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Doctors vote for English health bill to be withdrawn

Jacqui Wise LONDON

Doctors at the BMA's special representative meeting on Tuesday 15 March voted overwhelmingly for the withdrawal of the Health and Social Care Bill, saying that the current plans for reform are too extreme and too rushed and will have a negative effect on the care of patients.

Representatives also backed a motion calling on the BMA to lobby against the introduction of legislation that obliges commissioners to always seek "any willing provider" and calling for the NHS to be the preferred provider wherever NHS provision is accepted to be of good quality.

The meeting also called on the health secretary to call a halt to the proposed top-down reorganisation of the NHS; accept that there is no electoral mandate for the introduction of such changes; recognise that primary care trusts are losing crucial staff, that many of the trusts are at risk of collapse, and that services are at risk; and ensure that all financial transactions between the NHS and external contractors are made public.

Hamish Meldrum, the BMA's chairman of council, received a standing ovation when he told the meeting, "Let no one be in any doubt: I do not support this bill; the BMA does not support this bill; the profession, as shown by our recent MORI poll and in meetings up and down the country, does not support this bill."

However, Dr Meldrum cautioned that the coalition government was unlikely to buckle and to withdraw the bill. "We need to be realistic about where we are now and what we wish for, because, even without this bill, the way the NHS is being run in England is far from perfect."


MARK THOMAS

Doctors' representatives voted for the NHS to be the preferred provider where services were good quality

He said that the BMA had achieved a modest but significant change to the legislation in getting rid of the clauses that would have allowed price competition (*BMJ* 2011;342:d1481, 7 Mar). He described this change as "a small step in the right direction." And he added that there were still opportunities for further changes during the legislative process.

Calling for the withdrawal of the Health and Social Care Bill, Andy Thornley, from the BMA's agenda committee, said, "This is not evolution, it is not a tweak. It is too much at the wrong time and too quickly. The bill is an enormous mistake. I think it is not possible to tweak or tinker with this bill; it needs to be thrown out."

Proposing the motion against the obligation to seek any willing provider, Beverley Day, of the Birmingham division, said, "If [the regulator] Monitor enforces the competition rules doctors could be embroiled in disputes."

And she said that there was a danger that private companies would cherry pick the profitable, low risk services.

As the *BMJ* went to press the meeting had still to vote on what action doctors should take in opposing the bill.

Cite this as: *BMJ* 2011;342:d1701

MPs call for English hospitals to publish their productivity rates

Andrew Cole LONDON

The House of Commons Public Accounts Committee wants all hospitals in England to publish their year on year clinical productivity rates as part of the drive to find £20bn (€23bn; $32bn) of efficiency savings in the NHS by 2014-15.

It is also calling for the Payments by Results scheme, by which hospitals are paid per procedure, to cover all their activities and for better use of pay contracts to boost staff performance.

Its latest report is a response to a report by the National Audit Office last year showing that hospital productivity fell by 1.6% a year between 2000-1 and 2010-11 despite a record increase in annual NHS spending, from £60bn to £102bn, over the same period (*BMJ* 2010;341:c7287).

The committee acknowledges that the extra funding led to major improvements in hospital waiting times and outcomes among patients with cancer and heart disease. But, it says, the national focus on quality of care and meeting national targets "has meant that clinical staff have not been performance managed with regard to the cost or efficiency of their activities."

It adds, "In future the [health] department needs to have a more explicit focus on improving hospital productivity if it is to deliver its ambitious savings target without healthcare services suffering." A recent analysis by the healthcare think tank the King's Fund, given as evidence to the committee, indicated that productivity would need to rise by 6% a year to achieve this.

Management of NHS Hospital Productivity **is at www.publications.parliament.uk/.**

Cite this as: *BMJ* 2011;342:d1705

Government's responsibility deal is met with scepticism

Adrian O'Dowd LONDON

A national agreement between the UK government and the food and drinks industry, launched on Tuesday 15 March, has met with a sceptical reaction from health professionals and charities.

The "responsibility deal," an agreement between the government, the industry, and health organisations, contains a series of voluntary pledges aimed at improving public health in England, but several health bodies and charities have refused to sign up to it.

