bmj.com Experts deny claims that peer review is in crisis
UK news Scotland looks set to impose minimum price for alcohol, p 1046
World news Vermont moves closer to providing first US socialised medicine, p 1048
For the full versions of articles in this section see bmj.com

Road safety plan aims to save five million lives

John Zarocostas GENEVA

Leaders of dozens of countries have launched the first global decade of action for road safety and pledged to take steps to save five million lives and prevent 50 million serious injuries over the next 10 years.

The World Health Organization says that road traffic injuries have become the leading cause of death among young people aged 15 to 29 years and that nearly 1.3 million people die each year on the world's roads.

Etienne Krug, WHO's director for violence and injury prevention and disability, said, "We hope that through [the next] decade road safety will move out of the shadows."

Margie Peden, WHO's coordinator for unintentional injury prevention, said that rapidly developing countries such as India, China, and others "have seen huge spikes in road traffic accidents" as their numbers of road users soar.

Dr Peden said that 10 countries account for half of the world's road crashes, with China and India accounting for more than a quarter. Other countries with a high rate of road traffic crashes include Brazil and Russia.

The action plan, developed by the United Nations road safety collaboration after wide global consultation, calls for action in five main areas. These include improving emergency healthcare services and long term rehabilitation of people injured in road traffic crashes, strengthening road safety management, and improving the safety of road networks for all users, especially for the most vulnerable—pedestrians, bicyclists, and motorcyclists—who account for nearly half of the casualties.

The blueprint also calls for improved vehicle safety, by ensuring basic measures such as seat belts, and for the adoption and enforcement of road safety legislation to control speeding, to increase the wearing of helmets and use of seat belts, and to avoid drink driving.

LES LADBURY/ALAMY

France, where road deaths have fallen from 16 000 to 4000 in 40 years, uses effigies to mark deaths

Dr Krug said that only 15% of countries have the right legislation in place on key risk factors.

He said that countries such as the United Kingdom, Sweden, Australia, and France have dramatically cut their road death rates in recent decades by doing all the things outlined in the plan. "It's really a question of political will," he said. France, for example, reduced the number of road deaths from more than 16 000 in the early 1970s to just over 4000 in 2009, he added.

Global Plan for the Decade of Action for Road Safety 2011-2020 **is at www.who.int/.**

Cite this as: *BMJ* 2011;342:d2918

Lansley faces increasing isolation over proposed health reforms

Nigel Hawkes LONDON

Andrew Lansley, the health secretary for England, faces isolation as support for his reform of the NHS dribbles away. Threats by the Liberal Democrat leader, Nick Clegg, to vote down the health bill in parliament and a detailed critique of the bill by the Royal College of General Practitioners have significantly worsened what was already a precarious position for Mr Lansley.

Paradoxically the Liberal Democrats' disastrous results in local elections last week and the crushing defeat of the proposal they favoured to change the voting system have strengthened rather than weakened Mr Clegg's hand. Already under threat from rebellious grassroots Liberal Democrats, his position will be desperate if he cannot extract concessions over the bill. David Cameron, who himself harbours doubts, will be happy to oblige, using Mr Clegg's troubles as cover for a retreat in which Mr Lansley will be the victim.

In January Mr Clegg gave the bill his full support, even claiming that the abolition of primary care trusts and strategic health authorities was in his party's manifesto.

But the election defeat has altered the calculations. To protect his own future Mr Clegg must either gain concessions or bring down the coalition. Mr Cameron, understandably, will do his best to make sure it is the first.

The issue is what, if anything, can now be rescued from the debacle. The Royal College of General Practitioners, which under its former chairman, Steve Field, backed the bill, has adopted a contrary view under his successor, Clare Gerada. A paper prepared by the college (www.rcgp.org.uk) raises concerns that the bill as drafted will remove the obligation to provide a comprehensive health service in England, will open the door to GPs' charging for services that are at present free, will inhibit collaborative working by its explicit support for competition, will expose GPs to conflicts of interest, and will damage training.

