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United Kingdom urges more flexibility in criteria for raising flu pandemic alerts to highest level

Adrian O'Dowd LONDON

Greater flexibility and additional information are needed when deciding whether to declare a flu pandemic, a delegation of countries have told the World Health Organization.

The United Kingdom proposed at this week's World Health Assembly in Geneva that a phase 6 alert—the top level—should reflect the severity of a new virus and not just its geographical spread.

Speaking at the assembly the health secretary, Alan Johnson, said that WHO should not just be driven by a purely “mechanistic approach” but should also be able to use emerging knowledge about the severity of the disease and other considerations before taking the decision to move a flu pandemic alert to phase 6.

Mr Johnson told WHO's general secretary, Margaret Chan: “It is my belief we need to give you and your team more flexibility as to whether we move to phase 6.”

Dr Chan replied: “I take on board your request to me, but I would like to get guidance and advice from other member states on how we move forward.”

The UK was backed by Japan, China, Oman, Nigeria, New Zealand, and Egypt.

In her address to the assembly Dr Chan warned countries not to slip into a false sense



A staff member talks to a patient in a tent for people infected with A/H1N1 in Kobe, Japan

period, but we do not know how long this grace period will last. No one can say whether this is just the calm before the storm.”

An outbreak of swine flu in Japan over the past weekend has boosted the overall number of cases worldwide to 8830. As the *BMJ* went to press the UK had 102 confirmed cases of A/H1N1, and the number worldwide was 9830, in 40 countries, including 79 deaths. Latest WHO figures show that one of the sharpest rises was in Japan, where the number grew from just four confirmed cases on Friday 15 May to 159 cases by Tuesday. The countries with the highest numbers of confirmed cases are now the US (5123), Mexico (3648), Canada (496), and Japan (159).

The UK has made agreements with vaccine manufacturers to secure supplies of 90 million doses of A/H1N1 vaccine.

The Department of Health announced a deal with GlaxoSmithKline and Baxter that will allow production of a pre-pandemic vaccine to begin as soon as possible.

The department said that the deal could provide enough vaccine to protect the most vulnerable people in the population before a pandemic was likely to arrive, without affecting the supply of seasonal flu vaccine.

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of security from an apparent waning of flu.

“Influenza viruses are the ultimate moving target,” said Dr Chan. “Their behaviour is notoriously unpredictable. The behaviour of pandemics is as unpredictable as the viruses that cause them.

“This virus may have given us a grace

Cancer papers with industry ties more likely to give favourable results

Janice Hopkins Tanne NEW YORK

Conflicts of interest are common in research papers on cancer, and papers with conflicts are more likely to report positive results, say researchers at the University of Michigan (*Cancer* 2009 May 11, doi:10.1002/cncr.24315).

The study says that almost one in three of 1534 original papers in eight leading journals in 2006 had reported conflicts of interest, and 17% reported industry funding.

In studies where the authors reported a conflict of interest, 29%

of the patients who had received the intervention had improved survival rates, and in studies whose authors had no reported conflict of interest that figure was only 14%.

Reshma Jagsi, an assistant professor of radiation oncology, and colleagues looked at papers in the *New England Journal of Medicine*, the *JAMA*, the *Lancet*, the *Journal of Clinical Oncology*, the *Journal of the National Cancer Institute*, the *Lancet Oncology*, *Clinical Cancer Research*, and *Cancer*.

“Researchers may not only rely upon industry for study funding but

may also receive consulting fees, own stock, and hold leadership positions within organisations that profit from selling the very drugs and devices that are the subjects of the researchers' investigations,” the authors write.

Several other studies have indicated that studies with industry ties reach conclusions favourable to the sponsor or use study designs more likely to favour the sponsored intervention, they say.

“As a physician-researcher I read a lot of articles, and I became more

aware of the issues and how common it was to see disclosures,” Dr Jagsi told the *BMJ*. “I wondered how I should interpret the results. Should I be more sceptical?” she said.