The health secretary, Andrew Lansley, launching the deal, said that joint working meant that the deal could deliver faster and better results than a regulatory route to improve poor diet and alcohol misuse.

Mr Lansley, who unveiled more than 170 signatories to the first phase of the deal, said that since September of last year five networks—working on food, alcohol, behavioural change, physical activity, and health at work—had developed a series of pledges for action.

The pledges include calorie counts on menus from September this year; reducing salt in food so that people eat 1 g less a day by the end of 2012; removing artificial trans fats by the end of this year (agreed to by fast food outlets including McDonald's and Kentucky Fried Chicken); achieving clear labelling of alcohol unit content on more than 80% of alcoholic drinks by 2013; increasing physical activity through the workplace; and improving workplace health.

Mr Lansley said, "We know that regulation is costly, can take years, and is often only determined at a European Union-wide level anyway. That's why we have to introduce new ways of achieving better results."

Several leading organisations, however, are not convinced, including the BMA, the Royal College of Physicians, Alcohol Concern, and the British Liver Trust, which have withdrawn from the deal's alcohol network and refused to sign up to the overall deal.

Sceptics also exist in the food section of the deal. The chief executive of the charity Diabetes UK, Barbara Young, said, "Diabetes UK cannot consider signing up to the responsibility deal in its present form." Many of the pledges replicate existing standards, she said.

The British Heart Foundation has also refused to sign up to the deal for the time being. Its chief executive, Peter Hollins, said, "We hope to be able to sign up to the deal once further progress is made in developing a robust monitoring system for the pledges."

The UK Faculty of Public Health, the UK's standard setting body for public health specialists, rejected the alcohol pledges but said that it supported the overarching commitments in the responsibility deal, particularly those on food and occupational health.

The responsibility deal is at www.dh.gov.uk.

Cite this as: *BMJ* 2011;342:d1702

BMA and others walk out of "half hearted" national alcohol plan

Adrian O'Dowd LONDON

Several health representative bodies have walked away from a national joint effort to tackle alcohol misuse in England, saying that the government has ignored their opinions and sided with the drinks industry.

The government is expected to unveil a public health responsibility deal on 15 March that will include steps to fight alcohol misuse in England, but the process has been severely undermined by the defection of the health bodies.

The BMA, the Royal College of Physicians, Alcohol Concern, the British Association for the Study of the Liver, the British Liver Trust, and the Institute of Alcohol Studies have withdrawn from the government's Responsibility Deal Alcohol Network and refused to sign up to the overall public health responsibility deal.

The responsibility deal is a series of networks created by the government last year as a partnership between the Department of Health for England, industry, and healthcare organisations. They cover alcohol, food, physical activity, and health at work.

Under the alcohol part of the deal the drinks company Heineken is expected to reduce the alcohol content of some of its products; the supermarket chain Asda will stop promoting alcohol near the fronts of stores; alcohol advertisements will not be allowed within 100 metres of schools; and 80% of alcohol products will have labels listing the number of units of alcohol.

The six parties cited several reasons for walking away from the deal. In particular, they said that

Government delays in banning tobacco displays lead to frustration

Ann McGauran LONDON

Cancer Research UK, the BMA, and other experts have said they are disappointed by the government's decision to delay removing tobacco displays from shops in England.

Although the government's new tobacco control plan for England announced an intention to consult on forcing tobacco products into plain, unbranded packs, it also gives retailers extra time to prepare for the tobacco display provisions in the 2009 Health Act. The decision to delay implementing the tobacco display legislation for large shops until April 2012 and for all other shops until April 2015 has frustrated some professional groups and campaigning organisations.

Published on 9 March, *Healthy Lives, Healthy People: A Tobacco Control Plan for England* confirms action to end eye catching tobacco displays in shops which encourage young people to start smoking.

In Scotland, a ban on tobacco displays had been expected to come into force this October in larger retailers, but Scotland's public health minister, Shona Robison, said she expected the implementation dates would now mirror the English position. Scotland's revised timetable will be confirmed after the outcome of Imperial Tobacco's legal challenge. Regulations similar to those in England and Scotland are being considered by the Welsh Assembly.

