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**WORLD NEWS** Climate change could cause half a million annual deaths by 2030, p 1348

**bmj.com** Study questions benefits of immediate hormone therapy after menopause

## Cardiac services have improved in UK but more capacity needed

Zosia Kmietowicz LONDON

Heart patients in the United Kingdom had considerably better access to emergency and life enhancing cardiac procedures in 2006 than in 2000, the first systematic mapping study has found. But to meet the predicted needs for cardiac services in 2020, some regions need to increase the number of procedures they perform substantially; some, such as implanting defibrillator devices, need to expand by up to 13% a year.

The results of the study, which was commissioned by the British Cardiovascular Society, the British Heart Foundation, and the Cardio and Vascular Coalition, show that, overall, 152 000 more treatments were performed between 2000 and 2006, a rise of 59%. The largest rise (70%) was seen in the number of revascularisation procedures performed, up from 59 047 in 2000 to 100 418 in 2006, because of a wider use of angioplasty.

The study also found that eight regions, East Midlands, North East, North West, Scotland, South Central, Wales, West Midlands, and Yorkshire and Humber, had considerably less access than expected to at least one of the main cardiac interventions.

The UK compares less favourably than other similar countries for the main cardiac interventions, with the exception of total cardiac resynchronisation therapy. The UK ranked 20th out of 22 Organisation for Economic Cooperation and Development countries for revascularisation.

The study found that Scotland, Wales, and parts of England will need to increase the number of revascularisations by 5% a year between 2006 and 2020 to meet estimated demand. London will need to increase its capacity by just 1%.

Valve surgery needs to increase by at least 5% a year in all regions, the study found. Similarly, the predicted growth for implantable cardioverter defibrillators ranges from 6% a year in Northern Ireland to 13% a year in Yorkshire and Humber.

The report, *Access to Cardiac Care in the UK*, is at [www.bcs.com](http://www.bcs.com).

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KELLY GLASSCOCK/GETTY IMAGES

Rabbi Michael Davis and civic leader Anne Garvey mourn Dr Tiller at a candlelit vigil

## US abortion doctor murdered in Kansas while in church

Janice Hopkins Tanne

NEW YORK

George Tiller, who ran one of only three US clinics that provides late term abortions, was murdered last Sunday morning while serving as an usher in his Reformed Lutheran Church in Wichita, Kansas.

News reports said that he was killed by a single shot fired by a middle aged white man. Dr Tiller's wife, Jeanne, was in the choir at the time. The Wichita Police have detained a man, named as Scott Roeder, in custody.

Abortion is highly divisive in the United States. It became legal in 1973 with the Supreme Court's *Roe versus Wade* decision. Former president George W Bush's administration pushed to limit abortion.

Just two weeks ago, in a graduation day speech at Notre Dame University, a leading Catholic institution, Barack Obama asked US citizens to seek common ground and

to work towards reducing unwanted pregnancies.

President Obama said that he was "shocked and outraged" by the killing of Dr Tiller, adding "difficult issues such as abortion . . . cannot be resolved by heinous acts of violence" ([www.washingtonpost.com](http://www.washingtonpost.com), 31 May 2009, "Obama 'shocked and outraged' by Tiller killing").

Anti-abortion protestors had attacked Dr Tiller's clinic, Women's Health Care Services, in Wichita, Kansas, for more than 20 years. It performs late term abortions for women who face serious health risks if the pregnancy continues and for women whose fetus has severe abnormalities.

A protestor shot Dr Tiller in both arms in 1993. He had also faced several legal challenges (*BMJ* 2009;338:b1329).

Warren Hem, a Colorado physician and friend of Dr Tiller, told the *Los Angeles Times* that Dr Tiller was the fifth

American abortion doctor to be assassinated. He said that it was an inevitable consequence of years of harassment and violence ([www.latimes.com](http://www.latimes.com), 31 May 2009, "Abortion doctor George Tiller is killed, suspect in custody").

The anti-abortion organisation Operation Rescue led many demonstrations at Dr Tiller's clinic but it called the murder a "cowardly act," according to CNN.