Conflicts of interest were most likely where the corresponding author was from a department of medical oncology and from North America and where the first and senior authors were male. Papers from Asia were much less likely than those from North America to have conflicts of interest.

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IN BRIEF

Spending on sanitation is low:

Diarrhoea is the second biggest killer of children worldwide, but critical interventions to prevent these deaths attract "a dismal amount of international aid," says *Fatal Neglect*, a report by the charity WaterAid. In 2004 diarrhoea killed 1.8 million children; but in 2004 to 2006 only \$1.5 bn (£1bn; €1.1bn) was spent globally on improved sanitation (www.wateraid.org).

Dutch diabetes is on the rise:

The National Institute for Public Health in the Netherlands predicts an 80% increase in diabetes by 2025. In theory half of the cases, those caused by inactivity and weight problems, are avoidable and could be prevented by health promotion measures (see report 260322004 at www.rivm.nl).

Wedding suit: Andrew Speaker, the US lawyer who created an international health scare when he flew to and from



Greece for his wedding although he had drug resistant tuberculosis, is suing the Centers for Disease Control and Prevention. He says that the agency breached his confidentiality; brought him unwanted attention, including death threats; and contributed to the break-up of his marriage (*BMJ* 2007;334:1187).

Fewer mums are married:

Almost 40% of births in the United States in 2007 were to unmarried women, according to the Centers for Disease Control and Prevention. The rate has more than doubled since 1980, when it was 18.4%. (www.cdc.gov/nchs/data/databriefs/db18.pdf).

Taskforce targets abuse:

A new taskforce to spot early signs of violence and abuse against women and girls and ensure victims across the NHS get the support they need has been set up by the Department of Health and the Home Office. It will be led by George Alberti, former national clinical director for emergency access and service design.

Resistance of bugs is rising:

Antimicrobial resistance of *Escherichia coli* is increasing, according to a US study. Between 1998 and 2007, resistance rates of bloodstream isolates of *E coli* increased from 32% to 53% for ampicillin, from 9% to 28% for trimethoprim-sulfamethoxazole, and from 0% to 12% for ciprofloxacin. (*Journal of Antimicrobial Chemotherapy*, doi:10.1093/jac/dkp162).

Cite this as: *BMJ* 2009;338:b2017

GPs saved £400m in 2008 by increasing use of generic drugs

Rebecca Coombes *BMJ*

GPs in England who switched prescribing habits to cheaper generic drugs made almost double the anticipated savings last year, with the largest gains made on statins.

Calculations by Keele University for the National Audit Office show that £394m (€450m; \$600m) was saved through more cost effective prescribing in 2008. In 2007 the audit office reported that primary care trusts could save more than £200m a year if GPs increased the use of those generics that are as clinically effective as more expensive branded drugs.

Researchers tracked spending on renin angiotensin drugs for high blood pressure (angiotensin converting enzyme inhibitors and angiotensin II receptor blockers), statins for high cholesterol, proton pump inhibitors for gastric problems, and clopidogrel to reduce blood clotting. Spending on these areas represents 19% of the total drug budget, offering a big opportunity for savings, said the audit office. Of the savings made, 70% came from the prescription of statins.

A breakdown of health organisations shows that the strategic health authority that made the largest saving over the year was NHS North West, which saved more than

£70m. Newham achieved the largest saving among primary health trusts, £7.8m.

At the other end of the scale, Redcar and Cleveland Primary Care Trust saved just £26 961, exceeding predicted spends on proton pump inhibitors and clopidogrel.

In previous surveys carried out by the audit office, GPs said that although they appreciated the need to update their knowledge of prescription drugs regularly, they often found it hard to assimilate all the information they received on prescribing. They saw the *British National Formulary* as the most useful and objective source of information.

Michael Whitehouse, assistant auditor general at the audit office, said that Keele's findings show how GPs could save substantial amounts for the NHS.

"This is all the more important because the NHS's spending on medicines continues to rise year on year as the UK's population ages and more and better treatments become available. The almost £400m saved in just one year is money available to improve the quality of patient care," he said.