In England, legislation to ban the display of tobacco products was put in place by the previous Labour government and if implemented would have ended tobacco displays in large supermarkets from September this year and in smaller shops a year later.

Cancer Research UK's chief executive, Harpal Kumar, said he was "very disappointed" about the delay in the removal of tobacco displays in small shops. "We must never forget that every day 400 children start smoking," he added. "Our young people will be exposed to persuasive tobacco marketing for two years longer than necessary. However, it is positive that the government will still remove cigarette vending machines as planned."

***Healthy Lives, Healthy People: A Tobacco Control Plan for England* is at www.dh.gov.uk/en/Aboutus/Features/DH_124977.**

Cite this as: *BMJ* 2011;342:d1609

the deal was too limited and focused on voluntary interventions that had no evidence of effectiveness. The deal also failed to tackle issues such as availability or promotion of alcohol, lacked teeth because no sanctions were proposed, and prioritised the views of the industry, they said.

The BMA's director of professional activities, Vivienne Nathanson, said, "The BMA has thought long and hard about walking away from the table, but ultimately we do not feel we have any option.

"The government has 'talked the talk' in respect of wanting to tackle alcohol misuse, but when it comes to taking tough action that will achieve results it falls short.

"Instead it has chosen to rely on the alcohol industry to develop policies. Given the inherent conflict of interest, these will do nothing to reduce the harm caused by alcohol misuse."

Don Shenker, chief executive officer of Alcohol Concern, said, "By allowing the drinks industry to propose such half hearted pledges on alcohol with no teeth, this government has clearly shown that when it comes to public health its first priority is to side with big business and protect private profit."

Mr Shenker told the *BMJ* that the underlying problem was that any agreement by the industry to take steps was being done on a voluntary basis.

"The steps being taken are at the bottom rung of effectiveness," he said. "They are not specific or very measurable, and there's no sanction in place if industry does not fulfil those pledges."

The Royal College of Physicians' special adviser on alcohol, Ian Gilmore, said, "The industry pledges do not give practising doctors—who see the rising tide of health harm from drink in their daily practice—any confidence that they will get to the core of how we reverse this entirely preventable cause of illness and death."

Cite this as: *BMJ* 2011;342:d1659

LUKE MACGREGOR/REUTERS

Large shops have until April 2012 to remove tobacco displays; other shops until April 2015

ANNA GOWTHORPE/PA

Ministers were surprised by the ferocity of opposition to health reforms at the Liberal Democrat conference

Lansley is to review health bill after Liberal Democrats oppose reforms

Nigel Hawkes LONDON

Andrew Lansley, the secretary of state for health, has signalled a willingness to make changes to the Health and Social Care Bill to conciliate rebellious Liberal Democrats.

At their weekend conference Liberal Democrat members rejected their party leadership's support for Mr Lansley's reforms of the health service in England. To persuade sceptical Liberal Democrats in parliament to approve the bill, Mr Lansley will now need to make some concessions. The question is whether these will prove substantive or merely cosmetic.

The amendment passed by the party conference makes three major points. It rejects what it sees as a "damaging and unjustified" market based approach in the bill, warns of the risk of private companies "cherry picking" profitable services, and urges that commissioning should be made publicly accountable by requiring "about half" the membership of the new GP commissioning boards to be local councillors.

Mr Lansley has already retreated on the issue of competition on price in the NHS (*BMJ* 2011;342:d1481, 7 Mar), and in media interviews over the weekend he hinted that there was room for change in the rules on competition to prevent cherry picking. On the BBC television *Politics Show* he said he would try to avoid that kind of advantage. "We have to make sure that the price that is paid by the NHS for individual operations doesn't allow for cherry picking," he said.

The Liberal Democrat Party's desire to democratise commissioning by involving local councillors was part of its election manifesto. The pledge also appeared in the coalition government agreement, which envisaged giving patients a stronger voice through "directly elected individuals" on the boards of primary care trusts. It was ministers, Conservative and Liberal Democrat alike, who subsequently decided that primary care trusts should be abolished—so the Liberal Democrat activists were attempting to wind the clock back.

