

UK NEWS UK government agrees 1.5% pay rise for NHS doctors and dentists, p 850

WORLD NEWS US doctors sue health plan over claims it underpaid doctors, p 852

bmj.com American Psychiatric Association says no to industry funding for symposiums

Sixteen sites in England will try to integrate health and social care

Helen Mooney LONDON

NHS and social services organisations in 16 pilot sites throughout England are set to work together in a government backed scheme which will explore how services for patients and service users can be improved by integration.

The £4m (€4.4m; \$5.8m) scheme led by the Department of Health will assess the benefits of different models of care and identify where best practice could be rolled out.

The scheme has been designed to “look beyond traditional health and social care boundaries to explore how services for patients and service users can be improved.”

Each of the selected sites has already developed new methods to help respond to particular local health needs, including dementia, care for the elderly, substance misuse, chronic obstructive pulmonary disease, and end of life care.

The pilot schemes will be run over the next two years and will be evaluated against a set of national and local measures, including their impact on health outcomes, improved quality of care, and service user satisfaction.

The health minister Ben Bradshaw said, “We know that patients with conditions like cardiovascular disease frequently have social care needs as well as health ones. This programme provides an opportunity for clinicians working closely with the community more widely to use their on the ground knowledge to design services that are flexible, personalised, and seamless.

“That way, people will get the integrated health and social care they need, all in one place, to help manage their condition effectively.”

The pilots include one at Bournemouth and Poole Teaching Primary Care Trust that will look at a model for delivering care for older people with dementia, involving joint working between GPs, the NHS, and local council and charitable organisations.

See www.dh.gov.uk/en/Healthcare/IntegratedCare/DH_091112.

Cite this as: *BMJ* 2009;338:b1416



JUSTIN LANE/EPACORIS

Emails sent between Merck staff discussed a “list of ‘problem’ physicians that we must . . . neutralise”

Court hears how Merck tried to “neutralise” critics of Vioxx

Ray Moynihan BYRON BAY, AUSTRALIA

The drug company Merck drew up a list of influential doctors and researchers it wanted to “neutralise” and “discredit,” as part of its marketing of the arthritis drug Vioxx (rofecoxib), according to evidence heard by an Australian court this week.

Details of the plans to “neutralise” doctors surfaced during a class action against Merck on behalf of hundreds of Australians who had heart attacks or strokes after taking the drug, which was withdrawn in 2004 after concerns about safety.

Julian Burnside QC, acting for the plaintiffs, read extracts from company emails sent between Merck staff that discussed a “list of ‘problem’ physicians that we must, at a minimum, neutralise.”

The list dates from 1999 when questions were first raised about the safety of rofecoxib, and there was intense competition within the market for cyclo-oxygenase-2 selective non-steroidal anti-

inflammatory drugs. The list included more than 30 US hospital and university based doctors, described in one email as “important from a business perspective in terms of influence and/or prescribing” and “not as supportive of Merck and/or Vioxx as we would like.”

The lead plaintiff in the Australian class action, Graeme Peterson, aged 58, had a heart attack in 2003 after taking rofecoxib for several years. He claims the drug was responsible and that the manufacturer knew of its risks long before it was removed from the market.

Merck and its Australian subsidiary, Merck Sharpe & Dohme, are defending the action, saying they acted responsibly and “Vioxx was not the cause of Mr Peterson’s myocardial infarction.” In a 2007 US settlement, Merck agreed to pay \$4.85bn (£3.3bn; €3.6bn) to people who had a heart attack or stroke after taking the drug, but the company did not admit causation or fault.

Responding to court revelations of company documents listing doctors to be “neutralised,” a Merck legal representative, Colin Loveday, said that there had not been an opportunity to put them in context and that “portions of documents not read in their entirety do not reflect the full facts.”

However, the full text of Merck’s detailed list of doctors, and the methods used to “neutralise” them, is publicly available at an archive of drug industry documents hosted by the University of California at San Francisco (<http://dida.library.ucsf.edu>).