Nancy Northrup, president of the Center for Reproductive Rights, said "There is a long history of violations to physicians' physical security—including murder, attempted murder, and assault and robbery—without adequate protection from the state."

Sharon Camp, chief executive of the Guttmacher institute, which focuses on reproductive health, said that women who need later term abortions have "very few safe, legal options."

Cite this as: *BMJ* 2009;338:b2237

## IN BRIEF

### Holland to investigate isolation policy:

The Dutch health minister Ab Klink has announced an investigation into the use of individual isolation units for seriously disturbed psychiatric patients. Official figures have shown that between 2004 and 2008 there were 134 cases of "separation," each lasting more than a year. The numbers are declining, but the minister said that he was "shocked" by the figures.

### Genetic link found for testicular cancer:

Researchers have found the first inherited genetic risk factors for testicular cancer, reports *Nature Genetics* (2009 May 31, doi:10.1038/ng.394 and doi:10.1038/ng.393). A team at the Institute of Cancer Research found that many men who had cancer shared common DNA variants on chromosomes 5, 6, and 12.

### Americans pay hidden health tax:

The typical US family pays \$1017 (£630; €720) a year as a "hidden health tax" on their health insurance policies, according to a study by an actuarial firm for the charity Families USA. The money covers provision of medical services for those without health insurance. See [www.familiesusa.org](http://www.familiesusa.org).

### Cholera cases in Zimbabwe rising:

Zimbabwe will soon record its 100 000th cholera case, the International Federation of Red Cross and Red Crescent Societies said, warning that the threat remained. It said that almost 4300 people have died and that the case fatality rate, at 4.4%, was unacceptably high. The outbreak is stronger in rural areas, the federation said.

### Yellow fever vaccine running out:

Unicef and the World Health Organization have warned that the global emergency stockpile of yellow fever vaccine is due to run out in 2010, and there is no funding to cover campaigns in vulnerable countries in Africa once it is depleted.

Cite this as: *BMJ* 2009;338:b2217

### Countries hit by swine flu reach 62:

The number of countries affected by the A/H1N1 flu virus has risen to 62, according to the World Health Organization. Globally, as the *BMJ* went to press, there were 17 459 confirmed cases of the virus in 62 countries, including 115 deaths. The UK figure has risen to 278.

Cite this as: *BMJ* 2009;338:b2265



EYE OF SCIENCE/SPL

# Climate change could cause half

Andrew Cole LONDON

More than 300 000 people are dying each year, and millions more endure ill health as a result of climate change, says the first report to focus exclusively on the human impact of global warming.

The report, from the Global Humanitarian Forum, says that most of the deaths are caused by malnutrition, diarrhoea, and malaria. It estimates that 90% are the result of gradual environmental changes, with 10% attributable to weather disasters. The health of another 235 million people is being seriously affected.

The report predicts that by 2030 the annual death toll could rise to 500 000, with 660 million people seriously affected, making it the "biggest emerging humanitarian challenge in the world."

Launching the report in London last week, the forum's president, Kofi Annan, said that climate change was not a distant threat. "It's happening now and it is having an impact on millions of people around the globe."



The world's poor will be the most affected by climate change

## Workforce planning must be more female friendly, says report

Susan Mayor LONDON

Workforce planning for doctors in the NHS must take account of female doctors' preference for part time or other forms of flexible working, recommends a report published this week.

The Royal College of Physicians commissioned the report in response to the rapid rise in the number of women entering the medical profession at undergraduate level.

More than half (57%) of all new medical students are female. The number of women entering medical school has increased 10-fold since the early 1960s. The number of men has only doubled over this time. If current trends continue, most GPs will be women by 2013, and most of all doctors after 2017.

"The rapid increase in the share of women doctors has implications for the profession as a whole," says the report.

Mary Ann Elston, senior lecturer in sociology at Royal Holloway University of London, led a two year review of data on various aspects of medical careers, based on information from the United Kingdom and comparable data from other countries.

The information showed that female doctors have greater preference on average

than their male colleagues for part time or other forms of flexible working.