The party members in Sheffield also called for GP commissioning consortium areas and local authorities to be coterminous, which makes sense if councillors are to be members of boards. But because the principle of GP led commissioning is to put clinicians and not politicians in the driving seat, Mr Lansley will be reluctant to change this.

One possibility may be to enhance the role of the local health and wellbeing boards, which do include political representation. The bill requires local authorities to establish such boards to improve coordination of commissioning across health and social care. The resolution passed in Sheffield called on Liberal Democrats in local government to strengthen the boards, which they said should work alongside GP commissioning boards to help them construct their annual plans.

Nick Clegg, the Liberal Democrats' leader, responded to concerns about the privatisation of healthcare in his speech to the conference. He declared trenchant opposition to it, which cost him nothing, as the bill is not about privatisation. After Mr Lansley's retreat on price competition, ministers are on relatively strong ground in arguing that the bill goes no further than did Labour's reforms in opening up the NHS to competition. But they have so far been unsuccessful in convincing critics of this.

Cite this as: *BMJ* 2011;342:d1646

Japan calls on troops to help relief efforts after earthquake

Peter Moszynski LONDON

Japan has begun a massive relief operation in response to three consecutive emergencies: earthquake, tsunami, and the threat of nuclear radiation from damaged reactors. The full extent of the disaster has yet to be assessed, but the prime minister, Naoto Kan, described it as the worst crisis in his country since the second world war.

The magnitude 9 earthquake, which triggered a devastating tsunami that ravaged the northeast coast of Japan, was one of the strongest since records began (more than a century ago) and the worst in Japanese history. The epicentre was 120 km off the coast, causing a 10 m high wave that surged 0.5 km inland in some areas, destroying everything in its path.

As the authorities work to control several damaged nuclear power stations, a major emergency response operation in the tsunami and earthquake affected areas is under way. The government has ordered 100 000 defence force troops to help conduct emergency operations.

About 380 000 people have been evacuated from the affected areas and are being sheltered in 2050 evacuation centres.

The International Atomic Energy Agency says that authorities in Japan have also evacuated another 210 000 people living within a 20 km radius of the Fukushima nuclear power plant, where a nuclear emergency has been declared after explosions in its damaged reactors.

After a third explosion at the site that led to radiation rising to levels that could affect human health, the government warned a further 140 000 people living within a 30 km radius to stay indoors and to seal their windows, and it says that it is taking a number of precautionary measures to protect its citizens, including providing stocks of iodine pills. Two other damaged nuclear facilities at Tokai and Onagawa are also giving cause for concern.

The United Nations' Office for the Coordination of Humanitarian Affairs says that rescue and relief operations "are being hampered by continuous aftershocks, tsunami alerts, and fires." Many areas along the northeast coast remain isolated and unreachable by emergency services. It warns that "the impact of the disaster is exacerbated by winter weather," with temperatures dropping to less than 1°C at night.

It says that the worst affected areas are in the prefectures along the northeastern coast, including Iwate, Miyagi, Fukushima, Ibaraki, and Chiba. Before the crisis the population of these five prefectures was 14.8 million people, of whom 1.6 million lived within 5 km of the coast.

As at 14 March the government of Japan confirmed that 1647 people had died, 1990 people were injured, and more than 10 000 people were

Scottish GPs declare opposition to English "market driven" reforms

Bryan Christie EDINBURGH

Family doctors in Scotland are demanding greater influence over the care of their patients but are strongly opposed to the controversial health reforms being pursued in England.

The annual conference of Scottish local medical committees on 10 March agreed to explore models of GP commissioning but only after unanimously rejecting the "market driven healthcare policies of the UK coalition government."

DAVID CHESKIN/PA

Nicola Sturgeon is committed to a non-commercial NHS

The conference was told that the health systems in Scotland and England are diverging to such an extent that England now appears more foreign to Scottish doctors than continental Europe.

The chairman of the BMA's Scottish GPs committee, Dean Marshall, said that any model of commissioning in Scotland had to be based on cooperation and partnership between primary and secondary care to improve care pathways and deliver care for patients. He said, "That would be the starting point and is very different from what is being done in England. We don't need a full scale reorganisation of primary care to achieve that."