Prescribing Costs in Primary Care is at www.nao.org.uk/publications/0607/prescribing_costs_in_primary_c.asp.

Cite this as: *BMJ* 2009;338:b2044

Agency is criticised after granting a licence for a

Deborah Cohen *BMJ*

The United Kingdom's drugs agency has given a licence to the makers of a homeopathic product, despite scientists and researchers saying that no evidence shows that it works.

Since September 2006 the Medicines and Healthcare Products Regulatory Agency (MHRA) has been allowed to grant licences to traditional therapies if their use "is plausible on the basis of long standing use and experience" and no evidence shows that they cause harm.

At the end of last month, Nelsons Arnicare Arnica 30c pillules became the first product in the UK to be given such a licence by the agency, which will enable its manufacturers to make therapeutic claims for it.

Erzard Ernst, the UK's only professor of complementary medicine, said that the agency's national rules scheme was "making a mockery of evidence based medicine."

On the packaging, the makers will be able to describe the product as "a homeopathic medicinal product used within the homeopathic tradition for the symptomatic relief of sprains, muscular aches, and bruising or swelling after contusions."

Professor Ernst says that the remedy, derived from the plant *Arnica montana*, has been subject to more controlled clinical trials than any other homeopathic treatment.

"There is no good evidence for arnica," he said. "It is so very ironic that arnica should be the first with a licence able to claim therapeutic benefits for things [for] which it doesn't work or there's no evidence for."

Two independent systematic reviews of homeopathic arnica found no evidence that it was clinically more effective than placebo. A 1998 systematic review published in the *Archives of Surgery*





Pile it high, sell it cheap: cut price alcohol for sale in the Lake District, Cumbria

Studies show that minimum alcohol pricing could save thousands of lives

Adrian O'Dowd LONDON

A 50 pence (€0.56; \$0.76) minimum unit price for alcohol in the United Kingdom could save as many as 3400 lives a year, researchers have told MPs.

A minimum price for alcohol units has the potential to reduce deaths and hospital admissions by encouraging less drinking, said witnesses at the latest evidence session of the parliamentary health select committee's inquiry into alcohol.

The lead researchers of two studies into the subject said that minimum pricing would mean fewer alcohol related deaths and less disease.

Petra Meier, senior lecturer in public health at the University of Sheffield, giving evidence, spoke of the study she led, funded by the Department of Health published in December last year.

That study looked for evidence to link the price of alcohol to consumption and harm, the

link between consumption and harm, and the link between advertising and consumption.

It also looked at modelling what effect different approaches would have, such as price increases, minimum pricing for units of alcohol, and restricting retail price based promotions.

Dr Meier said that there was strong and consistent evidence of a link between price and consumption and between price and harm.

The researchers found that the 10% of people who drank the most had a clear preference for cheaper alcohol; moderate drinkers were happy to pay more.

Dr Meier said, "The effectiveness of minimum unit prices goes up quite steeply. While a 20 pence minimum unit price does not have much effect on death rates and hospital admissions, you see increases of 30, 40, and 50 pence having an effect.

"At 30 pence, that could mean 300 deaths saved a year; 40 pence could mean 1400 deaths saved; and 50 pence could mean 3400 deaths saved."

The committee member Howard Stoate, Labour MP for Dartford, said, "You are saying that if alcohol were 50 pence a unit we would save as many deaths as are killed on the road every year?"

Dr Meier replied, "Yes, in the same region." The University of Sheffield's report, *Independent Review of The Effects of Alcohol Pricing and Promotion*, is at www.dh.gov.uk/en/PublicHealth/HealthImprovement/Alcoholmisuse/DH_4001740.
Cite this as: *BMJ* 2009;338:b2007

homoeopathic remedy

concluded, "The claim that homeopathic arnica is efficacious beyond placebo effect is not supported by rigorous clinical trials" (1998;133:1187-90).

