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bmj.com Hospitals make too many errors when collecting data, says public watchdog

Medical professionals' role in torture in prisons was "gross breach" of ethics, says Red Cross

John Zarocostas GENEVA

The participation of medical personnel, directly or indirectly, in monitoring the interrogation of terrorism suspects tortured in secret Central Intelligence Agency facilities overseas "constituted a grave breach of medical ethics," says a report by the International Committee of the Red Cross.

The Red Cross says that in some cases the monitoring "amounted to participation in torture and/or cruel, inhuman and degrading treatment."

"Health personnel were directly involved in monitoring the health effects of the ill-treatment," it says.

The report, which was leaked and posted on 6 April on the website of the *New York Review of Books* by the journalist Mark Danner (www.nybooks.com/articles/22614), says that in some cases it was alleged that health personnel "gave instructions to interrogators to continue, to adjust, or to stop particular methods."

The revelations of the confidential report, which is based on statements of 14 detainees interviewed by Red Cross investigators in private after being transferred to the Guantanamo Bay detention centre in Cuba in late 2006, has also drawn widespread international condemnation.

"It's a serious breach," said Eva Bagenholm, chairwoman of the ethics committee of the World Medical Association. "We had heard accusations before, and had discussed the



POOL/REUTERS

Medical staff monitored detainees who were shackled in stress standing positions, the report says

issue, but now we have the evidence.

"A physician should never take part in any torture or an interrogation that may result in torture. It is forbidden absolutely, and it's a breach of our code of ethics"

Dr Bagenholm said that the controversy will be discussed at the association's annual assembly in Tel Aviv in May.

The Red Cross report notes that in some torture methods, such as suffocation by water, health personnel were allegedly "directly participating in the infliction of the ill-treatment." In one case, it says, health staff "actively monitored a detainee's oxygen saturation using what appeared to be a pulse oximeter."

Medical staff, it says, also monitored detainees who were shackled in stress standing positions and recommended stopping the method or continuing it but with adjustments.

The report recommends that "US authorities should investigate all allegations of ill-treatment and take steps to punish perpetrators, where appropriate."

Simon Shorno, a Red Cross spokesman, confirmed the report's authenticity to the *BMJ* but declined to comment further. A US state department spokesman had not responded to a request for comment as the *BMJ* went to press.

Cite this as: *BMJ* 2009;338:b1546

Circumcision helps to prevent HIV acquisition, says Cochrane review

Bob Roehr WASHINGTON, DC

Male circumcision can be considered an effective measure that partially prevents heterosexual men acquiring HIV, concludes a Cochrane Collaboration review released on 15 April.

The report also says that circumcision should be considered as part of an HIV prevention policy where it is feasible and socially and

culturally acceptable (*Cochrane Database of Systematic Reviews* 2009;(2):CD003362).

Evidence from three randomised controlled trials conducted in South Africa, Uganda, and Kenya showed that the procedure reduced the risk of infection by between 38% and 66% over 24 months, the report says. The protective effect was so large in each of the trials that they were stopped

early for ethical reasons.

The protection is believed to come through removal of Langerhans cells in the foreskin, which are particularly susceptible to infection with HIV, and keratinisation of the glans, which provides greater barrier protection than mucosal tissue.

Cochrane reviewers had studied the issue in 2003 and 2005 and found evidence suggesting a

protective effect of circumcision, but the evidence was not strong enough for a recommendation.

The results of the three randomised controlled trials, which used similar methods and involved more than 11 000 participants, have now convinced the reviewers.

"No further trials are required," the review says.

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IN BRIEF

Chaplaincy services cost NHS £40m:

Research by the National Secular Society has found that chaplaincy services cost the NHS more than £40m (€44m; \$59m) a year. The money could pay for about another 1300 nurses or 2500 cleaning staff, it says. The society has called on the health minister, Alan Johnson, to consider ending the funding.

Caesarean section rate in Germany rose by 50% in 10 years:

Nearly a third (195 000 or 29.3%) of the approximately 664 000 women who gave birth in German hospitals in 2007 had a caesarean section, up from 18.5% in 1997, according to the German Statistical Office (Destatis). Rates of births achieved with vacuum extraction (4.6%) and forceps (0.7%) were both less than 10 years ago.