In his speech to the conference Dr Marshall warned that the reforms in England would commercialise the NHS and increase competition between GPs. "We do not support the market based reforms being pushed through in England, where the consequences for patients could be severe. But we do believe that an enhanced role for GPs in Scotland in making decisions about patient care could deliver very real benefits," he said. Dr Marshall called on the Scottish government to work with GPs to establish a coherent strategy on the future development of general practice.

The Scottish health minister, Nicola Sturgeon, praised the contribution of GPs to the success of the NHS in Scotland. She described the English reforms as dangerous and divisive and reaffirmed her commitment to a non-commercial NHS.

Cite this as: *BMJ* 2011;342:d1633

Nine million people have lost health cover in US recession

Bob Roehr WASHINGTON, DC

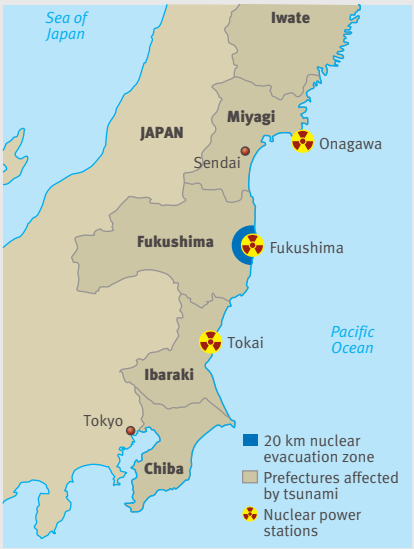
An estimated nine million of the 13.7 million adult Americans who have lost their jobs in the current economic recession lost the health insurance coverage previously provided by their employer, warns a health insurance survey by the Commonwealth Fund, published on 16 March.

Adults earning less than 200% of the federal poverty level were much more likely to have become uninsured than those whose income was higher than this level (70% versus 42%). Adults in this lower income group were less likely to have gained coverage under a spouse's health insurance plan or through other means (22% versus 29%). And they were much less likely to have been able to continue to pay for coverage under their former employer's health plan (8% versus 21%), as allowed in some circumstances under the federal COBRA law (the Consolidated Omnibus Budget Reconciliation Act of 1985).

Many people who had lost their health

KYODO NEWS/AP/PA

AREAS AFFECTED BY EARTHQUAKE AND TSUNAMI IN JAPAN



missing. The number is likely to rise once emergency teams reach the tsunami affected areas.

Hospitals are reported to be coping with the number of patients, with 145 of the 170 designated emergency response hospitals fully functioning. Medical teams from 52 hospitals from around the country have been sent to the earthquake hit areas to help treat injured people.

The Japanese Red Cross has 62 teams also providing assistance, and 178 disaster medical teams have been deployed, with another 111 on the way. The UN office says that the main humanitarian needs are food, drinking water, blankets, fuel, and medical items. An estimated 1.4 million households have no mains water, while millions more have no electricity, and gas supplies are reported to be running low.

Cite this as: *BMJ* 2011;342:d1666

insurance found that a pre-existing condition—which might be as minor as high blood pressure that is controlled with treatment—meant that they did not qualify for new coverage or meant a higher payment rate for insurance that they could not afford.

The Commonwealth Fund's president, Karen Davis, said, "This survey tells a story of millions of Americans who lost their jobs during the recession, lost their health benefits too, and had essentially no place to turn for affordable healthcare coverage, putting their health and financial security at risk."

The proportion of Americans who are spending at least 10% of their income on health insurance premiums and, when they access services, on co-payments has risen. In 2001 around 31 million working adults (21% of the total) reached that threshold, but by 2010 the number had risen to 49 million (32%).

The number of people struggling with medical related debt has also risen. In 2005 an estimated 39 million people said they had problems paying their bills; this had grown to 53 million in 2010. Around 30 million people reported having been contacted by a collection agency, representing a major rise from 22 million in just five years. This rise occurred despite the fact that people were putting off visiting a doctor or didn't fill a prescription to minimise their medical expenses. The number of adults doing this jumped from 47 million (29%) in 2001 to 75 million (41%) in 2010.