Cite this as: *BMJ* 2011;342:d2947

Scotland may be first UK country to impose minimum alcohol price

ALEX SEGRE/REX FEATURES

The SNP had to abandon previous attempts to raise alcohol prices because of opposition

Bryan Christie EDINBURGH

Legislation on the minimum pricing of alcohol is set to be introduced in Scotland after the resounding victory of the Scottish National Party (SNP) in last week's Scottish parliamentary election.

The win also signifies a divergence in health policy between Scotland and England. The SNP has rejected the reforms that have created so much unrest in England and promised to protect the Scottish health budget in a "publicly funded and publicly delivered" health service.

However, economists are warning of difficult challenges ahead in paying for a costly series of SNP commitments, including free prescriptions, free personal care, no university tuition fees, and a five year freeze on council tax at a time when the Scottish budget is falling.

The SNP was forced to abandon minimum pricing of alcohol in the last parliament after failing to secure support from opposition parties (*BMJ* 2009;339:b5120).

However, the overall majority it won in last week's election means that it now has enough votes to bring in a minimum price of around

Number of excess winter deaths is three times as high in the coldest homes as in the warmest

Jacqui Wise LONDON

Children, teenagers, and elderly people are most affected by cold homes and fuel poverty, concludes a new report written by the team set up to review health inequalities, headed by Michael Marmot.

The report, commissioned by the charity Friends of the Earth, found that excess winter deaths are almost three times higher in the coldest quarter of housing than in the warmest quarter.

The report reviews the existing evidence of the direct and indirect effects on health of living in fuel poverty and cold housing. It found that most excess winter deaths among people in this group are attributable to either cardiovascular diseases (40% of deaths) or respiratory diseases (33%).

Children living in cold homes are more than twice as likely to have respiratory problems as children living in warm homes, the report found. A quarter of adolescents living in cold housing have mental health problems, five times the proportion among adolescents who have always lived in warm homes (one in 20). Cold housing also increases the likelihood of minor illnesses such as colds and flu and exacerbates existing conditions such as arthritis and rheumatism.

Professor Marmot said, "The many physical and mental health problems linked to cold homes described in this report are distressing. People might be shocked to learn that living in a cold home doesn't just affect older people—it also has a negative impact on the development and emotional wellbeing of babies, children, and teenagers."

He added: "It is unacceptable that some of our most vulnerable people are suffering in cold homes they often can't afford to heat properly. This could be avoided with the right policies."

The report says, "The government's current support and financial commitment to addressing the problem of poor thermal efficiency of housing remains inadequate, given the potential it has to improve the health and wellbeing of the populations and help mitigate climate change."

In 2008 a fifth (18%) of households in the United Kingdom were estimated to be living in fuel poverty. This is defined as having to spend 10% or more of a household's net income on heating the home to an adequate level. Fuel poverty is dependent on three factors: the energy efficiency of the house, the cost of fuel, and the household's income. The report says that improving the energy efficiency of the country's housing stock is an essential step in reducing the number of households in fuel poverty.

Figures from Friends of the Earth show that at least 1.3 million children in England are living in homes so cold they're officially classed as health hazards. The campaigning group is calling for a "warm homes amendment" to the 2011 Energy Bill, introduced to the House of Commons in March, requiring the government to produce a strategy to fully insulate enough homes to tackle fuel poverty and climate change.

The Health Impacts of Cold Homes and Fuel Poverty **is at www.marmotreview.org .**

See Editorial, p 1038.

Cite this as: *BMJ* 2011;342:d2910

REALIMAGE/ALAMY

The government's response to cold homes is "inadequate," said Michael Marmot

45 p (€0.50; $0.70) per unit of alcohol.

This will increase the cost of certain drinks and is aimed at reducing the harm caused by overconsumption. The SNP made a commitment in its manifesto to introduce a bill on minimum pricing as a priority in the first legislative programme of the new parliament.

The party campaigned strongly on its record of managing the NHS in the past four years and on its vision for the future. It has promised to protect NHS funding in real terms, although a £300m target on efficiency savings has been set for this year, which is bound to have an effect on services. There are also plans for a 25% reduction in the number of NHS senior managers.