Universal hepatitis B vaccination recommended for Dutch babies:

The Netherlands should introduce vaccination against hepatitis B for all infants, plus a catch-up programme for 12 year olds, recommends the Dutch Health Council.

Calculations show that this would reduce the incidence of new infection by 90% over 50 years, more than twice the health benefit predicted for the current programme, aimed at high risk groups, in which less than half the target population is reached.

Danger in "herbal Viagra": The Medicines and Healthcare Products Regulatory Agency has warned people in the United Kingdom to stop taking a product called "jia yi jian," a supposed "herbal Viagra" being sold in many traditional Chinese medicine shops. The agency found that the product contained high level of drugs used to treat obesity and erectile dysfunction, which could interact with other drugs and cause heart and blood pressure problems.

Pfizer settles over tests on Nigerian children: A multibillion dollar lawsuit filed against Pfizer by Nigerian authorities has been settled out of court. The suit was filed over Pfizer's test of an experimental drug on children in Kano during an outbreak of meningitis. Pfizer's lead counsel in the case, Anthony Idigbe, said that a "broad and principal fundamental agreement has been reached between Kano's state government and Pfizer."

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Disaster agencies treat wounded

John Zarocostas GENEVA

The earthquake that struck the town of L'Aquila, in central Italy, on 6 April has killed more than 270 people, injured more than 1500, made 40 000 to 50 000 people homeless, and seriously damaged the main hospital, officials from the Italian Red Cross and the World Health Organization have said.

The quake, which had a magnitude of 6.3, underscores the need to make hospitals safe in emergencies, said WHO.

L'Aquila's 500 bed hospital, built 15 years ago, had to be evacuated because part of it had collapsed.

About 10 000 buildings were completely destroyed or damaged by the earthquake, primarily in the medieval part of the town.

Tommaso Della Longa, spokesman for the Red Cross, said that within a few hours

of the quake the agency had set up two units with 15 doctors and nurses in each and had treated more than 300 people within the first 24 hours.

About 50 ambulances and trucks from the Red Cross helped take some patients from the damaged hospital and those seriously injured to hospitals in Tagliacozzo, Pescara, Avezzano, and Rome.

Fadela Chaib, WHO spokeswoman, said that Italian health authorities advised the agency that the provision of health needs was "under control" and that chronically ill patients had been moved to other hospitals for treatment such as dialysis.

Ms Chaib said that helicopters were also used to move the most seriously injured to hospitals in Rome and that a team of psychologists had arrived from Rome to provide

King's Fund sets up inquiry into quality of general practice

Oona Mashta LONDON

An independent inquiry to identify good quality care in general practice and how to measure it has been launched by the health-care think tank the King's Fund.

The comprehensive study, which is backed by GPs' leaders, aims to draw up a set of measures of quality in some of the core activities of general practice in England, such as diagnosis, referral, and prescribing.

Health professionals will be able to use the standards to rate the quality of their care and to improve it, if necessary. The King's Fund says that there is evidence that quality of care varies significantly.

The inquiry comes at a key time for general practice, which is entering a more competitive phase, with quality of care being increasingly important in securing local contracts.

The final report will include a type of "quality dashboard" for general practice that can be used by professionals, managers, commissioners, and regulators to judge the quality of the care being provided.

The King's Fund also believes

that the ability to measure quality and create indicators of best practice will help make the services more accountable and regulation more effective.

The inquiry, which will be published in September 2010, is being overseen by an expert panel that includes Steve Field, chairman of the Royal College of General Practitioners, Michael Dixon, chairman of the NHS Alliance, and Martin Roland, professor of health services research at the University of Cambridge.

Niall Dickson, chief executive of the King's Fund, said, "While the overall quality of general practice has improved, we know there are significant variations both in the standards of individual practice and in the services provided.

"Despite this there is remarkably little information for comparing the quality of care in different practices. Our ambition is to help GPs and others judge the quality of what is being provided by creating a range of measures that demonstrate what high quality patient care looks like."

The King's Fund will test the inquiry's findings in a series of events and surveys involving GPs this autumn to ensure that the results are relevant, accurate, useful, and effective.

GPs who would like to take part can contact the King's Fund by emailing gpinquiry@kingsfund.org.uk.

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Professor Steve Field (top) and Niall Dickson (below) launched the inquiry

after Italian earthquake damages main hospital

support for survivors with post-traumatic stress. More than 5000 emergency rescuers were mobilised.