Attempts to reduce use of health services were most apparent in the deferral of preventive care. Among adults aged 50 to 64, those with health insurance were more likely to have been screened for colon cancer in the past five years than were those without insurance (57% versus 36%). The same trend was seen in women receiving mammograms in the past two years (79% versus 42%).

Health reform legislation passed in 2010 sought to tackle many of these problems, but its major provisions will not take effect until 2014, and it is currently being challenged in the courts (*BMJ* 2011;342:d792).

The survey is conducted every two years. The latest was carried out between July and November 2010 and included 3033 adults between the ages of 19 and 64.

***Help on the Horizon: How the Recession Has Left Millions of Workers without Health Insurance, and How Health Reform Will Bring Relief* is available at www.commonwealthfund.org/.**

Cite this as: *BMJ* 2011;342:d1645

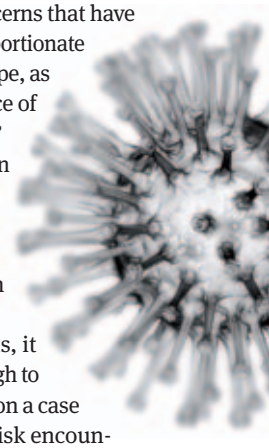
European parliament criticises H1N1 pandemic response

Rory Watson BRUSSELS

The European Union parliament has branded as "disproportionate" some of the public health measures that governments took during the H1N1 pandemic two years ago. MEPs have also called on European Union countries to overhaul their prevention plans to make them more effective, coherent, and flexible.

In a strongly worded resolution the parliament urges the World Health Organization to revise the definition of a pandemic to take account not just of its geographical spread but also of its severity.

The resolution and accompanying report were drafted by the French Green MEP Michèle Rivasi. After they were approved on 8 March in Strasbourg she said, "This report is an important attempt to highlight the concerns that have been raised about the disproportionate response to swine flu in Europe, as well as the potential influence of pharmaceutical companies."



The parliament's resolution has no legal authority but sends a strong political signal that important changes should be made to cope with any future pandemic.

National prevention plans, it says, should be flexible enough to adapt as quickly as possible on a case by case basis to the actual risk encountered, on the basis of up to date information.

It emphasises the need for stronger cooperation among national authorities, including the possibility of group purchase of antiviral vaccines and treatment products and the closer involvement of health professionals.

MEPs are pressing for the European Centre for Disease Prevention and Control to have a stronger role in assessing and communicating the severity of risk to European and national authorities.

The resolution also deals with the issue of possible conflicts of interest among scientific experts. It says that the experts should have no financial or other interests in the drug industry and should subscribe to the ethical principles of a European code of conduct that the MEPs would like to see drawn up.

Responding to the parliament's call, a WHO spokesman said that pandemic preparedness guidelines would be updated as part of a regular process in the organisation and that the definition of severity would be looked at.

Cite this as: *BMJ* 2011;342:d1639

IN BRIEF

Chad reports meningitis outbreak: Chad's health ministry reported 993 suspected cases of meningococcal disease, including 57 deaths, between 1 January and 6 March 2011. The World Health Organization said that 752 000 doses of bivalent A/C polysaccharide meningococcal vaccine are being provided for a mass vaccination campaign in the five affected districts in the southern region of Logone Occidental.

Scientists urge H2N2 flu vaccination: Governments should launch vaccination programmes now to prevent an H2N2 flu pandemic, say researchers from the US National Institutes of Health Vaccine Research Center (*Nature* 2011;471:157-8). Immunity against the strain is very low in people aged under 50, they say, and the strain could easily jump from animals and birds to humans.

GPs say commissioning will focus on cost: A survey of more than 1000 GPs in England shows that 71% think that cost will be the priority for new commissioning arrangements. GPs already involved in practice based commissioning were even more likely to think this. GPs expect that the focus on cost is likely to lead to restrictions on services provided, particularly the number and type of procedures commissioned and hospital referrals, showed the survey, by the Nuffield Trust, Doctors.net.uk, and Ipsos MORI.