Ambitious targets are planned to reduce the number of smokers in Scotland as part of a new tobacco control strategy, and plans will also be implemented to reduce the burden of obesity. There is also a promise to deliver an integrated system of health and social care.

Scottish family doctors have been disappointed with plans to introduce health checks for everyone over the age of 40. They have warned that there is little evidence that this will improve the health of patients and will consume valuable time that could be better spent elsewhere.

Cite this as: *BMJ* 2011;342:d2927

Fewer children in England and Wales are dying violently

Susan Mayor LONDON

The number of children dying from assault in England and Wales has fallen substantially over the past 30 years, show the latest figures. However, they also indicate that violent deaths among older teenage boys have risen.

Researchers from the University of Warwick analysed mortality data from the Office of National Statistics that showed cause of death together with crime reports from the Home Office to calculate rates of violent death among children in different age groups.

The analysis showed that the annual rate of deaths from assault fell dramatically from 1974 to 2008. The number of infants (<12 months old) who died from assault fell from 5.6 in every 100 000 infants each year to 0.7 per 100 000. Over the same period the death rate in all children (1-14 years) from assault fell from 0.6 to 0.2 per 100 000 a year (*Archives of Disease in Childhood*, doi:10.1136/adc.2010.207647).

Figures for teenagers aged 15-19 years showed that the rate of death from assault fell during the 1970s and has since remained static in female adolescents but has risen in males.

When the researchers combined the numbers of deaths from assault with those deaths where it could not be determined whether injury had been caused by violent intent they estimated that each year between five and 15 infants in England and Wales died a violent death. For children aged 1-14 years the annual number was estimated at between 15 and 45, and for those aged 15-19 the estimated number was between 32 and 117.

Peter Sidebotham, a consultant paediatrician, associate professor of child health at the University of Warwick, and the study's lead author, said, "The figures provide evidence that rates of violent death in infancy and middle childhood have fallen over the past 30 years.

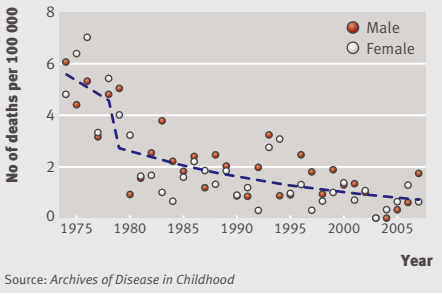
"These reductions appear to reflect real improvements in protecting children from severe abuse and neglect," he suggested, adding that the introduction of measures such as the child protection register and a more coordinated response to protecting children considered at risk seemed to be having some effect.

The figures confirm the results of a previous study suggesting that violent deaths among children are falling (*Child Abuse Review* 2008;17:297-312), in contrast to public perceptions from media coverage of child abuse cases.

"However, there is no cause for complacency while at least one child or young person per week dies as a result of assault," Dr Sidebotham said. "It is important that professionals, policy makers, and the public continue to learn lessons from violent child deaths and to recognise that we all carry a responsibility to ensure children's safety."

Cite this as: *BMJ* 2011;342:d2923

DEATHS FROM ASSAULT AMONG INFANTS AGED <12 MONTHS, ENGLAND AND WALES



Source: *Archives of Disease in Childhood*

PA

The death of Victoria Climbié (above) attracted huge publicity

Kennedy excised data on excess deaths from Mid Staffs report

Clare Dyer BMJ

The last chairman of the Healthcare Commission removed figures showing that Stafford Hospital had between 400 and 1200 excess deaths between 2005 and 2008 from the commission's final report into the hospital's "appalling" standards of care, against the wishes of its author.

Ian Kennedy, who chaired the commission from its beginning until it was abolished in 2009, told the public inquiry into failings at Mid Staffordshire NHS Foundation Trust that he decided to excise the figures because people did not understand the statistical concept of "excess deaths."