The document shows how Merck used the offer of money for research, education, and funding of medical schools, to attempt to “neutralise” senior doctors.

One case discusses a university based rheumatologist who “requires very large honorarium to talk.”

The case is scheduled to continue for several months.

Cite this as: *BMJ* 2009;338:b1432

IN BRIEF

UN appoints committee to investigate Gaza war crimes:

The United Nations has appointed Justice Richard Goldstone of South Africa, a director of Physicians for Human Rights, to lead an independent fact finding mission to investigate allegations of war crimes and serious human rights violations on both sides during Israel's recent offensive in the Gaza Strip.

Conference calls for eradication of cervical cancer in Africa:

Delegates at a conference organised by Oxford University's Africa-Oxford Cancer Consortium and Cardiff University have issued a declaration calling for collective action to combat and prevent cervical cancer in Africa, the most common cancer affecting women in the continent. "The Oxford declaration" calls for global support to provide the funds and expertise to eradicate cervical cancer in the developing world.

A tenth of health professionals in Spain have been assaulted:

A survey of 1826 health professionals by Zaragoza University has found that 11% have endured physical aggression from patients, 5% on more than one occasion, and that 64% have been victims of threats, intimidation, or insults. Staff in emergency and psychiatry services were the most affected.

MPs call for public inquiry at Stafford Hospital:

The UK health secretary, Alan Johnson, faces a legal challenge over his refusal to hold a public inquiry into failings at Stafford Hospital. Two patients who lost relatives have instructed the law firm Leigh Day & Co to apply for a judicial review of his decision not to set up an inquiry, and more than 150 MPs have signed an early day motion calling for a full public inquiry.

Television food advertisements help promote obesity in children:

Preventing children aged 6 to 12 years from viewing food advertisements on television could lead to a major reduction in obesity, says a new study (*European Journal of Public Health* doi:10.1093/eurpub/ckp039). "From one in seven up to one in three obese children in the USA might not have been obese in the absence of advertising for unhealthy food on TV," it says. The authors say that limiting children's exposure to such advertising could help to make children's diets healthier.

Cite this as: *BMJ* 2009;338:b1454

Reality of cross-border health care in Europe draws closer

Rory Watson BRUSSELS

The possibility of patients travelling to another European Union country to receive hospital treatment and being reimbursed for the costs involved has moved a step closer after a European parliamentary committee adopted a series of amendments to the draft legislation.

The changes, which must still be approved by the full parliament and EU governments, are designed to clarify the original text drafted by the European Commission.

They strengthen the need for patients to receive specific prior authorisation from their health authority if the treatment is to be reimbursed by the home country's social security system.

After several legal rulings, EU citizens now have the right to go abroad for treatment at their own governments' expense, and the new legislation is designed to enable this to happen without causing havoc with each country's health system.

Hence the draft legislation allows governments to introduce a system of prior authorisation, and it is thought that all governments will do so.

The reimbursable health care would also be limited to:

- Health care that requires overnight accommodation of the patient for at least one night, or
- Health care that is highly specialised or



requires use of cost intensive medical infrastructure or medical equipment, or

- Health care that involves treatments that present a particular risk for the patient or the population.

The prior authorisation procedures that governments introduce "shall be based on clear and transparent criteria and shall not constitute a means of arbitrary discrimination or an obstacle to freedom of movement of patients."

When handling requests and deciding whether to grant them, national authorities must take account of "the specific medical condition, individual circumstances, the patient's degree of pain, the nature of the patient's disability, and the patient's ability to carry out a professional activity." Frivolous requests may be turned down.

As now drafted, the legislation will also allow individual countries, and not the European Commission, to define what treatment would qualify as reimbursable hospital care.