The next year Carstens-Stiftung, a German foundation dedicated to the "promotion and support of complementary medicine," conducted a systematic review that found that there was "no clear evidence in favour of homoeopathic arnica" (www.carstens-stiftung.de/wissen/hom/pdf/klin_wilkens_jb5.pdf).

Professor Ernst added that no trial conducted after 1999 has been robust enough to undermine the conclusions of the two previous systematic reviews. Describing the regulation for homoeopathic products as "barmy," Professor Ernst is concerned about the lack of a need to provide rigorous data on the efficacy of homoeopathic products.

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Projects for personal budgets are announced

Zosia Kmiotowicz LONDON

A total of 75 primary care trusts have been selected to take part in a trial of personal health budgets throughout England.

The pilot projects will assess whether giving patients greater involvement in how money is spent on their healthcare needs will deliver more personalised services, one of the key aims outlined by the health minister Ara Darzi in his review of the NHS, *High Quality Care for All*, published last June (*BMJ* 2008;337:a642).

Lord Darzi said, "During the consultation for the next stage review, people said clearly and consistently that they want a greater degree of control and influence over their health and health care.

"The main aim of introducing personal health budgets is to support the cultural change that is needed to create a more personalised NHS. They have the potential to improve the quality of patient experience

and the effectiveness of care by giving individuals as much control over their health care as is appropriate for them."

All the selected sites will be included in the overall review of personal health budgets, and a sample will be subject to more in-depth analysis. The level of funding that sites will receive will depend on whether they will be involved in in-depth evaluation.

Once they are up and running, pilots will begin by using personal health budgets where the person does not hold the budget themselves. Instead, the trust or a third party organisation will hold the budget on the individual's behalf.

If the draft provisions in the Health Bill, which is currently before the House of Lords, to allow direct payments to patients for health care are approved, some of the pilot sites will also test this mechanism of delivering personal health budgets.

Cite this as: *BMJ* 2009;338:b1996

Obama diverts funds from abstinence-only sex education

Janice Hopkins Tanne NEW YORK

Barack Obama's proposed budget will end most funding for abstinence-only sex education, which will reverse former president George W Bush's policy. Instead it increases funds for comprehensive sex education.

The proposed budget was sent to Congress on 7 May. Both houses of Congress will consider the budget, pass legislation to appropriate and authorise funds, and reconcile differences between the House of Representatives and Senate versions of the legislation. The 2010 budget year begins on 1 October 2009.

The White House's budget summary says, "The Budget supports State, community-based, and faith-based efforts to reduce teen pregnancy using evidence-based models.

The program will fund models that stress the importance of abstinence while providing medically-accurate and age-appropriate information to youth who have already become sexually active."

Since 2001, under President Bush, the US federal government spent nearly \$1.3bn (£860m; €960m) on abstinence-only sex education. Several studies have shown that abstinence programmes have little success in preventing teenage pregnancy. Congress ordered a study two

years ago, which showed that abstinence-only programmes do not prevent or delay teenage sexual activity.

The Obama budget eliminates a \$149m community based abstinence programme and adds almost \$178m to prevent teenage pregnancies. Of the new money, 75% is designated for proved pregnancy prevention programmes that use methods to delay sexual activity or to increase contraceptive use when teens do have sex.

Melody Barnes, director of the White House domestic policy office, told the news-

paper *USA Today* that the budget "reflects the research." US residents "want solutions they know will work, as opposed to programming they know hasn't proven to be successful. Given where we've been in recent years, I think this is a very important moment" (www.USAToday.com, 12 May, "Obama budget shifts money from abstinence-only sex education").

Cecile Richards, president of Planned Parenthood, a sexual and reproductive healthcare advocate and provider, praised the budget, saying that it eliminated wasteful funding on "programmes that don't reduce the number of teen pregnancies or keep teens healthy and safe" and for "investing in evidence based programmes that have been proved to help prevent teen pregnancy."