He said he took the action because of his experience a decade ago chairing the inquiry into children's heart surgery at Bristol Royal Infirmary and denied that he had come under pressure from the Department of Health for England or anyone else. Shortly after the damning report was published, in March 2009 (*BMJ* 2009;338:b1141), the figures were leaked.

Sir Ian told the inquiry, chaired by Robert Francis QC: "Mention of excess deaths was difficult for anyone but statisticians to grasp. In Bristol it became cruel to parents, relatives, and carers because they were keen to know whether it was their child who had been one of the 31 [excess deaths]. We could only say we didn't know."

He also said he wanted to prevent arguments over statistics in the Stafford case.

But he said that the NHS had become too politicised and that when scandals arose the Department of Health seemed more concerned about how to "handle" the story than to make changes.

"My experience of the Department of Health is they have a tendency to shoot the messenger rather than embrace changes that need to be made. Their first priority is to 'handle' the situation rather than consider and implement change" he said. He called for a single regulator to regulate the healthcare system as a whole in England.

Cite this as: *BMJ* 2011;342:d2900

KATIE COLLINS/PA

Ian Kennedy called for a single health regulator

IN BRIEF

New Chinese transplant centres will use only voluntarily donated organs: China's health ministry will launch a one year pilot project to license new organ transplantation centres that will procure only voluntarily donated organs and will not use organs from executed prisoners, says the official news agency Xinhua. Executed prisoners are currently the main source of transplants in China.

Rwanda starts programme to prevent cervical cancer: Rwanda has launched a three year national cervical cancer prevention programme that includes vaccination with Gardasil for girls aged 12 to 15 years and human papillomavirus (HPV) testing for women aged 35-45. Cervical cancer is the commonest cancer among women in Rwanda. Merck and Qiagen are providing more than two million doses of Gardasil and 250 000 HPV tests, respectively, free of charge.

Doctors are urged to feed into government's "listening" exercise on reforms: The BMA is urging doctors to feed their thoughts and ideas to the NHS Future Forum, the panel of clinicians, patients' representatives, and other stakeholders convened by the government to undertake the listening exercise on its Health and Social Care Bill. It is asking GPs to complete an online NHS reform feedback form at www.bma.org.uk/listening no later than 19 May 2011 and to send their thoughts to the forum (www.healthandcare.dh.gov.uk/listening-exercise-how-to-get-involved/) before the 31 May deadline.

Headaches affect half the global population annually: About half of the world's people get a headache in any one year, says a World Health Organization atlas on the burden of headache (www.who.int). Just over one in 10 of the headaches are migraines and four in 10 are tension related. Headaches are more common among women and affect young adults and middle aged people more than children or elderly people but are underdiagnosed worldwide.

NHS is failing to screen patients for risk of blood clots: Failure to screen and treat patients at risk of venous thromboembolism has cost the NHS in England over £122m in legal claims since 2005, says the charity Lifeblood, which analysed figures from the NHS Litigation Authority. Only 30 of the 159 hospital trusts in England have met the goal to assess risk in 90% of patients admitted to hospital, it says.

Cite this as: *BMJ* 2011;342:d2907

Vermont moves closer to providing first US "socialised medicine"

Jeanne Lenzer NEW YORK

Vermont is set to become the first US state to launch a single payer healthcare plan after a bill passed both houses of the state's legislature.

The plan is expected to be signed by Governor Peter Shumlin, who in February originally proposed the idea that would abolish most insurance plans and would instead provide healthcare to all residents through public funding. In the US this is known as a "single payer" scheme and is fiercely opposed by many conservative politicians as "socialised medicine."

Some doctors in Vermont are unhappy about the proposed changes. In an online poll of roughly 600 doctors conducted by the state representative George Till, a doctor who specialises in obstetrics and gynaecology, 28% said that they will stop practising medicine in the state if the plan is enacted. However, the poll by Dr Till, who opposes the governor's plan, has been criticised for not preventing multiple responses from the same person or responses from people who weren't doctors.