Follow-up of cohorts for 15 years after graduating showed that women work the equivalent of 60% of a full time doctor, compared with 80% for men, after taking into account career breaks and less than full time working.

Women also prefer to work in specialties with working hours that can be planned more and with more patient contact, such as general practice and paediatrics.

"The organisational implications of changing workforce patterns and preferences with respect to working hours and specialty choices should be urgently examined so that the effective delivery and continuity of patient care is not compromised," says the report.

The impact of the European Working Time Directive and the drive for consultant led health care should also be evaluated, it adds.

More needs to be known about the changing demographics of the workforce, says the report. And doctors should be given more information about individual specialties at each stage of their career.

But there is no evidence that women are more likely than men to leave medicine entirely, creating a pool of wasted talent, it says.

*Women and Medicine: the Future* is at [www.rcplondon.ac.uk](http://www.rcplondon.ac.uk).

See Research, doi:10.1136/bmj.b1735, and Editorial, doi:10.1136/bmj.b2223.

Cite this as: *BMJ* 2009;338:b2252

# a million deaths a year by 2030, warns report



AFP/GETTY IMAGES

He added, “The first hit and worst affected are the world’s poorest groups and yet they have done least to cause the problem.”

The new climate change deal to replace the Kyoto protocol, due to be hammered out in Copenhagen in December, must be global, safe, fair, and binding, he said. “The alternative is mass starvation, mass migration, and mass sickness.”

The report says that global warming is leading to increased desertification, rising sea levels, and many weather related disasters. These in turn create conditions in which disease flourishes.

The biggest cause of death from climate change is malnutrition, with an estimated 150 000 deaths a year and a further 45 million people affected. Diarrhoea, linked mainly to problems with water quality and quantity, affects 180 million people a year and causes 95 000 deaths. Climate change is also thought to be responsible for 55 000 deaths from malaria a year, and a further 10

million people a year catch the disease.

The impact is greatest on women, young people, and older people. Women account for two thirds of the world’s poor and also make up seven out of 10 agricultural workers. More than 90% of deaths from malnutrition and diarrhoea occur in children aged 5 or under.

The areas most prone to climate change, according to latest findings, are Africa, South Asia, parts of the Middle East, and many small islands in the Pacific.

The forum’s report is based on a range of recent publications and projections by climate change experts. Its figures represent averages based on projected trends over many years but carry a significant margin of error. But it points out that, given the accelerating pace of global warming, its predictions “may prove too conservative.”

*Human Impact Report Climate Change: The Anatomy of a Silent Crisis* is at [www.ghf-ge.org](http://www.ghf-ge.org).

Cite this as: *BMJ* 2009;338:b2227

## South African doctors march for better pay and conditions

Pat Sidley JOHANNESBURG

Thousands of public sector healthcare professionals and emergency services workers in South Africa took part in demonstrations last week to protest about low salaries and poor working conditions.

Marches organised by the South African Medical Association took place in KwaZulu-Natal and the Eastern Cape. And Johannesburg’s emergency services workers shut down the city’s ambulance and fire services.

In Pretoria, joined by sympathetic colleagues in private practice, about 4000 doctors headed for the offices of the new health minister, Aaron Motsoaledi, who is the third person to occupy the post in a year.

Doctors want average pay rises of 50%. A doctor in the first year of practice and saddled with loans earns less than 19000 rand (£1500; €1700; \$2400) a month before deductions. This goes up only marginally in a further compulsory two year period of national service and subsequently fails to acknowledge experience or length of service.

They also want an overhaul of the entire career structure, which the government agreed to in 2007, but has so far not delivered, as well as adequate and consistent supplies of drugs and equipment.

Healthcare professionals have given the government seven days to respond to their

demands, saying that they will go on strike if their demands are not met. But the next round of talks with the government is not scheduled until 8 June, and the global recession has depleted the government’s coffers because of falling tax revenues.

Last week’s protest follows an illegal strike in April by many of the same doctors, angered by their representative body’s failure to win better pay and conditions for them.

The healthcare workers’ demands have received widespread support, and the Congress of South African Trade Unions has warned Dr Motsoaledi that he must take prompt action.