Cite this as: *BMJ* 2009;338:b1400

UK government agrees 1.5% pay rise for NHS

Lynn Eaton LONDON

Doctors and dentists working in the NHS are to receive a 1.5% pay rise for 2009-10, the government has announced.

The announcement is in line with the recommendation from the doctors' and dentists' review body (DDRB), but slightly lower than the increase recommended by NHS Employers.

"Doctors will be disappointed at this award," said Dr Hamish Meldrum, the BMA's chairman of council. "They will feel that the pay review body appears to have capitulated to government pressure. While we appreciate that tough decisions have to be taken during this period of economic difficulty, holding back on doctors' pay is not the answer."

The government should be looking at other ways of cutting back on its spending, such as reducing the number of reorganisations, needless advice from management consultancy firms, and in England, the market driven reforms, he said.

In its report, the review body said that it had been a particularly difficult pay round. "With unemployment rising steeply and some employers in the private sector having announced pay freezes, employment in the public sector had become an attractive proposition," said its chairman, Ron Amy. He told the government that the settlement "will be sufficient to recruit, retain, and motivate our remit groups for the coming year."

It means a first year foundation doctor will earn a minimum annual salary of £22 190

WHO calls for countries to develop five year plans to tackle multidrug resistant tuberculosis

Jane Parry HONG KONG

Health ministers and delegations from more than 30 countries have issued a call to action to fight multidrug resistant tuberculosis (MDRTB) and extensively drug resistant tuberculosis (XDRTB).

Unless drug resistant cases are more effectively diagnosed, controlled, and treated, they will impose a huge economic burden and eventually replace drug susceptible strains of the disease, warned delegates at the ministerial meeting of high M/XDRTB burden countries in Beijing, China, from 1 to 3 April.

Of the estimated nine million cases of tuberculosis in 2007, more than 500 000 were caused by multidrug resistant strains, according to an estimate in the World Health Organization's 2009 report on tuberculosis drug resistance. More than half of these cases originated as drug resistant infections rather than becoming drug resistant because of sub-optimal treatment.

"This is the true alarm bell. This tells us that resistant strains are now circulating in the general population, spreading widely and largely silently in a growing pool of latent infection," said Margaret Chan, WHO's director general.

The meeting, organised by WHO in collaboration with China's ministry of health and the Bill and Melinda Gates Foundation, aimed to generate a global political com-

mitment to tackle multidrug resistant and extensively drug resistant tuberculosis and formulate five year national strategic plans for the countries concerned.

At the meeting, Bill Gates announced that the Bill and Melinda Gates Foundation has formed a partnership with China's Ministry of Health to fight tuberculosis in China and will donate \$33m (£23m; €25m) over five years to the effort. China currently has an estimated 112 000 new cases of multidrug resistant tuberculosis a year, second only to India, with 131 000 cases.

The call to action to governments across the world includes a commitment to move towards universal access to tuberculosis care, boosting international collaboration on diagnosis and treatment, and improvements in regulation of tuberculosis drugs.

"Only decisions made at ministerial level can lead to national tuberculosis control programmes, including policy decisions, such as building diagnostic laboratory capacity," said Mario Raviglione, director of WHO's Stop TB department.

Cite this as: *BMJ* 2009;338:b1414



NG HAN GUAN/AP/PA

China will test six interventions among 20 million people in the next two and a half years and scale up the ones that work to 100 million people, said Peter Small, head of tuberculosis at the Gates Foundation

doctors and dentists

(€24 053; \$31 923) while a consultant on the 2003 contract could expect to earn between £74 504 and £100 446.

Despite the fact that the pay rise is 0.5% lower than NHS Employers had recommended, Gill Bellord, its director of pay, pensions, and employment relations, welcomed the deal.

"We believe that the awards strike the right balance in being fair, while recognising both the challenging efficiency requirements that the NHS is being asked to deliver and the current economic climate," she said.

The pay rise takes effect from 1 April 2009.