Hannah Lane, watched by her father, Ken, signed the "purity covenant" at the annual Father-Daughter Purity Ball in Colorado Springs

Nancy Northrup, president of the Center for Reproductive Rights, also praised the budget change and expressed hope that it would gather strong support in Congress. "Young people have a fundamental right to receive scientifically accurate and objective information in order to protect their health, including avoiding pregnancy and guarding against sexually transmitted diseases."

However, Valerie Huber, executive director of the National Abstinence Education

Association, said that the budget "disregards the growing body of evidence supporting the effectiveness of abstinence education . . . At a time when teens are subjected to an increasingly sexualised culture, it is essential that commonsense legislators from both sides of the aisle [Democrats and Republicans] reject this extreme attempt to defund the only approach that removes all risk."

A summary of the budget is at www.whitehouse.gov/omb/assets/fy2010_new_era/Department_of_Health_and_Human_Services1.pdf.

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Study of device to

Jeanne Lenzer NEW YORK

A top surgeon has been charged by officials at Walter Reed Army Medical Center, Washington, DC, with falsifying data from a study about the efficacy of a surgical device used to treat soldiers in Iraq with blast injuries to the tibia.

He is also charged with forging the signatures of all four of his coauthors in the study (*Journal of Bone and Joint Surgery* 2008;90:1068-72).

The 48 year old surgeon, Timothy Kuklo, claimed a 92% success rate in treating open tibia fractures with the Infuse device, a

Journal retracts study on transfused blood after objections

Jeanne Lenzer NEW YORK

A medical journal has reversed its controversial 2007 decision not to retract a flawed study. The journal, *Anesthesia and Analgesia*, refused to retract a study concerning the age of transfused blood and mortality despite acknowledging that the statistical analysis was erroneous.

The journal's position provoked outrage when the editor continued to defend the article even after the study investigators said that the underlying data had been lost.

The journal's editor, Steven Shafer, issued the retraction (*Anesthesia and Analgesia* 2009;108:1953) after the authors, Sukhjeevan Basran and colleagues, wrote a letter (2009;108:1991) requesting retraction of their 2006 paper, in which they concluded that surgical patients who received red blood cells that had been stored for more than 30 days were more likely to die than patients who received fresher blood.

The study's corresponding author, Elliott Bennett-Guerrero, told the *New York Times* in June 2006 that they had carried out the study to investigate the claim of the US Food and Drug Administration that "42-day-old blood is just as safe and effective as 10-day-old blood" (www.nytimes.com/2006/06/27/health/27blood.html).

Their retrospective review of 321 eligible patient records purportedly showed a 19% absolute difference in mortality between patients who received blood that had been stored for 1 to 19 days (4% mortality) and those who received blood stored for 31 to 42 days (25% mortality) (*Anesthesia and Analgesia* 2006;103:15-20).

treat severely injured soldiers in Iraq was fake, claims army

small cage that contains protein used in the manufacture of new bone. "Recombinant human bone morphogenetic protein-2 for grade III open segmental tibial fractures from combat injuries in Iraq," was retracted in March after Walter Reed notified the journal.

Medtronic, the manufacturer of Infuse, stated in an email to the *BMJ* that Dr Kuklo is a consultant to the company. According to a report by the Center for Public Integrity, a public interest watchdog organisation based in Washington, DC, Dr Kuklo has longstanding financial ties to Medtronic.

Dr Kuklo is a graduate of the US Military Academy at West Point and was a colonel in the US army medical corps before he retired to take his current position as associate professor of orthopaedic surgery at Washington University School of Medicine in St Louis.

The problems with the study were uncovered when Romney Andersen, who was falsely named as a coauthor, reported that he had not participated. This led to an investigation by Walter Reed officials, who found that none of Dr Kuklo's purported four coauthors was involved in the

study and that their signatures were forged on the publication submission.

Norvell Coots, commander of the Walter Reed Health Care System, told the *New York Times* that the results claimed by Dr Kuklo were more positive than those observed by other surgeons and that the number of patients Dr Kuklo claimed to have treated during the study, 138, exceeded the total number of soldiers for which the hospital could find records. Dr Kuklo did not respond to requests for an interview from the *BMJ*.