The man responsible for designing Vermont's plan, William Hsiao, professor of economics at the Harvard School of Public Health in Boston, told the *BMJ* that he and his colleagues evaluated healthcare schemes around the globe and found that "fee for service is the worst payment [mechanism] in the world, [as] it's inflationary—and it's the incentive structure embedded in our healthcare system." Costs spiral out of control, he said, because doctors and hospitals are paid more for doing more.

An analysis by Dr Hsiao, published in the *New England Journal of Medicine* (2011;364:1188-90), concluded that the new plan is necessary because one in five Vermont residents have either inadequate or no health insurance, and rising healthcare costs threaten the solvency of small businesses and citizens.

Dr Hsiao said, "The US is the only advanced nation other than South Africa that builds health insurance on a free market of multiple private insurers" and conditional on employment. "We need to decouple employment and health insurance," he said. "If you live in Vermont, you will be eligible for health insurance."

The Vermont plan, Dr Hsiao's analysis shows, could lead to cost savings of 25% over 10 years. Savings would come from "administrative simplification," introduction of a no-fault malpractice system, elimination of "perverse [financial] incentives," and by "insulating major decisions about healthcare spending from politics."

Cite this as: *BMJ* 2011;342:d2921

TANYA CONSTANTINE/BLEND IMAGES/GETTY

No herbal product has yet been rejected by the UK's drug regulatory agency

New EU rules require all herbal medicines to be registered

Rory Watson BRUSSELS

Since 1 May all traditional herbal medicines available in health food shops, pharmacies, and other outlets in the European Union must be formally registered and approved before they can be sold. The new rules mean that only products whose use is "plausible on the basis of long-standing use and experience" and whose quality and safety are guaranteed will be licensed.

The new requirements are set out in the EU's Traditional Herbal Products Directive. Agreed in 2004, the directive gave manufacturers of traditional herbal remedies a seven year transitional period to register their products already on sale in the EU with the relevant national authorities.

John Dalli, the EU health commissioner, said that the unusually long transitional period had given manufacturers and importers of traditional herbal medicines the necessary time to show that their products had an acceptable level of safety and effectiveness. "Patients can now be confident about the traditional herbal medicinal products they buy in the EU," he added.

A spokesman for the United Kingdom's Medicines and Healthcare Products Regulatory Agency confirmed that consumers can be assured that products listed on its traditional herbal registration scheme meet the necessary standards on safety, quality, manufacturing, and information for patients. Under the scheme, he added, it is not necessary for applicants to demonstrate their product's effectiveness, but registration will be refused if the stated effect is not plausible.

In theory, individual items that were not registered by 30 April can no longer be sold to the public. However, in practice, any products that a

Full smoking ban is needed in Germany as study finds four out of five pubs flout regulations

CHRISTOF STACHE/AP/PA

A survey of almost 3000 eating venues in eight states found that 80% used legal loopholes or flouted the law to allow people to smoke

Annette Tuffs HEIDELBERG

Pubic health officials have called for Germany to introduce a national ban on smoking in all enclosed public places after research showed that the country's16 federal states have largely failed to ban smoking in pubs, bars, and restaurants, leaving guests and staff exposed to dangerous levels of smoke.

Martina Poetschke-Langer, head of the World Health Organization office in Heidelberg, said that smoking was still a serious threat to people in restaurants and pubs. Results from studies by the WHO Tobacco Control Office at the German Cancer Research Centre (Deutsches Krebsforschungszentrum, DKFZ) were presented at a press conference in Berlin on 3 May.

Dr Poetschke-Langer said the current laws are too complicated, impracticable, and difficult to execute. Only a full national ban could offer effective protection from secondhand smoke.

In September 2007 the German government introduced a law banning smoking in all federal buildings, public transport facilities, and train stations. In addition, the country's 16 states have enacted smoking bans in indoor facilities such as restaurants, bars, and pubs, but to a different degree. Whereas the states of Bavaria and Saarland issued a total ban, most other states have introduced legislation that gave venues with two or more rooms the option to allow smoking in adjoining rooms or allowed a small pub to be declared a "smoking pub."

