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bmj.com GP is struck off for lying to police

First citywide electronic summary care record system for patients is launched in London



MARK THOMAS

Dr Samuel Soo of the Princess Street Group Practice, Southwark, prepares for the uploading of records

Adrian O’Dowd LONDON

Electronic summary care records with crucial medical information about patients are being launched across London this week. The rest of England will follow during next year.

However, doctors’ leaders have called for better promotion of the records so that members of the public realise that electronic records are being created and that they can choose to opt out of the scheme.

The summary care records, described as secure electronic summaries of core information such as drug treatments, allergies, adverse

reactions, and important health information—and possibly the patient’s wishes for care at the end of life—will be accessible to NHS staff wherever the patient is treated.

Information for each record comes from the patient’s existing general practice records and is added to as necessary by other health-care staff treating the patient.

The records have been piloted in 10 areas across England and are in use in “early adopter” sites in Bolton, Bury, Bradford, Dorset, southwest Essex, and south Birmingham.

So far 717 105 care records have been cre-

ated from information in 119 general practices, and more than 1.6 million patients in 16 areas of the country have been written to informing them about the development.

The Department of Health said that everyone in London will receive a letter explaining the initiative and be offered the choice to opt out of having a summary care record created. In pilot areas the average opt-out rate so far has been just 0.8%.

The department said that evidence from the pilot sites had shown an improvement in out of hours care.

Ruth Carnall, chief executive of NHS London, the capital’s strategic health authority, said: “Getting hold of health records for London’s highly mobile population often presents real challenges to doctors and nurses when patients need out of hours and emergency care.”

The first practice to upload summary care records in London was the Princess Street Group Practice in Southwark.

The BMA welcomes the records but wants to ensure that patients know that they are being created and that they can choose to opt out.

Grant Ingrams, chairman of the BMA’s GP information technology committee, said, “Electronic summary care records have the potential to improve both quality and safety of patient care, but it is critical for the programme’s success that all patients receive balanced information and are made aware of their option to opt out.”

Cite this as: *BMJ* 2009;339:b4865

Patents on cancer genes are illegal and stymie research, say scientists

Jeanne Lenzer NEW YORK

A US court is allowing a lawsuit to proceed against the US Patent Office and a biotechnology company regarding the legality of patents awarded for two breast cancer genes.

The US federal district court judge Robert Sweet rejected a motion by the US Patent Office, Myriad Genetics, and the University of Utah

Research Foundation to dismiss a suit brought by the Association for Molecular Pathology. The association charges that Myriad’s patents on the BRCA1 and BRCA2 genes are unconstitutional and violate laws against patenting “products of nature.”

The association says that Myriad issued “cease and desist” orders to

researchers at several universities who were studying the BRCA1 and BRCA2 genes.

The patents mean that Myriad is the only company in the United States that is allowed to offer tests for the BRCA1 and BRCA2 genes. The plaintiffs claim that Myriad’s monopoly on the genes keeps prices artificially high. Myriad

currently charges more than \$3000 (£1790; €2010) for the tests.

The plaintiffs also assert that the patents stymie research.

A spokeswoman for Myriad said, “Myriad has a policy of not commenting on pending litigation.”

Judge Sweet ordered hearings to be held on 11 December.

Cite this as: *BMJ* 2009;339:b4899

Poor service provision is blamed for overuse of antipsychotics in 144 000 dementia patients



IKONOGRAPHY COLLECTION/ALAMY

The report suggests primary care trusts need to commission specialist older people's mental health services

Oona Mashta LONDON

About 144 000 UK patients with dementia are being given antipsychotic drugs unnecessarily, causing about 1800 deaths a year, a new report says.

About 820 extra serious adverse events such as stroke each year can be attributed to inappropriate prescribing of antipsychotics, say the report's authors, led by Sube Banerjee, professor of mental health and ageing at the Institute of Psychiatry, King's College London.

Only 36 000 patients may be deriving some benefit from treatment with antipsychotics, says the report on the use of such treatment in people with dementia, which was commissioned by the government.