The congress’s general secretary, Zwelinzima Vavi, said “We cannot expect to have an efficient public health system if doctors are not paid well. One of the reasons our health system is in tatters is because of the shortage of doctors.”

Dr Motsoaledi told the marching doctors “I want to reiterate that the fact that doctors are underpaid is not debatable; as government we know about that. That is why we are dealing with this issue at the highest level.”

Chief executives at public hospitals, hit by drug and equipment shortages, have also been unusually open, encouraging the media to report on the situation and boosting public support.

Charlotte Mexenge Johannesburg Academic Hospital, one of Johannesburg’s main teaching hospitals, has no disinfectant, and its pharmacy has been closed for several weeks. In an interview in the Johannesburg *Star*, its head of surgery, Kenneth Boffard, said that it would not be able to cope with a bus crash or the demands of a big international football tournament, the Confederation Cup, which begins in a month ([www.thestar.co.za](http://www.thestar.co.za), 29 May 2009, “Joburg hospital in dire straits”).

Next year South Africa hosts the World Cup football tournament and as part of the conditions of being granted hosting rights is obliged to have adequate healthcare facilities for both competitions.

Cite this as: *BMJ* 2009;338:b2256



Aaron Motsoaledi (centre) addresses the striking doctors at last Friday’s march in Pretoria

AFP/GETTY IMAGES

## Medical aid team kept out of Gaza questions UK government help

Owen Dyer LONDON

A medical aid team that recently returned to the United Kingdom after unsuccessfully trying to gain access to Gaza has questioned the efforts of the UK Foreign Office to support their work.

The team of four, led by Omar Mangoush, a cardiac surgeon at London's Hammersmith Hospital, had intended to help establish a cardiac surgery unit at al-Shifa Hospital in Gaza City. But the doctors spent most of May waiting at the Egyptian controlled Rafah crossing, where doctors from Ireland and the United States successfully entered Gaza with the backing of their countries' embassies.



UK doctors visited the Rafah crossing every day for two weeks but failed to enter Gaza

They visited the crossing every day for two weeks and even went on a brief hunger strike but soon realised that the Egyptians would not be moved, said Christopher Burns-Cox, a retired consultant in general internal medicine, who was part of the mission.

"We expect to try again when we have the

word from Britain and Egypt that we'll actually be allowed across," said Dr Burns-Cox.

Ahmed Almari, director of Palestine International Medical Aid, the organisation that sponsored the mission, told the *BMJ*, "It's beyond comprehension that our doctors aren't allowed in when other groups are. The British and Egyptian governments stated that they would facilitate all humanitarian aid to Gaza. David Miliband [the foreign secretary] explicitly said he would facilitate aid. We want to see this in action."

Dr Burns-Cox said that the UK consul in Cairo said he had done all he could but Dr Burns-Cox added, "I have my doubts."

A spokeswoman for the Foreign Office said, "We are doing what we can to help those who wish to enter Gaza, by raising the issue of humanitarian access at senior levels with the Egyptian authorities."

Cite this as: *BMJ* 2009;338:b2214

## GP faces GMC hearing over 12 deaths at Gosport War Memorial Hospital

Clare Dyer BMJ

A GP accused of giving elderly patients excessive doses of opiates in the 1990s faces a hearing at the General Medical Council to decide whether she is fit to practise.

The allegations against Jane Barton relate to her treatment of 12 patients while she was working part time as a clinical assistant in elderly medicine at the Gosport War Memorial Hospital in Hampshire between January 1996 and November 1999 (*BMJ* 2009;338:b1657).

An inquest into the deaths of 10 patients ended last April with a jury verdict that three patients had been given inappropriate drugs that has-

tened their deaths and that a further two had been prescribed the correct drugs but in doses that contributed to their deaths.

The inquest followed a decade of inquiries by police and the NHS into the deaths of 92 patients in the 1990s. Relatives claimed that patients sent there for recuperation were instead given palliative care suitable for terminally ill patients.