Cite this as: *BMJ* 2009;338:b2026

The retraction comes after inquiries earlier this year by the *BMJ* about the journal's decision not to retract the article.

The first criticism of the paper came from FDA officials, in a June 2007 letter to *Anesthesia and Analgesia* pointing out internal contradictions in its statistical claims and urging the authors to provide the data that would allow the FDA and others to conduct an accurate analysis.

The authors reacted to the FDA letter with their own letter in 2007 acknowledging the errors but stated: "Unfortunately, we are unable to correct the apparent errors, since we cannot find the dataset upon which the manuscript's results are based" (*Anesthesia and Analgesia* 2007;104:1597).

Dr Shafer provoked outrage among some anaesthesiologists when he refused to retract the paper. In a response to the FDA's criticism of the paper he replied in his journal (*Anesthesia and Analgesia* 2007;104:1597-8): "The authors have lost the data. They cannot defend their results. How embarrassing! The authors considered retracting the manuscript, as did the Editorial Board of *Anesthesia and Analgesia*. However, retraction implies that the findings are not to be believed . . . [According to] Occam's razor, the most simple explanation is that the files were simply lost."

Dr Bennett-Guerrero did not respond to requests for an interview.

Harvey Marcovitch, former chairman of the Committee on Publication Ethics, an international forum of journal publishers and editors, was critical of the journal's failure to act for two years after publication of the FDA's concerns. He said that "editors are responsible for the integrity of the scientific record" and must seek satisfactory explanations when serious questions are raised about data.

Cite this as: *BMJ* 2009;338:b2057

French doctors protest over commercialisation of care

Paul Benkimoun PARIS

Thousands of doctors and nurses from public hospitals marched in cities across France last week in protest at a proposed act that is designed to change the governance of French hospitals.

Doctors think that it will give too much power to hospital directors, who will be given the role of "super managers." Decisions will no longer be made by directors in collaboration with the medical profession.

The directors will also be encouraged to see their hospitals first and foremost as commercial enterprises rather than as medical ventures, the doctors say. The act also proposes budget cuts, which, doctors claim, will jeopardise the quality of care.

The Hôpital, Patients, Santé et Territoire act (Hospital, Patients, Health, and Territory act), known by its acronym HPST, was put forward by Roselyne Bachelot, the minister of health and sports.

Central to the problem is the imposition on public hospitals of an activity tariff, comparable to one in the private sector, by which hospitals are paid a standard rate for each procedure. It has resulted in 29 out of 31 university hospitals going into deficit.

The government had planned to bring the two sectors, public and private, into line by 2012, but following the protests this has been extended to 2018.

Further concessions have also been made. President Nicolas Sarkozy has agreed to allow doctors to have more weight in the governance of hospitals, despite having repeatedly said that "hospitals must have one and only one boss: the director."

However, this was still not enough to defuse the anger against the act. Three days after President Sarkozy's speech on 11 May, doctors and nurses went back onto the street and held widespread demonstrations.

Cite this as: *BMJ* 2009;338:b2043



Doctors march in Marseilles against the new law proposed by health minister Roselyne Bachelot

German doctors' leader calls for debate on rationing services

Annette Tuffs HEIDELBERG

Patients should pay for more diagnostic procedures and treatments out of their own pockets, the leader of the German Medical Association has proposed.

Jörg-Dietrich Hoppe, the association's president, has called for a public debate about the rationing of health care in Germany. He has proposed that a committee of doctors, lawyers, and patient representatives be established to suggest to politicians which diagnostic procedures and therapies should in future be paid by the patients themselves and no longer by health insurance companies.

Emergency cases as well as patients with stroke, heart attack, and other severe diseases should have first priority, Dr Hoppe said in an interview with the online version of the daily newspaper *Frankfurter Rundschau* (www.fr-online.de, 8 May).