For the latest studies a team of researchers visited 2939 eating venues in eight German state capitals (Düsseldorf, Hanover, Kiel, Mainz, Magdeburg, Schwerin, Stuttgart, and Wiesbaden) and two areas in Munich and Berlin with a high density of restaurants and pubs.

They found that more than four out of five restaurants and pubs used legal loopholes or flouted the rules to allow people to smoke. Tests carried out by the team showed that the concept of separate smoking rooms failed to stop potentially harmful air particles wafting into non-smoking areas.

"If someone wants to go for a beer in the evening they have to look for a long time until they find a place where they are not exposed to passive smoke," said Dr Poetschke-Langer.

Cite this as: *BMJ* 2011;342:d2864

retailer has in stock can continue to be sold until none remains, suggesting that the full effect of the new measures will not be felt until next year or even later.

The legislation provides for a simplified registration procedure for applicants who can provide documentation that the item in question is not harmful when used as recommended. To satisfy the requirement they have to provide evidence of a blemish free track record, confirming safe use for at least 30 years in all, of which 15 must be in the EU.

The European Commission points out that this will make it possible to register traditional herbal medicines such as Chinese or ayurvedic products and those from other traditions without the need for tests and trials of safety and efficacy. It also emphasises that the legislation does not ban vitamins, mineral supplements, herbal teas, alternative therapies, or homoeopathy.

A spokesman for the UK regulatory agency said that no product had yet been rejected from the scheme.

However, the Alliance for Natural Health believes that a large number of herbal products from non-European traditions will be banned.

For more information see http://ec.europa.eu/.

Cite this as: *BMJ* 2011;342:d2815

Antismoking campaigners lambast packs of 14 cigarettes

Helen Mooney LONDON

The introduction of cigarette packs containing 14 cigarettes instead of the usual 20, which are being heavily marketed to the "price conscious" smoker, has been lambasted by an antismoking group as a "cynical ploy" to ensure that less well off smokers don't give up smoking.

Five brands introduced packs of 14 on to the market in the United Kingdom in October, including Benson & Hedges, Silk Cut, and Mayfair. Their recommended retail price was as low as £3.82 (€4.34; $6.25).

The antismoking lobby group Action on Smoking and Health (ASH) has criticised tobacco companies for introducing the new "14s" as a "cynical ploy to keep poorer smokers hooked and to dissuade them from quitting."

An ASH research manager, Amanda Sandford, told the *BMJ* that although cigarettes sold in packs of 14 give smokers the "impression of a value product," it was a "marketing con."

"In fact they cost more per cigarette than those sold in conventional packs of 20," she said.

"This is the latest in a long history of underhand industry tactics and demonstrates the need for plain, standardised packaging to stop these marketing con tricks," she added.

The tobacco industry launched the new pack size to reflect what it believes is the average smoker's daily consumption. Marketing the product to younger, poorer adult smokers, the industry also aims to increase the chance that smokers will buy a pack of 14s every day.

In March the government announced that tobacco displays in shops will be banned in England as part of a package of measures to discourage smoking. Instead, cigarettes and other products will have to be kept under the counter from 2012 in large stores and from 2015 in small shops (*BMJ* 2011;342:d1609, 11 Mar, doi:10.1136/bmj.d1609).

Cite this as: *BMJ* 2011;342:d2920

Many US medical associations depend heavily on funding by drug manufacturers

Jeanne Lenzer NEW YORK

Many medical societies and non-profit disease awareness organisations in the United States receive much of their funding from drug and device manufacturers, show documents recently released to the US senator Charles Grassley.

Senator Grassley, a Republican of Iowa, asked for financial information in December 2009 from 33 professional associations and groups that conduct research or promote disease awareness.

Among the organisations responding to Senator Grassley's request was the American Medical Association, which reported that 16 drug, device, and communications companies donated nearly $5m (£3.1m; €3.5m) in 2007 for "continuing medical education" programmes and "communications conferences."