The 38th report of the review body on doctors' and dentists' remuneration is at www.ome.uk.com.

Cite this as: *BMJ* 2009;338:b1387

Court amends Italy's law on reproduction

Fabio Turone MILAN

The controversial Italian law on assisted reproduction techniques (*BMJ* 2004;328:9) has been amended in part by Italy's Constitutional Court, which has reaffirmed that the health of the woman must prevail over other considerations.

The court published an outline ruling saying that parts of the current law were contrary to constitutional principles. In particular it ruled as unconstitutional the stipulation that a maximum of three eggs could be fertilised at one time and the obligation that all fertilised eggs had to be transferred back to the womb at the same time.

The details of the decision will be published in a few weeks. Meanwhile many members of the centre right coalition govern-

ment have downplayed its practical effects.

Eugenia Roccella, undersecretary for health, told the press: "After this intervention the law is more obscure, but I don't think much has changed. We will have to publish, as soon as possible, new guidelines to eliminate all contradictions."

Many specialists expressed strong satisfaction. Luca Gianaroli, chairman elect of the European Society of Human Reproduction and Embryology, said, "It's a great victory, because the law discriminated against women by obliging doctors to treat them all in the same way."

"The effects of the law have been a general reduction of efficacy and a strong increase in multiple pregnancies."

Cite this as: *BMJ* 2009;338:b1447



Earthquake survivor takes items from a destroyed hospital building in Yingxiu town, China

WHO urges governments to build hospitals that can withstand disasters

John Zarocostas GENEVA

The World Health Organization says in a new report that thousands of lives could be saved if governments around the world were to build safer hospitals, upgrade or refit existing facilities, and train health personnel in disaster preparedness, so that they function effectively during and after calamities.

"In large emergencies, such as those caused by earthquakes or floods, some countries have lost as much as 50% of their hospital capacity, right at the time when life saving services were most acutely needed," said Margaret Chan, WHO's director general.

"It costs surprisingly little to construct a new hospital that can withstand the shocks of earthquakes, floods, or high winds," said

Dr Chan. She added that it costs even less to adapt existing facilities so that services can be kept running at critical times.

Margareta Wahlström, the United Nations' special representative for disaster risk reduction, said that too many people failed to receive help or died when disasters struck because hospitals were unsafe.

She said, "Hospitals and health infrastructure we all associate with saving lives and not the opposite. So the main message of the campaign on safe hospitals is to safeguard hospitals so that they can do their job in saving and protecting human lives."

Ms Wahlström said that building a safer hospital may increase the cost by 4% but that it was worthwhile.

US doctors sue health plan over claims it underpaid doctors

Janice Hopkins Tanne NEW YORK

The American Medical Association and several state medical societies have filed a class action lawsuit against WellPoint, the largest health insurer in the United States.

The lawsuit, filed in Los Angeles Federal Court, claims that WellPoint colluded with others to underpay doctors who were consulted by patients insured by WellPoint but who were not part of the company's network. Such doctors are termed "out of network doctors."

The lawsuit says that because the reimbursable rates for these doctors were set too low, and because patients have to pay the balance of any medical fees, patients ended up paying an excessive part of their medical bills when they used out of network doctors.

Doctors were "seriously harmed" by WellPoint and other insurers' use of a database called Ingenix, which determined the level of reimbursements, the associations say.

A WellPoint spokeswoman told Reuters that the company was "committed to providing appropriate reimbursement for out of network services. We are in the process of reviewing the complaint and are unable to comment further at this time" (www.reuters.com, 25 Mar, "AMA sues WellPoint over reimbursements").

The devastating earthquake in Gujarat, India, in 2001 not only killed 14 000 people but also destroyed 1813 healthcare facilities and damaged 3812, "leaving them partly or wholly inoperable," the report says.

In Mexico City's huge earthquake in 1985, which killed about 10 000 people, five hospitals also collapsed and 22 sustained major damage, resulting in the loss of nearly 6000 beds. About 561 people died in one hospital alone.