Second priority should be patients with pain that is untreatable, such as that caused by degeneration of the hip joint. However, treatment for diseases caused by bad lifestyle should not necessarily be refunded. For example, cholesterol drugs could belong to the category of luxury medicine, Dr Hoppe said.

Cite this as: *BMJ* 2009;338:b2045

Even insured Americans are paying more for health care

Janice Hopkins Tanne NEW YORK

Several studies show that even US residents with health insurance are spending a higher proportion of their incomes on health care than ever before, and many women are ignoring health care because of costs.

The studies are published at a time when the new Obama administration is promoting healthcare reform and universal coverage as its most important goals.

A study by FamiliesUSA, a non-profit making organisation, found that 64 million people younger than 65 lived in families that spent more than 10% of their pre-tax income on health care—nearly one in four US residents younger than 65. Almost all of them (94%) had health insurance.

The study also found that 19 million US residents spent more than 25% of their pre-tax income on health care,

although 90% had health insurance.

The number of US residents who are spending more on health even though they have insurance has increased by at least 50% since 2000, the report said.

The United States has a population of about 300 million. People 65 and older are covered by Medicare health insurance, which covers some hospital costs, some drug costs, and nursing home care.

US residents who have health insurance must nevertheless pay out of pocket fees to see a doctor affiliated with their health insurance plan, higher out of pocket fees to see a doctor who is not affiliated with their plan, and fees for prescription drugs.

The Agency for Healthcare Research and Quality, part of the federal department of Health and Human Services, used federal data to report that most US residents who are not covered by health insurance through their jobs cannot afford to buy health insurance in the private market (*Health Affairs* 2009;28:887-96, doi:10.1377/hltaff.28.3.887).

The report said that nearly 24 million citizens under the age of 65 who do not have access to employment



Red Cross sees “unimaginable humanitarian catastrophe”

Peter Moszynski LONDON

As the war in Sri Lanka enters its last stages, with government forces over-running the last pockets of Tamil Tiger resistance, there is mounting concern for the welfare of tens of thousands of civilians who have been caught in the crossfire.

Amnesty International's Asia director, Sam Zarifi, told the *BMJ* that the civilians were being used as “human shields” by the insurgents and shelled by the military and that those who escape are being held in internment camps, without access to international assistance or monitoring while they are screened to weed out suspected rebel fighters.

Some 250 000 people have fled the fighting in the past month but thousands remained trapped inside

the shrinking perimeter, forcibly prevented from leaving by rebel diehards, who regarded them as the only protection they had.

A makeshift hospital that was tending the wounded caught in the besieged enclave had to close on Thursday 14 May after it became too unsafe for doctors to continue working after the installation had been repeatedly shelled, despite being in a supposed no fire zone.

Eyewitnesses told Amnesty, which obtained satellite images showing the hospital's destruction, that the shelling had come from Sri Lankan army positions. The military claims that the rebels were firing on their own positions to discredit the government.

The International Committee of the Red Cross (ICRC) said last Friday

that hundreds of seriously wounded or ill patients trapped in the conflict area had “been waiting in vain for several days for desperately needed medical care.” For several days, a ferry chartered by the Red Cross and anchored only a few kilometres away from the patients has been unable to evacuate them because of continuous heavy fighting.

“Our staff are witnessing an unimaginable humanitarian catastrophe,” said Pierre Krähenbühl, ICRC's director of operations. “Despite high level assurances, the lack of security on the ground means that our sea operations continue to be stalled, and this is unacceptable. No humanitarian organisation can help them in the current circumstances. People are left to their own devices.”

Emilia Casella, a World Food Programme spokeswoman, also reported on Friday that a ship transporting 500 tonnes of its food supplies to people caught up in the conflict had to turn back because it was unable to dock and unload because of the fighting.

Rupert Colville, spokesman for the High Commissioner for Human Rights, Navi Pillay, said that an inquiry on possible war crimes might be warranted and noted that the attack of health facilities is strictly prohibited by international humanitarian law.