Large donations to the association included $499 000 from Takeda Pharmaceutical Company, which makes the blockbuster antidiabetes drug pioglitazone, to conduct a continuing medical education programme on diabetes. Teva Neuroscience, maker of rasagiline, a treatment for Parkinson's disease, gave $450 000 for a programme on Parkinson's disease; and Purdue Pharma, maker of OxyContin, a formulation of the painkiller oxycodone, donated $212 000 for a programme on pain management.

Senator Grassley said guidelines might be influenced by funding

The online investigative news organisation ProPublica (www.propublica.org), which scrutinised the documents received by Senator Grassley, says that manufacturers provided more than half of the total funding of the North American Spine Society in 2009, nearly half the funding of the Heart Rhythm Society in 2010, and more than 40% of the funding of the American Academy of Allergy, Asthma and Immunology in 2008.

Many organisations issue professional guidelines on drugs and devices manufactured by the companies that fund the organisation. For example, the Heart Rhythm Society issues guidelines on drugs, catheters, pacemakers, and implantable defibrillators used for rhythm disturbances. A ProPublica report says that the device manufacturers Medtronic, Boston Scientific, and St Jude Medical gave the society $4m in 2010. Twelve of the society's 18 directors also received undisclosed amounts of funding from the companies.

Senator Grassley told ProPublica, "If a group gets millions [of dollars] from a company that makes a product [prescribed] by its members, it is reasonable to wonder whether the guidance it offers on treatments would benefit that company."

ProPublica reported that Bruce Wilkoff, the incoming president of the Heart Rhythm Society, said, "We either get out of the business or we manage these relationships. That's what we've chosen to do."

Cite this as: *BMJ* 2011;342:d2929

False claims to Medicare and Medicaid were "tainted by kickbacks," said the Justice Department

Serono pays $44m to settle promotion of multiple sclerosis drug

Janice Hopkins Tanne NEW YORK

EMD Serono and its affiliates have agreed to pay $44.3m (£27.2m; €31.1m) to resolve allegations relating to the marketing of its multiple sclerosis drug Rebif (interferon beta-1a), the US Department of Justice announced on 4 May.

The department said that the settlement resolved allegations brought under the False Claims Act that Serono paid healthcare providers to promote or prescribe the drug from the time of its launch in January 2002 until December 2009.

The federal government will receive $34.6m and the states will receive $9.7m to resolve their claims under Medicare, the federal health insurance programme for elderly people, and

US doctors are unwilling to pay more to abolish industry funded CME

Bob Roehr WASHINGTON, DC

Doctors, nurses, and other healthcare staff are concerned about the influence of drug and medical device manufacturers in funding continuing medical education (CME) programmes but are reluctant to pay more for such activities themselves, a survey has found.

Researchers offered a 22 question survey at one day CME activities conducted by the International AIDS Society USA in five cities in early 2009. Nearly 800 people completed the survey (770 of 1347 offers (57%)). Most were doctors (55%) or nurses and physician assistants (35%). Responses were grouped as doctor or "other" for purposes of analysis (*Archives of Internal Medicine* 2011;171:840-6).

The findings showed that both groups believed that the potential for bias rose as the proportion of financial support from drug and device manufacturers rose. Only 7% of doctors believed that there was a moderate or large potential for bias when a CME programme was funded entirely from registration fees, with no support from the industry. But when industry financed 20% of the programme nearly half (46%) of the doctors thought there was a potential for bias. The proportion of sceptical doctors rose to 80% with a 60% level of industry funding and to 86% when drug and device companies underwrote all the CME programme.

The participants were offered a range of prices for what the hotel charged per person for lunch and coffee during the CME programme. Most underestimated their costs (85% for lunch, 88% for coffee).

The survey also found that three quarters of participants overestimated the contribution of registration fees to the total cost of the CME programme. And although most doctors (83%) believed that industry support should be eliminated from CME, they were less enthusiastic about reaching into their own pockets to pay larger registration fees to reduce the role of industry (54% in favour).

A report from the Institute of Medicine in 2009 noted that doctors spent more than $1400 (£860; €980) a year for CME in 2007 and that elimination of industry support would increase that to about $3500.