Healthcare facilities were also seriously damaged last year when Cyclone Nargis battered Myanmar and left 138 366 people dead or missing and when a major earthquake in China's Sichuan province killed 87 476 people. WHO and UN disaster experts estimate that in the areas affected by Cyclone Nargis about 57% of healthcare facilities were damaged, with about 20% completely destroyed; and in Sichuan more than 11 000 healthcare facilities were damaged or destroyed.

Tropical storms last year in Haiti that killed more than 800 people also completely destroyed the 175 bed Providence Hospital in the city of Gonaives, the report notes.

Dr Chan said that proven measures to make hospitals safe and more resilient during emergencies included early warning systems, simple assessment, measures to protect equipment and supplies, infection control plans, and preparing staff to manage mass casualties.

Governments should also invest only in healthcare facility projects that have safe locations, design, and construction, WHO says. The safety of healthcare facilities should be integrated into procedures for licensing and accreditation, it says.

Save Lives: Make Hospitals Safe in Emergencies is available at www.who.int.

Cite this as: *BMJ* 2009;338:b1453

The lawsuits claim that by using the database run by Ingenix, WellPoint and other insurance companies were involved in a price fixing scheme. They allege that the database "is intentionally rigged to allow insurers to shortchange reimbursements."

Ingenix, which is a subsidiary of UnitedHealth, previously settled lawsuits with the New York state attorney general, Andrew Cuomo, who accused it of setting the usual fee too low, by as much as 28%.

Ingenix agreed to fund an independent survey of medical charges (*BMJ* 2009;338:b99). In January its parent, UnitedHealth, agreed to pay \$50m to fund a not for profit entity that would develop a new independent database to replace those owned by Ingenix.

Cite this as: *BMJ* 2009;338:b1427

Hand washing, stroke prevention, and tobacco control are recognised at BMJ Group awards

More than 400 people gathered in a London hotel to hear the names of the winners



Comedian Sandi Toksvig told the audience at the Marriott Hotel that the *BMJ* was a “scary publication”

Winners of the first BMJ Group awards

- **Research Paper of the Year:** Frank Sullivan and colleagues from the Scottish School of Primary Care for “Early treatment with prednisolone or acyclovir in Bell’s palsy” (*New England Journal of Medicine* 2007;357:1598-607)
- **Corporate Social Responsibility:** Medical Fair and Ethical Trade Group
- **Health Communicator of the Year:** Val Curtis, director of the Hygiene Centre, London School of Hygiene and Tropical Medicine
- **Best Innovation in Medical Communication:** NHS Choices, for “Behind the Headlines”
- **Best Quality Improvement:** Western Renal Service at the Western Health and Social Care Trust, Londonderry
- **Outstanding Achievement in Evidence Based Health Care:** Peter Rothwell, professor of clinical neurology at the University of Oxford
- **Excellence in Learning and Education:** Undergraduate Medical School, University of Glasgow
- **Clinical Leadership:** Stella Vig, clinical lead for surgery and trauma/orthopaedics and urology at Mayday Healthcare NHS Trust, Croydon
- **Global Leadership:** Bill & Melinda Gates Foundation
- **Lifetime Achievement:** Judith Longstaff Mackay, senior adviser to the World Lung Foundation

Nigel Hawkes LONDON

The best in medicine and health care was celebrated in London on 2 April, when 10 exceptional individuals and teams won BMJ Group awards in the inaugural year of the competition to reward excellence.

Identifying best practice—a familiar subject to *BMJ* readers—was the theme of the evening, which was cosponsored by the Health Foundation, an independent charity that works to improve the quality of health care in the United Kingdom and beyond. Fiona Godlee, editor of the *BMJ*, said it had been heartening to receive so many impressive nominations and to learn that so much was happening to promote excellence in health care.

