.

The health secretary, Andrew Lansley, relaunched the Catch it, Bin it, Kill it campaign on 1 January to try to reduce the spread of flu.

Figures from the Royal College of General Practitioners' Research and Surveillance Centre show that in the week to 26 December there were 124.4 cases of flu per 100 000 population in England and Wales, up from 85.8 during the previous week. The numbers still fall short of an epidemic, which is defined as 200 cases per 100 000. Children under 4 years are the group most affected with a rate of 184 per 100 000, whereas those over 65 years are the least affected (36 per 100 000).

During the flu pandemic in 2009 there were 474 deaths from H1N1. The rate of consultations peaked in July 2009, with an incidence of just over 150 per 100 000 population.

John Watson, head of respiratory diseases at the agency, urged people in at-risk groups who have not yet received the seasonal flu vaccine to do so. He also advised anyone with symptoms of flu-like illness to get medical advice as soon as possible. The department recommended that GPs should prescribe antivirals to anyone they consider needs them.

Professor Watson added, "Although there were reports of many people during the pandemic only experiencing mild disease, we can't stress enough that flu can be an extremely serious illness for people in at-risk groups, including pregnant women, the elderly, and those with other underlying conditions."

Cite this as: *BMJ* 2010;31:c7459

BMA chairman urges doctors to monitor "unnecessarily ambitious" reforms

Jo Carlowe LONDON

The chairman of the British Medical Association, Hamish Meldrum, has warned that 2011 is likely to be "an exceptionally testing time" and urged doctors to remain "closely involved" in the government's programme of "unnecessarily ambitious" reforms.

In his new year message Dr Meldrum said, "Set against a backdrop of an unprecedented financial challenge, with efficiency savings of at least £20bn [€23bn; \$31bn] being sought in England alone, the government is pushing ahead, at breakneck speed, with an unnecessarily ambitious programme of reform in England.

"I believe there is a continuing need for the profession to remain closely involved in how the NHS develops, in putting our evidence for change forward, and in reflecting how the NHS is delivered differently across the UK.

"As doctors and clinical leaders, your role in dealing with the current demands, protecting the quality of patient care, and helping to ensure the future viability of NHS services will be crucial. I am confident that the profession will rise to the challenge and will do its part to minimise any adverse impact on patients. However, the profession can't do it alone."



Hamish Meldrum said he was especially concerned about "the increasing emphasis on competition and the market"

Dr Meldrum said the government had missed an opportunity to demonstrate that it had "really listened" to the profession and said he had real concerns about aspects of the planned reforms, "particularly the increasing emphasis on competition and the market and the significant risks created by the process of rushed and unnecessarily risky transition, particularly at a time of such financial stringency."

Nigel Edwards, acting chief executive of the NHS Confederation, has also implied that the reforms are not without

risks (*BMJ* 2010;341:c7442). "The government's reforms are extremely ambitious, come with significant risks as the reforms are put in place so quickly, and are based on a number of assumptions in order to work," he told the *BMJ*.

"There are also question marks over whether they have the necessary levers in place to create the system they have in mind. Nevertheless, competition is an important part of the policy mix and has the potential to be a powerful driver for improvement."

Speaking to the *BMJ*, the health minister Simon Burns rejected the idea that the government had not heard the profession's concerns.

Cite this as: *BMJ* 2010;341:c7465

US hospital loses Catholic title after performing an abortion



Bishop Thomas Olmstead excommunicated a nun on the ethics committee of St Joseph's hospital (above)

Janice Hopkins Tanne NEW YORK

St Joseph's Hospital and Medical Center in Phoenix, Arizona, lost its designation as a Catholic hospital in December because it carried out an abortion in November 2009 to save the life of a 27 year old woman with severe pulmonary hypertension.

The woman, the mother of four children, was in the third month of pregnancy. The hospital said her condition was life threatening and decided to end the pregnancy to save her life.

St Joseph's, with 697 beds, is the largest hospital in Arizona. It is part of the hospital group Catholic Healthcare West and does not receive any funding from the Phoenix diocese.

Bishop Thomas Olmstead, head of the Phoenix diocese, excommunicated Sister Margaret McBride, a nun on the hospital's ethics committee who agreed to the abortion, and removed the hospital's Catholic designation.

In November, the bishop told St Joseph's that he would remove his endorsement of the hospital as Catholic unless he received written notice that the abortion violated Catholic policy and the hospital would never again perform an abortion. In a June 2010 statement the United States Conference of Catholic Bishops described the difference between a "direct abortion" to end pregnancy, which is never permitted, and an "indirect abortion," such as an urgently needed procedure to cure a serious condition in a pregnant woman that might have the untoward effect of killing a fetus, which was permitted. Such an operation might be to remove a cancerous uterus, resulting in the unintended and unavoidable side effect of the death of the fetus, the statement says.