Jane Barton faces GMC hearing over prescribing

In advance of its 11 week hearing the GMC imposed conditions on Dr Barton's practice, which ban her from prescribing diamorphine and require her to restrict her prescribing of diazepam in line with *British National Formulary* guidance.

The charges accuse her of prescrib-

ing drugs, including diamorphine and midazolam, with too wide a dose range. The GMC also alleges that her actions in prescribing the drugs were "inappropriate, potentially hazardous, and not in the patients' best interests" and that in the case of four patients the lowest starting doses were too high. The prescriptions created situations which were "potentially hazardous."

She is also accused of not obtaining a colleague's advice on four separate occasions when a patient's condition deteriorated; failing to appropriately assess the condition of the 12 patients before prescribing opiates; and not keeping clear, accurate, and contemporaneous notes.

Cite this as: *BMJ* 2009;338:b2187

## Information commissioner criticises NHS over "cavalier"

Anne Gulland LONDON

The UK information commissioner has written to the Department of Health to demand that action be taken over the lax treatment of personal data in the NHS.

Between January and April this year the Information Commissioner's Office reported 140 security breaches in the NHS, which was more than the total number from inside central government (53 breaches) and all local authorities (60 breaches) combined. Some 58 breaches in security involved stolen

data or hardware, and 43 involved lost data or hardware.

Speaking to the *Independent* newspaper on Monday 25 May Mick Gorrill, the assistant commissioner in charge of enforcement, said there was a "cavalier attitude" to information in the NHS.

"There is a complete disconnect between the procedures laid down by managers and what happens on the ground," he said. "We need a complete audit to try to change the culture."

Between November 2008 and April 2009 the information commissioner

had to take action against 14 NHS organisations for data breaches.

In one case Cambridge University Hospital NHS Foundation Trust reported the loss of an unencrypted memory stick, containing the details of 741 patients, after a member of staff left it in a car. The memory stick was discovered in a car wash where an employee accessed the contents to identify the stick's owner.

In another case Central Lancashire Primary Care Trust reported the loss of a memory stick containing details of 6360 prison patients. Although the

data had been encrypted, a password was written on a note stuck to the stick.

Since being found in breach of the Data Protection Act all 14 organisations have signed undertakings, promising to implement security measures, such as locking offices and ensuring a fully operational security swipecard system at all times to prevent further breaches. And all mobile and portable devices will be password protected and encrypted. Every staff member is also to be made aware of policies on data storage and the use

# International criticism prompts Sri Lanka to improve health services for conflict victims

John Zarocostas GENEVA

Widespread international condemnation has prompted Sri Lanka's ministry of health to increase health services for almost 300 000 people displaced by the recent war and confined in camps. The World Health Organization is providing technical advice and supplies, including hospital beds and cardiac monitors, said Paul Garwood, spokesman for WHO.

WHO says that hospital facilities are severely overburdened and in need of more staff and medical supplies. There are seven hospitals in the Northern Province and seven hospitals outside to provide care for sick and injured people.

According to WHO, 232 doctors and 200 nurses will be permanently posted in the affected area. Seventeen primary health centres, with nutritional screening units at each centre, and five referral centres, are being developed in the camps for internally displaced people.

Sri Lanka's secretary general for coordinating the peace process, Rajiva Wijesinha, told the *BMJ* that more mobile hospitals, aftercare centres, and psychosocial relief centres are needed. And WHO officials note the "severe shortage of trained medical staff, medicines, and equipment."

After visiting the camp at Manik Farm on 23 May, the United Nations secretary general Ban Ki-moon said "it was a very sobering visit—very sad and very moving . . . many were sick and injured."

The government has restricted access



There are almost 300 000 people in Sri Lanka's camps, and hospitals are seriously overburdened

by UN humanitarian agencies and other relief groups to the camps. On 27 May the advocacy group Human Rights Watch told a special session of the UN Human Rights Council that this had "worsened an already serious humanitarian crisis."

Meanwhile, the four doctors who aid agencies say had had a vital humanitarian role in the conflict zone during the hostilities were still in custody—three in police custody in Colombo and the fourth in an undisclosed hospital, Professor Wijesinha told the *BMJ*.