Martin Marshall, the Health Foundation’s director of clinical quality, said that he saw the awards as an opportunity to “inspire, motivate, and support people in health care to achieve the highest possible quality.” The foundation was proud to sponsor the awards, said Professor Marshall. “They are a great opportunity to celebrate the expertise and commitment of those who work so hard in the health service to deliver high quality care for patients.”

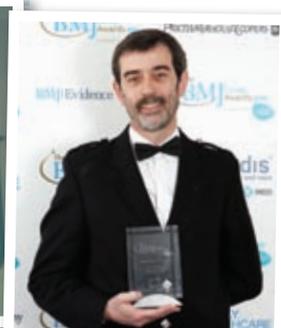
The comedian, writer, and presenter

Sandi Toksvig, who chaired proceedings at the Marriott Hotel in Grosvenor Square, Mayfair, made no such bold claims. She admitted to no expert knowledge of health care but said she had been reading the *BMJ* to get herself in the right mood. “Boy, is that a scary publication,” she said. “I read one article about the risks of oesophageal cancer from drinking tea in northern Iran. That’s very specific indeed. I’ve decided I’m not drinking tea there again.”

Ten awards were given, culminating in the Lifetime Achievement award, given to Judith Mackay, a leader in the battle to control tobacco and a woman once described by the tobacco industry as “one of the three most dangerous people in the world,” an accolade that Professor Mackay has since worn with pride.

But the evening began with the award for Research Paper of the Year, to Frank Sullivan and colleagues from the Scottish School of Primary Care in Dundee. Their paper showed that Bell’s palsy is better treated with the corticosteroid prednisolone than the far more expensive antiviral acyclovir (*New England Journal of Medicine* 2007;357:1598-607).

Professor Sullivan and colleagues recruited



From left: Stella Dutton (chief executive of BMJ Group); Frank Sullivan (Research Paper of the Year); Olivia Roberts and Mahmood Bhutta (Corporate Social Responsibility); Val Curtis (Health Communicator of the Year)

almost 500 patients from general practices and treated them with one of the drugs, with the two drugs in combination, or with placebo. After nine months 94% of those taking prednisolone had recovered facial function, compared with 85% of those who took acyclovir alone.

“If people with this condition get the right treatment, 96% will fully recover,” Professor Sullivan said. “And if they don’t, then about one in five will end up disfigured to a varying degree.”

The results of the study are already changing practice. “Winning this award is important, because there is a tendency to think that research is what happens in laboratories,” he said. “There’s some really important research answering questions that patients want answered, and that can be done in the community.”

Fair trade means a lot more than buying tea, coffee, and bananas from ethical suppliers, as the next award, the Corporate Social Responsibility award, showed. The winners were the Medical Fair and Ethical Trade Group, which was set up in 2007 in response to concerns that surgical instruments were being made in unsafe and unhealthy working conditions, by skilled workers who were being paid far less than they deserved.

A large proportion of the instruments used in the NHS originate in factories in Sialkot, Pakistan. Sold to companies in Europe and the United States, they are then repackaged and sold on for far higher prices. Many surgeons are unaware of their origins or that child workers may be involved in their production.

Mahmood Bhutta, project adviser to the group and a specialist registrar in ear, nose, and throat surgery at the Oxford Deanery, said, “This award is fantastic recognition of all the work that various members of the group have put in.

“By April all hospitals in the NHS should

be asking suppliers of all products to the NHS what the labour conditions are in the manufacturing of the various products they make, and this will apply to £20bn [€22bn; \$29bn] worth of goods every year. We hope other countries will look at the guidance and follow its example.”

Dr Bhutta and Olivia Roberts of the BMA have led much of the work, but many others have helped the group, including the Department of Health, the NHS Purchasing and Supply Agency, the NHS Supply Chain, and the Association of British Healthcare Industries.