Cite this as: *BMJ* 2011;342:d2948

Medicaid, the programme covering many poor people and children that is jointly paid for by the federal government and the individual states.

The Justice Department alleged that Serono had paid healthcare providers "for hundreds of speaker training meetings and programs, as well as payments for attending consultant, marketing, and advisory board meetings, all at upscale resorts and other locations." The department said that Serono's actions led to the submission of false claims to Medicare and Medicaid, "claims that were tainted by kickbacks."

Rod Rosenstein, US attorney for the district of Maryland, whose office led in the investigation, said, "Healthcare decisions must be based solely on what is best for the individual patient and not on which pharmaceutical company is paying the doctor the biggest kickback. All consumers have the right to know that their healthcare providers' judgment about medications they should take has not been undermined by kickbacks from pharmaceutical manufacturers."

EMD Serono, a US affiliate of the German company Merck (which trades as EMD Chemicals in North America), said that it had resolved "a civil matter led by the US Attorney's Office in Maryland concerning fees paid to physicians for speaking and consulting on Rebif."

The company said that as part of the settlement it had not admitted to any improper conduct. Thomas Gunning, senior vice president and general counsel of EMD Serono, said, "The settlement contains no claims that unnecessary prescriptions for Rebif were written, no allegations of patient harm, and no admission of fault by the company." He said that the company "is committed to operating its business with the highest legal, compliance, and ethical standards."

Cite this as: *BMJ* 2011;342:d2922

Doctors underestimated the cost of what companies spent on catering during meetings

MAZEN MAHDI/EPA/CORBIS

Medical staff from Salmaniya Medical Centre protest in February after hearing that crews of paramedics and doctors had been attacked by police at a demonstration in Manama

Bahraini doctors stand trial for "acting against the state"

Sophie Arie LONDON

Bahrain is to put 47 medical professionals on trial in a military court for allegedly acting against the state during pro-democracy protests earlier this year.

The 23 doctors and 24 nurses face charges including "promoting efforts to bring down the government" and "harming the public by spreading false news."

Since protests led by the country's Shiite majority began in February, Bahrain's Sunni rulers have arrested hundreds of protesters, opposition leaders, and people deemed to be supporting the protesters. The main hospital in the capital, Manama, became a shelter for protesters during the crackdown, and staff members were arrested for treating injured protesters and providing information about the numbers of dead and injured people.

In a written statement the government said that the staff had used the hospital "for the activities of the saboteurs who sought to spread chaos, cause disruptions and trouble, and create sedition within the kingdom."

"The medical profession was strongly abused during this period," said the justice minister, Khaled bin Ali Al-Khalifa. He told reporters in Manama that some medical workers would also be charged with causing the death of two demonstrators. He claimed that one protester arrived at Manama's Salmaniya Hospital with a wound on his thigh and bled to death after other doctors inflicted other wounds on him. Other doctors carried out unnecessary surgery on a protester who had been shot in the head, he said.

International organisations such as Médecins Sans Frontières and Physicians for Human Rights have reported that authorities are beating and intimidating medical staff as part of their crackdown and have used medical facilities to track down, beat, and carry away injured protesters (*BMJ* 2011;342:d2681, 26 Apr; 2011;342:d2359, 11 Apr).

Around 30 medical professionals have disappeared, some taken from their homes by police. At least 21 people are known to have been killed during the crackdown by security forces and troops brought in from Saudi Arabia.

Physicians for Human Rights has called for a specific international investigation into the targeting of medical professionals and the effects on the wider population, many of whom are afraid to use health services. But so far Western governments have only urged Bahrain's authorities to respect international law, people's right to protest, and the rights of detainees to due process.

Since martial law was declared on 15 March, protests have stopped and talk about them has been stifled. The largest opposition party, Al Wefaq, is being dismantled and several of its members put on trial. This week the country's main opposition newspaper, *Al Wasat*, is being forced to close down for allegedly threatening national security by reporting the protests. Three of its former editors are due to stand trial on 19 May.

Cite this as: *BMJ* 2011;342:d2928