Professor Banerjee blamed the overuse of

antipsychotics on a system failure.

The report says, "Part of the reason for health and social care systems not being geared up to dementia is that this recent rapid growth in numbers has not been matched by service changes to accommodate different needs.

"Just a generation ago there were far fewer cases of dementia and far less that could be done; yet the system has not changed in terms of workforce or training to help primary care to diagnose and treat people with dementia."

The government has now agreed to a series of steps the report recommends to drastically reduce the use of antipsychotics over the next three years in England. These include developing local clinical audits of the use of

antipsychotic drugs for people with dementia in each of England's primary care trusts.

To support primary care in the community and in care homes, each trust should commission a service from specialist older people's mental health services, the report suggests. It also urges the royal colleges of general practitioners and psychiatrists to develop a curriculum to train GPs in the skills needed to manage dementia, which it recognises is a complex problem.

Better access is also needed to other types of psychological therapies to tackle the causes of agitation and aggression, it says.

In January the government will appoint a new national clinical director for dementia to drive forward the proposed changes.

Phil Hope, minister for care services, said, "Excellent examples of practice do exist, but our action plan will help make sure this is the norm, not the exception. Our new clinical director will provide strong leadership, supporting the NHS and social care [services] to safely reduce antipsychotics use and drive up quality."

Professor Banerjee believes that if the steps the government has agreed to are followed antipsychotic drug use could be reduced by two thirds over the next three years.

He said the drugs should be used for a maximum of three months and only when the person is a risk to themselves or others.

The Use of Antipsychotic Medication for People with Dementia: Time for Action is available at www.dh.gov.uk.

Cite this as: *BMJ* 2009;339:b4818

Misconduct panel investigates research of doctor jailed for

Clare Dyer BMJ

Clinical research carried out by an asthma specialist at the Royal Brompton Hospital in London is being investigated amid concerns that his "fantasy life" may have spilled over into his work.

Edward Erin, a consultant respiratory physician at St Mary's Hospital, Paddington, and a clinical research fellow at the Royal Brompton Hospital, was sentenced to six years in prison at the Old Bailey this week for attempting to

abort his pregnant lover's fetus by lacing her drinks with drugs.

Judge Richard Hone branded Dr Erin, whose lover, Bella Prowse, and colleagues were unaware he was married, "a liar, a cheat, and a predator."

He told the physician, who was exposed as a serial philanderer during the criminal trial: "It is no surprise that, in addition to your chaotic emotional life, your clinical research is under scrutiny as lacking depth and validity. The fantasy part

of your life left little time indeed for serious research.

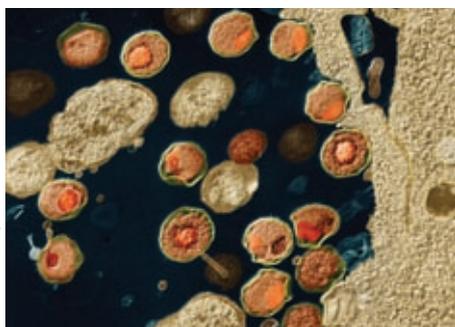
"It is said your life is ruined, and over 20 years as a rising specialist have been thrown away. Although that is true and is some mitigation, you brought disaster entirely on yourself."

Dr Erin, 44, carried out research at the National Heart and Lung Institute clinical studies unit of Imperial College, which is partly based at the Royal Brompton.

A spokeswoman for Imperial College said: "A scientific misconduct

panel at Imperial is examining allegations related to Edward Erin and his research. It has not yet reported, so we can't say anything." She would not say whether the panel was looking at his research generally or a particular study.

He was lead author of a study published in 2006 in the *American Journal of Respiratory and Critical Care Medicine* (2006;174:753-62) on the effects of the chimeric monoclonal antibody infliximab on moderate to severe asthma.



EYE OF SCIENCE/SPPL

Only 88% of under 25s who tested positive for chlamydia were treated: the target is 95%

Chlamydia screening in young people fails to reduce prevalence

Susan Mayor LONDON

One in six people under 25 is being screened for chlamydia after six years of a national screening programme in England, which is still below the target needed to reduce its prevalence, a report says this week.