How would you sell the simple idea of washing your hands with soap? Communicating the latest medical breakthrough is relatively easy, but it is much harder to excite interest in the most basic but neglected hygiene measure available. Val Curtis’s success in putting this issue on the global map won her the award for Health Communicator of the Year.

Dr Curtis, from the London School of Hygiene and Tropical Medicine, harnessed the power of social marketing to get her message across. She persuaded companies such as Procter & Gamble, Colgate-Palmolive, and Unilever to join an initiative called the global public-private partnership for hand washing with soap.

As a result of her work Unilever has agreed to get a billion people washing their hands by 2015. Dr Curtis said, “That’s better than any public health intervention that any government could do. We now have 20 countries with national hand washing programmes that happened as a result of our work.”

One of her greatest coups was to recruit the cricket star Sachin Tendulkar, an icon to millions of fans, to be the face of the campaign in India. “On global handwash day we got enormous press coverage,” she said. But the campaign was successful in other countries too, she added. “We had a million

children washing their hands in Bangladesh all at once.”

“Winning this award means recognition that the areas of hygiene and diarrhoeal infectious diseases in developing countries are finally being taken seriously,” Dr Curtis said. This year’s global handwash day, on 15 October, would include the Golden Poo Awards, she said, and she invited Sandi Toksvig to present them. “It’s not often you get offered another gig in the middle of presenting one,” said Ms Toksvig, making no promises.

The next award went to a website that communicates about the risks of miscommunication: the NHS Choices website, for its “Behind the Headlines” section. This centres on an evidence based assessment of stories on health appearing in the media. Its aim is to provide a way for doctors and the public to assess the truthfulness and accuracy of such stories.

The site was established by Sir Muir Gray, chief knowledge officer of the NHS, and is run by Bazian, a company that specialises in the analysis of drugs, devices, and healthcare services. Paul Nuki, editor of NHS Choices, accepted the award on behalf of a team that has helped hundreds of GPs and thousands of ordinary users to get the facts straight and has stopped misreported science stories spreading in the media. The work is a joint effort between Bazian and its collaborators, who include the *Guardian* columnist Ben Goldacre, the Science Media Centre, and the NHS’s National Knowledge Service.

Quality is now the watchword of the NHS, and its top exemplar at the awards was Peter Garrett, leader of the team at the Western Health and Social Care Trust in Londonderry that won the Best Quality Improvement award.

The team won for the dramatic improvement it achieved in the care of patients needing dialysis. So great was this that the Western Renal Service, based at the trust, moved from being among the worst 10% in the UK to the best 10%.

“There is a tendency to think that research is what happens in laboratories but . . . there’s some really important research that can be done in the community”



From left: NHS Choices team (Best Innovation in Medical Communication); Peter Garrett (Best Quality Improvement); Peter Rothwell (Outstanding Achievement in Evidenced Based Health Care); Imtiaz Shah (Excellence in Learning and Education)

By working together with units across the border in the Republic of Ireland, Dr Garrett said the team “showed a marked and sustained improvement.” He added: “One of our sites achieved 93% of the gold standard, which is probably as good as or better than at any other centre in the UK.” It was particularly gratifying that the award recognised an initiative not from the centre but from the periphery of the UK.

“The *BMJ* is still probably the primary journal in Europe—and possibly the world—dealing with broad medical issues,” Dr Garrett said. “An award from the BMJ Group is a huge honour.”

Few clinicians can claim to have changed the treatment of a common condition, but this is the achievement that won for Peter Rothwell and his team at the University of Oxford the Outstanding Achievement in Evidence Based Healthcare, sponsored by Solvay Healthcare.

The team was able to show that transient ischaemic attacks (TIAs) need to be taken much more seriously. In the past it often took weeks for such patients to be examined.

“We studied the natural history of TIA and minor stroke, which showed a very high early risk of major stroke in the first day or two that had been missed by previous studies,” Professor Rothwell said.