According to the Centre for Research on the Epidemiology of Disasters, about 25 big earthquakes have struck Italy in the past 40 years, some with a magnitude of 6.9, killing more than 5000 people and injuring tens of thousands more.

Italy, along with Greece, Romania, and Turkey, are among the most earthquake prone nations in Europe, with millions of people vulnerable to seismic shocks, says the United Nations International Strategy for Disaster Reduction.

“Buildings are the main killers when earthquakes strike, which is why constructing resilient buildings in earthquake prone zones is vital,” said Helena Molin-Valdes, deputy



A makeshift hospital is set up in one of the streets of L'Aquila following the earthquake

director at the agency. “All new public buildings, such as schools, hospitals, and factories, are critical infrastructures that should be built according to seismic standards in all areas

known to be susceptible to earthquakes. It is reckless not to do so, particularly for any new construction.”

Cite this as: *BMJ* 2009;338:b1524

Doctors delay use of electronic medical cards in Germany

Annette Tuffs HEIDELBERG

The nationwide introduction of electronic health cards in Germany, which was due to start in 2006, is in jeopardy because doctors are refusing to install the necessary equipment. Health insurance companies say they are ready to supply cards to their 80 million members but will not do so unless doctors and pharmacies are prepared to buy the equipment beforehand.

The German health ministry has responded to the impasse by saying that it is



still confident that all patients will be using electronic health cards by the end of the year, as planned.

The Liberal Party, which hopes to form a coalition government in autumn 2009 together with Angela Merkel's Christian Democrats, has already announced that it wants to abandon the project, mainly because of data safety.

The aim of the electronic cards is to improve communication among all sectors of German health care—80 million patients, 140 000 general practitioners and specialists with practices, 2000 hospitals, 65 000 dentists, 21 000 pharmacies, and 230 health insurance companies.

The card will replace the health insurance membership card, which only shows the name

and date of birth of the holder and the name of the health insurance company. The electronic version contains a digital photograph of the holder as well as basic health information, such as drug prescriptions and blood group. Optional data about drugs prescribed, data for emergencies, history of surgery, radiography findings, or doctors' letters can be stored if the patient agrees.

The estimated costs of the switch to electronic cards of up to €2bn (£1.8bn; \$2.6bn) should be saved within a few years, says the health ministry.

Doctors, hospitals, pharmacists, and service providers in the health system are equipped with a matching professional card to allow them to read their patients' cards, put prescriptions on the cards, and sign all entries. Data will be stored on a central computer.

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Inquiry into trial in India suggests ineffective oversight

Ganapati Mudur NEW DELHI

An inquiry by the Indian government into the death of an infant during a clinical trial of an investigational vaccine has indicated deficiencies in the supervision of the trial, rekindling concerns about standards of scrutiny of clinical trials in India.

A two member panel appointed by the drugs controller general of India has determined that the infant, who died at the St John's Hospital in Bangalore, had a pre-existing medical condition and should have been excluded from the trial of an

investigational pneumococcal vaccine manufactured by Wyeth.

The controller had stopped the trial in November 2008 and launched an investigation after the death.

Wyeth, the company that manufactured the vaccine, and GVK Biosciences, the local monitor of the trial, have pointed out that the infant did not receive the investigational vaccine but was randomised to receive a reference product already approved in India and widely used in clinical practice.

“All protocol and good clinical practice

requirements were followed by the site, and detailed documentation of the same was maintained in trial files that were not taken into consideration by the inspectors,” GVK Biosciences said in a statement issued in response to a letter about the trial that it received from drug regulators.

GVK Biosciences also said that the inclusion of participants in the study followed the guidance given in the trial protocol as well as the prevalent norms for vaccination recommended by professional bodies.

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Bringing sight to blind people

When ophthalmologist Gullapalli N Rao sold up in the United States to start an eye institute in India, he didn't know how big it would become. **Zosia Kmiotowicz** reports



A boy has his sight tested at the L V Prasad Eye Institute, a WHO centre for prevention of blindness

Zosia Kmiotowicz LONDON

When they set it up in 1987, the founders of the L V Prasad Eye Institute in Hyderabad, India, had one big ideal: to deliver top class eye care to the people of Andhra Pradesh in southeast India irrespective of ability to pay. After 22 years the institute has seen four million outpatients and performed 400 000 operations, half of them free of charge.