During the hostilities, indicative estimates of civilian casualties by the UN put the number of civilians killed between 20 January and 7 May at 7000.

On 13 March, Navi Pillay, UN human

rights commissioner, had said that several credible sources showed that more than 2800 civilians may have been killed and more than 7000 injured since 20 January. There are thought to be hundreds of killed children and more than a thousand injured children.

But in the past week the *Times* of London and the French daily newspaper *Le Monde* reported that senior UN sources have estimated that the final phase of hostilities claimed more than 20 000 lives.

Elizabeth Byrs, spokeswoman for the UN Office for the Coordination of Humanitarian Affairs, denied the latest figures cited in the newspapers. "We cannot confirm figures we have not seen before," she said.

Cite this as: *BMJ* 2009;338:b2228

## treatment of data

of patient information.

Since 2008 strategic health authorities have been required to publish details of data losses. Yorkshire and Humber Strategic Health Authority sustained 27 data losses in 2007-8.

These included the removal of a computer server containing the details of 22 000 patients by an unauthorised person at one site.

Cite this as: *BMJ* 2009;338:b2171



## Recession hits medical research charities as one in four say they have cut back on grants

Jo Waters LONDON

A quarter of the United Kingdom's medical research charities have already cut grants as a direct result of the recession, a new survey carried out by the Association of Medical Research Charities has shown.

Of the 59 charities out of 63 that responded to the question about funding levels, just over half (30) respondents said that they were maintaining their spending on research for the current financial year, but one in four (15) admitted they were cutting their spending on grants by between 10% and 40%. And more than three quarters predicted that the economic downturn would

have a significant impact on their work.

The association, which represents 117 charities that between them provided £936m (€1.1bn; \$1.5bn) of research grants in 2008, has called on the government and public donors to help them weather the downturn.

"Smaller charities funding work into less common conditions are being hit particularly hard," said the association's chief executive, Simon Denegri. Charities have been hit by lower interest rates on reserves, losses on the stock market, less corporate giving. Some are also reporting a drop in income from lower attendances at fundraising events.

Cite this as: *BMJ* 2009;338:b2177

## Academic criticises delay in publication of public health report

Melissa Sweet NEW SOUTH WALES

A report that calls for Australia to establish a register of public health research, in an effort to promote improved government transparency, is yet to be released eight months after it was completed.

Don Nutbeam, who chaired a review of funding of public health for the National Health and Medical Research Council (NHMRC), has taken the unusual step of sending a letter to express his frustration at the delay in the report's release, which he said was causing "disappointment, concern and suspicion" among the public health community.

In his letter, published by the Public Health Association of Australia ([www.phaa.net.au](http://www.phaa.net.au)) and the Australasian Faculty of Public Health Medicine (<http://afphm.racp.edu.au/news/trainingevents.cfm>), he said that the review was completed last October and that he had been expecting its release since early 2009.

Professor Nutbeam, professor of public health and provost and deputy vice chancel-



Professor Don Nutbeam: media storm over swine flu does not explain delay

lor at the University of Sydney, said that he assumed that the delay was more likely to be "cock-up than conspiracy," reflecting the "inefficiencies and the bureaucratic nightmare that's been created around the NHMRC and its relationship with the government."

Professor Nutbeam said that he had had many promises from the council of the report's imminent release and assumed that delays at the office of the federal health minister, Nicola Roxon, were to blame.

"While I'm sure the minister's office is overwhelmed by the current media storm over swine flu, that's not a reasonable excuse for the past six months," he said.

MS holds an honorary appointment in the University of Sydney's school of public health.

Cite this as: *BMJ* 2009;338:b2238

## Number of babies born worldwide by

Roger Dobson ABERGAVENNY

More than 200 000 babies worldwide are born each year as a result of assisted reproduction technology (ART).

A report estimates that 219 000 to 246 000 babies were born in 2002 from an estimated 911 000 to 1 025 000 cycles (an increase of 12% compared with 2000) (*Human Reproduction* 2009 May 27, doi:10.1093/humrep/dep098).