European parliament adopts strategy to cut health inequalities: The European parliament adopted a strategy on 8 March to reduce health inequalities in Europe, with a long list of recommendations for national governments and European Union institutions. These consider factors that affect a population's health inequitably but that can be avoided and dealt with through public policy.

UK launches support line for combat stress: A 24 hour freephone helpline (0800 138 1619) has been introduced to give war veterans and their families access to advice from people trained in supporting former military personnel with mental health problems. The government is providing £200 000 to fund a one year pilot of the helpline.

Bupa reports 72% drop in profits: The UK private health insurance provider Bupa has reported a major reduction in profits, to £118m for 2010. This was due to difficult economic conditions in its key US and UK markets, where unemployment and healthcare reforms had affected business, it said.

Cite this as: *BMJ* 2011;342:d1688

ABBIE TRAYLER-SMITH/PANOS

Free healthcare for pregnant women is one of the few areas where progress is being made in Ghana

Oxfam warns against copying Ghana's "flawed" health plan

Peter Moszynski LONDON

Ghana's new health insurance scheme benefits far fewer people than is claimed and should not be held up by the World Bank as a model for expanding free universal healthcare in other low and middle income countries, says a new report by Oxfam.

Rather than two thirds of the population being covered by the scheme, as Ghana's National Health Insurance Authority and the World Bank have claimed, less than a fifth of Ghanaians could be benefiting, the charity says. Its report claims that most people have to continue to pay out of their own pockets for their healthcare.

An Oxfam health policy adviser, Anna Marriott, told the *BMJ* that despite every citizen contributing towards the health insurance scheme through value added tax (VAT), only 18% of the population are currently valid members. The system was unfair, inefficient, and non-transparent, she said, because it received 70% of its funding through taxation.

The report says that this "heavy reliance on tax funding erodes the notion that it can accurately be described as social health insurance and in reality is more akin to a tax funded national healthcare system, but one that excludes over 80% of the population."

Activists call for Libya to end attacks on health facilities and to let in medical supplies

Peter Moszynski LONDON

Forces under the command of Muammar Gaddafi have carried out appalling assaults on sick and wounded people and on health professionals and have prevented urgently needed medical supplies from entering the country, say Libyan doctors and international health campaigners.

At a London press conference on 9 March organised by Libyan activists in the United Kingdom, Ahmed Sewehli of Libyan Doctors' Relief asked the BMA for assistance and called on the UK government "to urgently dispatch humanitarian aid and medical supplies to the border areas."

Dr Sewehli, a psychiatrist in Manchester whose father and brothers recently disappeared after speaking out against the regime from inside Libya, told the *BMJ* that Libya's hospitals were "extremely badly equipped to start with" and that "all sources of supply had been halted because the government refused to allow any medical aid from outside." As a result hospitals were "desperately lacking in the supplies most needed to treat the victims of violence," especially anaesthetics, antibiotics, painkillers, and ventilators, and were also extremely short of items such as infant milk formula.

Physicians for Human Rights said that "unconscionable acts" have been reported,

It estimates that twice as many rich people are registered as the poorest, and "evidence suggests the non-insured are facing higher charges for their health care." It says that out of pocket payments for healthcare are "more than double" the World Health Organization recommended rate, thus "the risk of financial catastrophe due to ill health" remains unacceptably high.

Bishop Akolgo, of the Ghanaian charity Isodec (Integrated Social Development Centre), said, "It is appalling that everyone pays for healthcare in Ghana through their taxes, yet over 80% of the population is denied care from the national scheme because they can't afford to pay twice."

Oxfam and Isodec concede that important progress has been made in Ghana's healthcare system in recent years: free healthcare for all pregnant women was introduced in 2008; the number of deaths of children aged under 5 from malaria has been halved; and child and infant mortality are on the decline after years of stagnation.

The government's "clear political commitment to health" was very welcome, said Mr Akolgo, but it must move to a national health system that is "free at the point of delivery for all—a service based on need and rights and not ability to pay." He added, "Ghana can still build a universal healthcare system that delivers for all and is the envy of Africa."