“We believe that some sort of independent commission of inquiry is essential,” Mr Colville said, underscoring that “both sides are bound by the rules of war.”

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related insurance cannot afford to buy insurance policies in the private market although they have incomes above the federal poverty level. Those who could afford insurance had a median annual family income of about \$41 000 (£27 000; €30 000); those who could not afford insurance had a median family income of about \$17 700.

Women are especially affected by health insurance problems, according to a report by the Commonwealth Fund, a private foundation supporting independent research on a high performance health system.

The report found that 52% of women of working age had problems getting medical care because of costs, compared with only 39% of men. The report said that women who had some insurance but inadequate coverage were especially vulnerable. The fund said that women were more vulnerable to high health costs because they have lower average incomes but higher out of pocket costs than men.

“More families are making difficult choices between needed health care, making payments on mortgages or credit card debt, and purchasing basic necessities,” said the fund’s president, Karen Davis.

The FamiliesUSA report, *Too Great a Burden: Americans Facing Rising Health Care Costs*, is at www.familiesusa.org, and the Commonwealth Fund’s report, *Women at Risk: Why Many Women Are Forgoing Needed Health Care*, is at www.cmwf.org.

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in Sri Lanka



Injured Tamil civilians wait for treatment in a makeshift hospital in Mullivaikal, after it was shelled. Eye witnesses told Amnesty International that it was attacked by the Sri Lankan army



Refugees flee from the Swat valley to avoid the street fighting between the Pakistani army and the Taliban

UN tries to secure safe corridors for aid to displaced civilians in Pakistan

John Zarocostas GENEVA

Peter Moszynski LONDON

United Nations relief officials have called for international aid to help nearly one million displaced people and to help large numbers of civilians trapped in the escalating conflict between Pakistan’s armed forces and Taliban militants in the country’s north west.

“Circumstances in these areas are very, very difficult. Supplies of electricity have been cut, which means often water systems are not functioning,” said Martin Mogwanja, the UN’s acting coordinator for Pakistan.

“The monetary system is not functioning because the banks have been closed, and the food supply is very limited because there is no means of distribution with many road blocks in all directions.

“We’re also concerned that a major hospital near Mingora, the capital town of Swat district, has had to be closed, and the doctors have evacuated themselves due to insecurity,” the UN official told reporters in Geneva in a teleconference.

“This means that there’s very limited medical capacity in those areas to respond to urgent medical needs of those who may be wounded in the fighting.”

Mr Mogwanja said that the humanitarian community is considering the establishment of safe corridors in the region, but noted, “It is very difficult to make the necessary contacts and to obtain the necessary guarantees of safety and security to allow humanitarian workers to enter the area.

“We hope all the stakeholders will respect

such requests as they are made and provide humanitarian workers with the possibility to access all the affected civilian population.”

Fighting in the Swat, Dir, and Buner districts has resulted in the latest influx of nearly one million displaced people. Camps have been established to accommodate displaced people in Lower Dir, Mardan, Malakand, Swabi, and Nowshera districts. But many are staying outside the camps with host families or in rented accommodation.

Dorothea Krimitsas, spokeswoman for the International Committee of the Red Cross, said that the agency had been able to deliver hospital supplies in some of the conflict areas, such as Buner on 13 May, but had not been able to get in the Swat valley “because the heavy fighting prevents us.”

The Pakistan Red Crescent society was able, however, to deliver humanitarian assistance on Friday 15 May in the conflict hit areas of Malakand and Lower Dir.

William Spindler, a spokesman for the UN High Commissioner for Refugees, said that the number of displaced people registered since 2 May has reached 987 000, of which 80 000 are in camps and the rest with host families or in rented accommodation.

The new influx, along with the 550 000 who fled their homes in earlier fighting in the same region last August, means more than 1.5 million people are in need of humanitarian aid.

The World Health Organization and other relief agencies are trying to increase medical supplies, food, and other essentials.

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