But the report shows wide geographical differences in the availability of assisted reproduction technology, from two cycles per million population in Ecuador to 3688 cycles per

million population in Israel.

"There are wide variations between countries in the availability and quality of ART," says Jacques de Mouzon, who led the International Committee for Monitoring Assisted Reproductive Technology, which compiled the report. "There are several reasons for this, such as fertility rates, women's age, insurance cover, the national economy, but the most important is certainly inequity in access to health care and ART."

He added, "This raises the question of developing so called low cost ART in low income countries. It would probably

mean lower success rates but greater access to treatment."

The report analyses worldwide practice and results by type of assisted reproduction technology, women's age, number of embryos transferred, and multiple births. Data were received from 1563 clinics in 53 countries. Data were missing from several other countries, mostly in Asia, Africa, Oceania, and the West Indies, but the authors estimate that these missing countries would probably contribute 10-20% to assisted reproduction activity.

The results show that pregnancy and delivery rates

## US bill could overturn free public access to medical research

Jeanne Lenzer NEW YORK

A bill has been introduced in the US Congress that would end free access to the results of published studies funded by the National Institutes of Health (NIH).

The HR 801 bill, entitled the Fair Copyright in Research Works Act, would, if passed, overturn a public access bill that was passed in October 2007 (*BMJ* 2007;335:906). This requires researchers to deposit the results of studies with the National Library of Medicine for publication in PubMed Central within a year of publication in a peer reviewed journal. The current law only affects research funded by the National Institutes of Health.

The 2007 public access bill was supported by 26 Nobel prize winners, who signed a letter to Congress. Advocates of the bill said that patients and doctors would benefit from being able to access research findings in the PubMed database.

Elsevier, one of the big scientific publishers that oppose public access, told the *BMJ* in an email, "The American Association of Publishers is representing the industry on this bill, and media inquiries are being referred to them."

The American Association of Publishers sent a letter on 24 October 2008 to Congressman John Conyers, urging him to take action against the current public access

statute. Mr Conyers, who chairs the house judiciary committee, introduced the new bill to Congress in February.

The trade association said in its letter to Mr Conyers that public access is "fundamentally unfair to the journal publisher because it allows NIH, without providing just compensation, to deliberately take the value of the publisher's 'quality assurance' processes, and also undermines the publisher's right to distribute the final published article," because the "NIH can make the manuscript freely available online—in direct competition with distribution of the publisher's own final published version—no later than 12 months after its publication."

Heather Joseph, executive director of the Scholarly Publishing and Academic Resources Coalition, which opposes the bill, told the *BMJ*, "No publisher has ever presented data that shows that the NIH policy has harmed them financially." She added that the public access policy "provides an important avenue for all interested researchers, health care providers, and members of the public to access crucial, cutting edge biomedical research. It carefully balances the interests of all stakeholders, including publishers, in the process."

Thirty three Nobel laureates signed an open letter to Congress on 9 September 2008 in support of continued public access, stating that one of its benefits is that increasing amounts of scientific knowledge are made freely available to people who need to use it ([www.arl.org/sparc/bm~doc/nobelistsupportpa-08sept.pdf](http://www.arl.org/sparc/bm~doc/nobelistsupportpa-08sept.pdf)).

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## assisted reproduction rises by 12%

have increased for fresh and frozen embryo cycles despite a drop in the number of embryos transferred. More than 601 250 cycles worldwide resulted in delivery rates per aspiration or attempt at egg retrieval of 22% after in vitro fertilisation, 21% after intracytoplasmic sperm injection, and 15% after frozen embryo transfer. That compares with delivery rates in 2000 of nearly 19%, 20%, and 12%.

The researchers also found that cumulative delivery rates per aspiration varied among countries, ranging from 14% to 39%.

The authors found that the percentage of four or more

embryo transfers decreased from 15.4% in 2000 to 13.7% in 2002 and that the proportion of twin pregnancies dropped from 26.5% to 25.7% and triplet pregnancies from 2.9% to 2.5%.