Ms Marriot said, "Inaccurate information should not be used to sell what is actually an unfair and inefficient system of paying for healthcare to other developing countries such as Uganda, Zambia, and Nepal."

Achieving a Shared Goal: Free Universal Health Care in Ghana is at www.oxfam.org.uk.

Cite this as: *BMJ* 2011;342:d1630

India's Supreme Court says it may sanction euthanasia in the future

Ganapati Mudur DELHI

India's Supreme Court has declared that withdrawing life support to patients may be permitted in certain situations through a legal procedure, in a landmark ruling that the country's medical community believes will provide guidance for care at the end of life.

Aruna Shanbaug has been in a coma for 38 years since her attack

On 7 March the court rejected a petition filed two years ago to withdraw feeding support from Aruna Shanbaug, a former nurse at the King Edward Memorial Hospital in Mumbai, who has been in a persistent vegetative state since she was sexually attacked by a hospital cleaner in November 1973. But the court signalled that it would not rule out sanctioning some cases of euthanasia in the future if doctors approached the courts to request permission.

When she was attacked, Ms Shanbaug had a dog chain wrapped around her neck, causing hypoxia and irreversible brain damage. Her brain stem is active, and she can breathe on her own, make sounds, blink, and eat food that is placed in her mouth, court documents said. The hospital nurses feed her, bathe her, and change her position every few hours.

In an affidavit Sanjay Oak, dean of the King Edward Memorial Hospital, said that the hospital staff and nurses are determined to take care of Ms Shanbaug, who is now in her 60s, "until her last breath by natural process."

"In the history of medicine there would not be another single case where a patient has been cared for and nurtured in bed for [over three decades] and yet has not developed a single bed sore," Dr Oak said. "This speaks volumes for the excellence of nursing care."

The court noted that Ms Shanbaug's relatives had abandoned her and that hospital staff now make up her "real family." However, the court said that if the hospital did change its stance in the future it could approach the Mumbai High Court to allow withdrawal of feeding.

In its ruling the court cited the case of Anthony Bland, the UK man who was injured in the April 1989 Hillsborough football stadium disaster and who was the first patient in British legal history to be allowed to die (in March 1993) after permission by a court to withdraw life prolonging treatment. Mr Bland's case was strikingly appropriate, the court said.

The Supreme Court has outlined a procedure by which India's high courts will consult panels of independent doctors before delivering verdicts on requests for withdrawal of life support made by families of patients in permanent vegetative states.

The Indian Society for Critical Care Medicine has said that although the ruling deals only with the specific situation of patients in a chronic persistent vegetative state it is still a "crucial positive step" in the development of appropriate guidelines for the care of dying people in India.

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including the "shooting and killing of patients and fighting inside hospitals and clinics and from medical vehicles." Calling for an immediate end to violent attacks on civilians and "a halt to all interference with medical care in Libya," the charity's director, Frank Donaghue, said, "Those who have shot and killed the sick and wounded in cold blood and who have prevented injured patients from receiving care should be prosecuted and punished."

Applauding the recent unanimous vote in the UN Security Council to refer the situation in Libya to the International Criminal Court, he said, "Hospitals should be places of healing, not terror, and these crimes shock the conscience."

Physicians for Human Rights has collated reports of armed men storming local clinics, patients disappearing from hospitals, shooting inside clinics and hospitals, bodies being removed from morgues and disposed of secretly, forces firing on ambulances, gunmen using ambulances to fire on protestors, injured people being shot dead instead of being taken to hospital, attacks on health professionals, and medical staff and supplies being kept from people who need them.

ASMAA WAGUIH/REUTERS

Medical staff at Ras Lanuf hospital treat an anti-Gaddafi protester wounded in clashes

Mr Donaghue said, "Individuals and leaders who continue to allow and encourage these crimes—or worse yet carry them out—must be held individually responsible for them. Each and every violation should be documented for the purpose of accountability and to prevent future atrocities." He also insisted that the Red Cross should be granted unfettered access.

After a visit to the Libyan border, Andrew Mitchell, the UK secretary of state for international development, this week announced funding for the International Committee of the Red Cross to provide three medical teams to treat and provide medical supplies to 3000 people affected by the ongoing fighting.

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