“Since 2000 we have managed to change this condition from being a bit of a backwater to a medical emergency. All the national and international guidelines now recognise that these patients need to be treated immediately and investigated as an emergency.”

Better undergraduate teaching that makes use of a web based course won the award for Excellence in Learning and Education, sponsored by Univadis, for a team led by Imtiaz Shah of the University of Glasgow. Among the benefits of the course was online feedback from students, whose responses showed that they believed they most lacked expertise in treating drug overdoses and acute renal failure.

Dr Shah, also a consultant physician at Crosshouse Hospital, Kilmarnock, said, “I had the opportunity to lead the development of this innovative e-learning course in acute medicine at the university, which has been published in the *Emergency Medicine Journal*.”

Support and guidance during the project came from Dr Shah’s coauthors on the *EMJ* paper, Matthew Walters and James McKillop, and technical support to set up the website was provided by Elizabeth McAlavey.

“This is a prestigious award, and it is a great way to reward all the hard work that has been put into developing this teaching course,” Dr Shah said.

Stella Vig, a surgeon at Mayday Healthcare Trust in Croydon, won the Clinical Leadership award for achieving dramatic improvements in the care of wounds resulting from diabetes. In three years the number of major amputations fell by 30% as a result of the new care model. “I have a passion and mission to reduce amputation rates and encourage recognition for peripheral arterial disease,” said Miss Vig.

“Ours is a small district general hospital with limited money, and we have shown we can do it. I am humbled and delighted to have won the award.”

Philanthropists have a long and honourable tradition in medicine, but few have contributed on the scale of Bill and Melinda Gates, whose philanthropy rivals the gross domestic product of a small country. Their foundation was the winner of the Global Leadership award, for focusing attention on the healthcare challenges in developing countries and pouring millions of dollars a year into initiatives such as eradicating polio, tackling neglected tropical diseases, and reducing tobacco use.

Alas, neither Bill nor Melinda was present to receive the award, but a spokeswoman for the foundation said that nothing could have

been achieved without its partners, “the key to our success in global health.”

A stunning roster of high achievers competed for the final award of the evening, the Lifetime Achievement award, which was voted on by readers on *bmj.com*. Judith Longstaff Mackay, who has lived in Hong

Kong since 1967, first heard the call to campaign against tobacco in 1984.

Reflecting on those days, she said it had been a lonely job at the start. “There were no job opportunities, no pay, and I faced the opposition of the tobacco companies,” she said. She had been heartened by support from bodies such as ASH and the Bloomberg Foundation. A consultant to the World

Health Organization, she was instrumental in developing WHO’s framework convention on tobacco control, to which more than 162 countries are now signed up.

“Some people say public health is boring, but I’ve never found it so. I’ve been held at gunpoint in Mongolia and survived typhoons in Hong Kong and the explosion of an ammunition dump in Cambodia quite close to where I was talking, which brought the ceiling down around me.”

Until now, she said, her proudest boast was to have been named among the three most dangerous people in the world by the tobacco industry and to have received death threats from a group of smokers’ supporters. “But this award truly trumps anything I have received from the tobacco industry,” she said. “It is a marvellous recognition of public health, prevention, global health issues, and tobacco control.”

The full list of the award sponsors is the Health Foundation, BMA News, BMJ Evidence Centre, PriceWaterhouseCoopers, Solvay Healthcare, Univadis, McKinsey & Company, MediSave, and Max Bupa.

Cite this as: *BMJ* 2009;338:b1428

“We had a million children washing their hands in Bangladesh all at once. Winning this award means ... that the areas of hygiene and diarrhoeal infectious diseases are finally being taken seriously”



From left: Stella Vig (Clinical Leadership); Bill and Melinda Gates talk to a patient with tuberculosis in Yong Jie village in Hainan, China (the Bill and Melinda Gates Foundation won the Global Leadership award); Judith Mackay (Lifetime Achievement Award); Fiona Godlee (editor of the *BMJ*)