Results show that there has been a large increase in the use of intracytoplasmic sperm injection compared with conventional in vitro fertilisation.

Compared with 2000, use increased from 54% to 61% in North America and from 46% to 54% in Europe.

The authors say it is difficult to explain the reasons behind this increase. It could be

because more infertile men are seeking treatment; because diagnosis of male infertility is improving; because male infertility is increasing as a result of exposure to sperm damaging compounds in the environment; or because fertility teams turn to intracytoplasmic sperm injection more when conventional in vitro fertilisation fails.

Basil Tarlatzis, president of the International Federation of Fertility Societies, said, "The report highlights the different access to ART in different countries, and the variable success rates."

Cite this as: *BMJ* 2009;338:b2208



Quadruplets born to a woman in Jiangsu province, China, following IVF treatment

REX

## Canadian minister accuses doctors of causing panic over claims of poor breast cancer tests

**David Spurgeon** QUEBEC

A Canadian health minister has rejected claims that as many as 30% of patients with breast cancer in Quebec may have received improper treatment. Yves Bolduc's comments came after several days of confusing media reports about the alleged improper treatment.

Dr Bolduc, Quebec's health minister, said that the reports were false and unfounded, and he blamed the press and special interest groups for misinforming the public.

Clarification came after a meeting last Sunday with medical experts who examined a study from the Quebec Pathologists Association first publicised by an online news story from Radio Canada, the French service of the Canadian Broadcasting Association.

Dr Bolduc said, "We can assure [patients] that the majority of tests were done properly. The majority of women in Quebec were properly diagnosed and received proper treatment."

Last week's news reports said that the Quebec pathologists' study involved 15 tissue samples sent to 25 of the province's 140 laboratories.

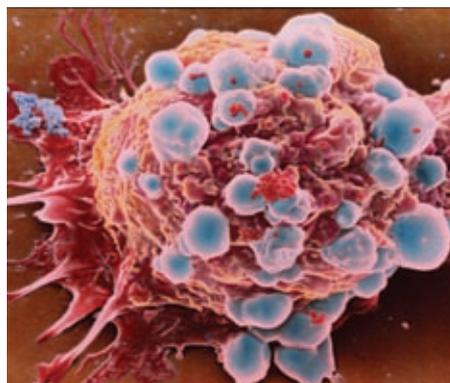
Dr Bolduc insisted that the study did not suggest, as some had concluded, that patients with breast cancer had received inadequate and ineffective treatment. However, he added that the study had accurately concluded that

the laboratories failed to adhere to a common set of quality control standards.

In addition to criticising the press, Dr Bolduc blamed the Federation of Medical Specialists of Quebec for creating panic among people with cancer in an effort to promote their own corporate interests.

Gaetan Barrette, the federation's president, said that the minister ignored the fact that Quebec's laboratories had a large error rate when testing cancer patients.

"The [pathologists'] study proved that the laboratories that [made] the diagnoses were insufficiently precise," said Dr Barrette. "The minister agrees and then he says there is no problem. The only thing left for him to do is



Laboratory testing for breast cancer cells sparked concerns about quality control standards

to retest the cancer patients and improve the equipment in pathology departments, which is a serious problem."

Dr Bolduc said that it was too early to say whether some women would have to be retested, adding, "We will determine whether it is necessary to undertake new tests . . . and if so, in what proportion. We were not able to determine that this [Sunday] afternoon."

Among the minister's concerns, expressed after the pathologists' association released its study without his knowledge, were that it involved only 15 breast cancer tissue samples and received funding from Hoffman-LaRoche, which produces the breast cancer drug trastuzumab (Herceptin).

The situation arose after botched breast cancer test results in the nearby province of Newfoundland and Labrador last year. Inaccurate test results had been given to 368 patients in an eight year period. Of those women, more than 100 had died. Justice Margaret Cameron concluded in her report on the situation that quality control at the laboratory that processed the breast cancer tests "was so little and so haphazard as to be non-existent" (*BMJ* 2009;338:b952).

The Montreal *Gazette* newspaper said that bungled diagnostic testing was emerging as a national plague.

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