In a statement on 21 December 2010 Bishop Olmstead said, "In this case the baby

was healthy and there were no problems with pregnancy. Rather, the mother had a disease that needed to be treated. But instead of treating the disease, St Joseph's medical staff and ethics committee decided that the healthy, 11 week old baby should be directly killed. This is contrary to the teaching of the church." He said the hospital should have tried to save both lives.

Linda Hunt, president and chief executive officer of the hospital, said in a statement, "If we are presented with a situation in which a pregnancy threatens a woman's life, our first priority is to save both patients. If that is not possible, we will always save the life we can save, and that is what we did in this case." She said the decision had been made in consultation with the patient, her family, her caregivers, and the hospital's ethics committee. "Morally, ethically, and legally we simply cannot stand by and let someone die whose life we might be able to save," Ms Hunt said.

St Joseph's Hospital said it was "saddened" by the bishop's decision to remove the hospital's designation as a Catholic facility. It said it would remove the sacrament from its chapel and would no longer celebrate mass in the chapel.

In her statement Ms Hunt said, "Though we are deeply disappointed, we will be steadfast in fulfilling our mission. Our caregivers deliver extraordinary medical care and share an unmatched commitment to the wellbeing of the communities they serve. Nothing has or will change in that regard."

The controversy has raised national questions about whether religiously affiliated hospitals "fulfill their legal duty to provide emergency reproductive care," the *New York Times* said in an editorial (www.nytimes.com, "A matter of life or death", 23 December 2010). It added that "the need to accommodate religious doctrine does not give health providers serving the general public license to jeopardize women's lives."

The American Civil Liberties Union called on the federal Centers for Medicare and Medicaid Services, which provide health insurance to the elderly and many low income Americans, to make sure that Catholic hospitals give emergency reproductive care to pregnant women.

Two anti-abortion groups, Arizona Right to Life and Human Life International, defended Bishop Olmstead.

Cite this as: *BMJ* 2010;341:c7434

Abortions in Spain fell for the first time in a decade in 2009

Aser García Rada MADRID

The number of surgical abortions carried out in Spain fell in 2009 for the first time in a decade, the Ministry of Health announced.

In 2009, there were 111 482 abortions in Spain, 3.7% less than in 2008. Since 1999, when the first statistical data first became available, the number of abortions has been rising year on year.

The minister of health, Leire Pajín, attributed

Canadians seek to reduce ineffective procedures

Barbara Kermode-Scott OTTAWA

Thousands of unnecessary therapeutic knee arthroscopies and vertebroplasties continue to be carried out in Canada despite evidence that they are essentially ineffective, reports the Canadian Institute for Health Information.

In December the institute reported in *Health Care in Canada 2010* that in 2008-9 more than 3600 therapeutic knee arthroscopies were performed in Canadian hospitals, despite mounting evidence from randomised controlled trials that the procedure is of little benefit.

The authors explained that studies suggest that arthroscopies fail to improve patient outcomes or reduce discomfort when used to treat osteoarthritis. Also, a substantial number of patients go on to receive a knee replacement within one year of their arthroscopic surgery. Although the trend in the number of knee arthroscopies is on the decline in Canada, there are still considerable variations in the rates of these surgical procedures across the country. Age standardised rates ranged from a low of 2.8 per 100 000 in Quebec to a high of 36.7 per 100 000 in Prince Edward Island.



More than 3600 knee arthroscopies were performed in Canada in 2008-9

the fall to the decision to allow pharmacies to dispense the emergency contraceptive pill without a prescription from the end of September 2010. She called this measure "extremely effective," adding, "It seems we are on the right track. Sexual education is important, and it is useful to make contraceptive methods available."

Ezequiel Pérez Campos, president of the Spanish Foundation for Contraception, however, told the *BMJ* that as the pill was given over the counter for just three months last year other factors could have contributed to the fall in demand for abortions.

Dr Pérez said that the main reason for the decline was a sharp drop in the number of immigrant women of childbearing age coming to Spain in recent years.

The latest figures show that the largest decrease in the number of abortions occurred among immigrant women (a decrease of 9.2%, compared with an increase of 2.7% in Spanish women).

"The highest percentage of abortions among these women is precisely in the first three years of residence in our country" before they have become acquainted with contraceptive practices in Spain, he explained.

The emergency contraceptive pill has been available under prescription in Spain since 2001 but was made available over the counter as part of the sexual and reproductive health and voluntary interruption of pregnancy law, approved in March 2010 (*BMJ* 2010;340:c1401).

The move caused controversy in Spain as pro-life groups and the Catholic church consider the emergency contraceptive pill an abortive drug. Some doctors raised arguments against it, and a few pharmacists refused to dispense it. Certain groups are also concerned that providing ready access to the pill stops people, especially young people, using other methods of contraception.

According to Dr Pérez sales of the emergency contraceptive pill increased by about 130% between September 2009 and September 2010. He says that around 700 000 doses were taken between January and the end of November 2010, with no major side effects.