There were other aims too: ridding India of preventable blindness and forging an ethos of translational medicine, both lofty ambitions that the institute is working hard to deliver.

The institute was nominated for the BMJ global leadership award at the inaugural BMJ Group awards earlier this month but lost to the bigger, more international charity the Bill & Melinda Gates Foundation.

D Balasubramanian, director of research at the institute, who was in London to attend the award ceremony, says that running into colleagues in the institute's corridors is key to taking research ideas from the laboratory to the bedside. With researchers and clinicians all working in the same building it becomes second nature to exchange ideas about what patients need and how to go about finding the solution.

The institute is the brainchild of Gullapalli N Rao, who was working as an ophthalmologist in Rochester, New York, when he decided to sell his house and car to bring his skills to India's poor. An appeal among local companies and other Indian doctors working in the United States doubled his start-up money to \$400 000 (£270 000; €300 000), and he set off back home to fulfil his dream.

With his money Dr Gullapalli was able to buy land just outside Hyderabad, where he set up the institute. But he needed a city base to allow patients easier access, which is where the Tollywood film maker L V Prasad, of the institute's name, comes in. (Tollywood is Andhra Pradesh's equivalent of Bollywood. Its films are made in the local language of Teluga instead of Hindi.) Having made a string of successful movies, Mr Prasad donated some of his profits for land in the centre of Hyderabad.

As well as comprising a clinic and research centre, the institute has trained more than 10 000 doctors from India and around the world.

The institute is funded entirely from donations and the charges for treatment from those who can afford to pay.

"We charge 6000 rupees [£80; €90; \$120] for a cataract operation, but patients who want added comfort in the hospital or who have insurance can pay 12 000 rupees, which will pay for their operation and that of someone else," said Professor Balasubramanian.

It was the Andhra Pradesh Eye Disease Study, conducted between 1996 and 2000, that propelled the institute to where it is today: a world class centre of excellence, a World Health Organization collaborating centre for prevention of blindness, a pioneer in eye health models, and a key resource in the Right To Sight initiative to eliminate avoidable blindness by 2020.

The study found that 1.8% of the population, or 1.5 million people in the state (and by implication 10 million in India as a whole), were classed as blind, 75% of them avoidably so.

It was the scale of the problem that led to the development of the pyramid of clinical services for eye health that stem from the Hyderabad base (see figure).

With five levels of service, this model has won the institute admiration from around the world. Through the lower levels of the pyramid the institute can reach people who would otherwise have little access to eye care, he says.

The model relies on "vision guardians," people from local villages who are trained to perform simple sight tests and screen the community for eye problems. They are given a supply of ready to wear glasses and refer patients they can't help to vision centres, which are staffed by technicians who have received a year's training in Hyderabad.

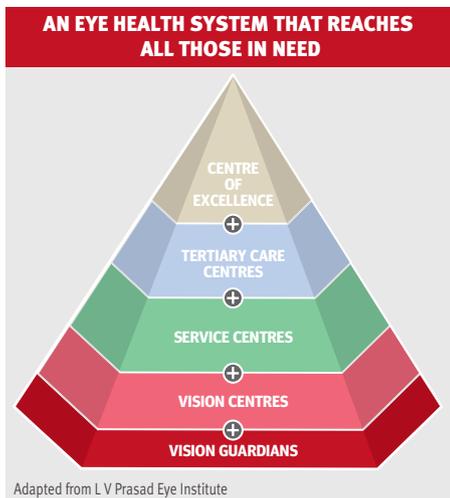
Vision centres can eliminate 25% of all blindness because of the need for glasses; treat conditions such as vitamin A deficiency; and detect cataracts, some glaucomas, and diabetic retinopathy.

Patients who can't be treated in vision centres are referred to service centres, which provide more specialised care and some surgery, and so on.

Only 25% of patients with visual impairment need to travel to cities to receive tertiary care.

The latest addition to the stable of clinics is the Miriam Hyman Children's Eye Care Centre, which opened in the state of Orissa in July 2008. It was set up in memory of Miriam, who was killed on the bus bombed in London (outside the *BMJ's* offices) in July 2005.