Cite this as: *BMJ* 2010;341:c7451

The institute also reported that about 1050 vertebroplasty procedures were performed across Canada in 2008-9, up from about 600 in 2006-7. A substantial number of these procedures were for patients with osteoporotic vertebral fractures. The authors point out, however, that studies indicate that these patients are no better off than those who undergo placebo procedures.

Also, in 2008-9 there continued to be regional variations in the rates of caesarean section and hysterectomy across Canada. Although no agreed benchmarks exist for the appropriate use of these procedures, variations in surgical rates among Canadian jurisdictions indicate that some of these procedures may not be appropriate or necessary, says the institute. In 2008-9 the variation in primary caesarean section rates was almost twofold across the provinces and was threefold across Canada's territories. Rates ranged from a high of 23% of deliveries in Newfoundland and Labrador to a low of 14% in the province of Manitoba and of 5% in the territory of Nunavut.

In the same year, age standardised hysterectomy rates varied almost threefold across Canada's provinces and territories. Rates ranged from a high of 512 per 100 000 women (age 20 years or older) in Prince Edward Island to a low of 311 per 100 000 in the province of British Columbia and a low of 185 per 100 000 in Nunavut. Age standardised hysterectomy rates were substantially higher (46%) for women living in rural areas (464 per 100 000).

Jeremy Veillard, the institute's vice president of research and analysis, said, "When we see these kinds of variations, it is a cue to start asking questions about whether the care being provided is appropriate. Reducing unnecessary surgical procedures is beneficial to the patient, but there are cost implications as well."

Health Care in Canada 2010 is at http://secure.cihi.ca/cihiweb/products/HICIC_2010_Web_e.pdf.

Cite this as: *BMJ* 2010;341:c7436

US Congress gives FDA new powers to regulate food safety

Janice Hopkins Tanne NEW YORK

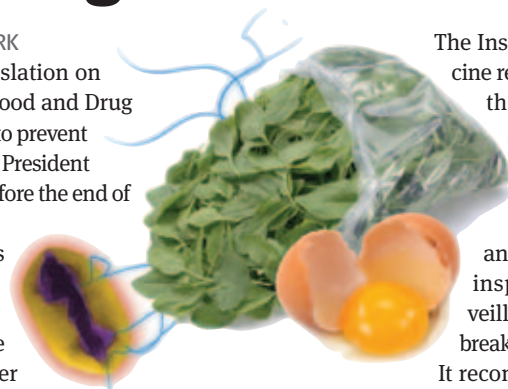
The US Congress passed legislation on 19 December giving the US Food and Drug Administration new authority to prevent foodborne outbreaks of illness. President Obama is expected to sign it before the end of the year.

The law changes the FDA's approach to a prevention strategy rather than reacting to foodborne outbreaks. It is the first expansion of FDA's power since 1938, when the agency was given authority over food, drugs, and cosmetics.

FDA commissioner Margaret Hamburg said the bill would add new levels of responsibility and accountability to producers and importers in the global food supply chain.

The US has had recent outbreaks of disease from contaminated eggs, spinach, tomatoes, peanut butter, cookie dough, and jalapeño peppers. In the past, hamburgers contaminated with *Escherichia coli* caused several outbreaks and a few deaths.

Enhancing Food Safety: The Role of the Food and Drug Administration, a report prepared by the Institute of Medicine at the request of Congress and released in June, said that each year there were about 76 million illnesses caused by contaminated food, leading to around 300 000 hospitalisations and roughly 5000 deaths. The Centers for Disease Control and Prevention (CDC) have different estimates, saying that contaminated food causes about 48 million illnesses and 3000 deaths each year. Such illnesses cost the country \$152bn (£98.4bn; €115.9bn) a year, according to the CDC.



The Institute of Medicine report called for the FDA to take a risk based approach and to set standards for state and federal food inspections, surveillance, and outbreak investigations.

It recommended that

Congress give FDA increased authority to fulfil its food safety mission.

The CDC says that the most common foodborne illnesses in the US are caused by campylobacter, salmonella, *E coli* O157:H7, and Norwalk and Norwalk-like viruses.

The new legislation calls for adding 2000 inspectors to the FDA's staff, increasing the frequency of inspections of farms and food manufacturers, and inspecting about 50 000 US and foreign food production facilities. Farmers and manufacturers will have to keep better records and develop methods to prevent contamination and continue to check to make sure the methods work, although some small producers are not covered. Importers will have to make sure that products and ingredients imported from abroad meet US safety requirements.

For the first time the bill gives the FDA the power to recall foods that it suspects are contaminated.

Enhancing Food Safety is available at <http://iom.edu/Reports/2010/Enhancing-Food-Safety-The-Role-of-the-Food-and-Drug-Administration.aspx>.

Cite this as: *BMJ* 2010;341:c7433