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China's blueprint

Jane Parry HONG KONG

China has released a blueprint of its plan to reform the country's healthcare system, originally announced in October 2008, but observers say the plan still does not have enough practical detail to ascertain how the reforms will be implemented.

The blueprint, released on 6 April and jointly endorsed by the central committee of the Communist party of China and the state council, China's cabinet, spells out the target of universal access to health care for all of China's 1.3 billion people by 2020.

The main planks of the reform are better primary care (especially in rural areas);



Children living in poor conditions are particularly susceptible to rheumatic heart disease

Cardiologists call for pan-African initiative to tackle epidemic of heart disease and stroke

Susan Mayor LONDON

African countries are facing an epidemic of cardiovascular diseases and diabetes that requires urgent action by healthcare professionals and governments, says a declaration published this week by cardiologists throughout the continent.

The declaration, in the March and April issue of the *Cardiovascular Journal of Africa* (www.cvja.co.za), calls for investment in the training of healthcare professionals in cardiovascular diseases relevant to Africa, supported by the development of centres of cardiovascular excellence at universities and hospitals throughout the continent. It also recommends greater efforts in preven-

tion, in research into the heart diseases that specifically affect Africa, and in surveillance systems for collecting more accurate data on the numbers of people affected.

Rheumatic heart disease, which should be declining and could be eradicated, remains the most common form of heart disease in African countries, warns the Pan-African Society of Cardiology, the organisation that brings together specialists working in cardiovascular diseases in African countries and that developed the declaration.

Children are particularly susceptible, with overcrowding and poor socioeconomic conditions in many African countries increasing their risk of contracting group A β haemolytic

streptococcal pharyngitis, which can lead to rheumatic fever. About 60% of affected children subsequently develop chronic rheumatic heart disease. Inadequate access to primary medical care means that many children miss out on treatment with penicillin, which could prevent this problem.

The society is recommending a comprehensive programme for the prevention and treatment of rheumatic fever and rheumatic heart disease that is based on raising awareness, establishing surveillance systems, and increasing resources for treatment and prevention. It also hopes to expand access to heart valve surgery, provided by non-government organisations, to repair the damage inflicted by rheumatic fever.

Andries Brink, editor in chief of the *Cardiovascular Journal of Africa* and former dean of the University of Stellenbosch Medical Faculty, South Africa, said, "In the last 25 years, cardiology has made major advances in Africa, but we now face a major challenge. The vascular consequences of poor living results in high rates of conditions such as rheumatic heart disease, which kills many thousands.

"This will be joined by the strokes and heart attacks resulting from diabetes and obesity, which are increasingly occurring in our populations."

A priority in the declaration is the prevention of cardiovascular disease, which the World Health Organization predicts will become the leading cause of death in Africa in the next 10 to 15 years.

The declaration and a special issue of the *Cardiovascular Journal of Africa* are available free until the end of May at www.cvja.co.za, by clicking on "current issue," then "hot topics."

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puts healthcare reform high on political agenda

equitable distribution of basic medical care; universal access to health insurance; the creation of an essential drugs system to curb the spiralling costs of prescriptions; and a pilot scheme to test reform of the hospital sector.

The blueprint also provides details of what steps towards those targets will be taken when the central government invests ¥850bn (£85bn; €94bn; \$124bn) in an implementation plan over the next three years. Reports from China's official news agency, Xinhua, say that this sum will help to fund measures such as the development of rural health care, so that every village will have a clinic; building 2000 county level hospitals; and building or upgrading

thousands of community level clinics.

These concrete measures will address some of the major problems in China's current healthcare system, but implementation will be a huge challenge, said Hans Troedsson, the World Health Organization's representative in China.

"The central government has committed to fund about 40% of the total [costs]," he said. "This increase from the central level is substantial, amounting to an added 0.33% of annual GDP. However, there remains a reliance on local governments to fund most of the implementation plan. This will be difficult, particularly for poor regions."

One of the most contentious areas of reform is

the hospital sector. Most hospitals are state run, but they rely heavily on fees from patients, with only 7% to 8% of funding coming from public sources.

Working towards universal access to health insurance is an important step, but reform of the provider payment mechanism is crucial, said Henk Bekedam, director of health sector development for WHO's Western Pacific regional office in Manila.

"Health insurers should be bargaining on behalf of the patients," said Dr Bekedam. "This could make the system work by making sure that patients are getting a good deal."

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