The report from the National Audit Office, which scrutinises public spending on behalf of parliament, warns that testing levels are only just beginning to reach the point where they are likely to significantly reduce the prevalence of chlamydia. It argues that a lack of central organisation, with the programme being delivered locally by primary care trusts, has resulted in inefficiency and duplication of effort.

The Department of Health launched a national chlamydia screening programme in 2003, taking an opportunistic approach to contacting people under the age of 25 and testing in various settings, including schools and youth centres as well as NHS centres.

Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection and is increasing, particularly in younger people.

Figures for 2007-8 show that only 4.9% of under 25s were being tested in the programme, falling well short of the target of 15%. However, the level of screening has started to rise after the Department of Health made the programme a priority for primary care trusts in 2007. Average testing levels rose to 15.9% by the end of 2008-9, but this still failed to reach the 17% target.

Combining this figure with the number of people tested in other settings, such as genitourinary medicine clinics, means that about half of primary care trusts screened 26% or more people under 25. Modelling by the Health Protection Agency, which coordinates the programme, estimated that screening of 26-43% of 16-24 year olds, together with robust arrangements for tracing and treating sexual partners of infected people, would significantly reduce the prevalence of chlamydia.

Amyas Morse, head of the National Audit Office, said, "To have a significant impact on chlamydia requires overall testing levels of 26% or above. Only half of primary care trusts reached this level in 2008-9, six years after the programme's launch."

The report also says that not everyone who tests positive for chlamydia is being treated. Figures show that 12% of people who tested positive (6480 people) were not recorded as having received treatment in 2008-9. The target for the programme is to ensure that 95% of people are treated, and three attempts are made to contact infected people.

Young People's Sexual Health: the National Chlamydia Screening Programme is at www.nao.org.uk.

Cite this as: *BMJ* 2009;339:b4736

lacing his mistress's drink

The UK General Medical Council imposed conditions on Dr Erin's practice in 2008, banning him from seeing patients but allowing him to continue working on research. Last month he was suspended from practice altogether, pending a fitness to practise hearing that is likely to strike him off the medical register.

The judge told Dr Erin, who will serve at least three years in prison before he can be released on licence: "You exploited your senior position as a consultant respiratory

physician to lure women into sexual relations.

"Your property, wealth, tailored wardrobe, high lifestyle, illicit weekends, and expensive trinkets dazzled those whom you designed to seduce."

He added: "To be made a consultant is a high accolade. It carries the advantages of respect and lucrative private practice. But it also carries duties of responsibility and integrity."

Cite this as: *BMJ* 2009;339:b4906



LEWIS WHYTE/PA

Dr Edward Erin was told he had betrayed his profession

Row deepens as three more government drug advisers resign

Clare Dyer *BMJ*

The row between the UK government and its Advisory Council on the Misuse of Drugs has deepened, with the resignations of three further members, leaving it without some of the representatives required by statute for it to do its work.

Their resignations bring to five the total who have quit in protest at the sacking of the council's head, David Nutt. It is now short of the representatives from pharmacy, the pharmaceutical industry, and chemistry, which are required by the Misuse of Drugs Act.

Professor Nutt, a neuropsychopharmacologist from Imperial College London and Bristol University, was dismissed by the home secretary, Alan Johnson, last month after the publication of a lecture in which he said that cannabis was less harmful than tobacco and alcohol.

Two of the council's members, the chemist Les King and Marion Walker from the Royal Pharmaceutical Society, resigned immediately in protest. Three others quit after the committee met Mr Johnson on 10 November.

Professor Nutt told the *BMJ*, "The whole business of the council is delayed. It's an unholy mess." He questioned whether Mr Johnson had the power to sack him and suggested that the attempt may not have been effective. "He asked me to stand down, but I haven't done so," said Professor Nutt.

Mr Johnson made several concessions during the meeting, but Professor Nutt said that they had not dealt with the key matter of his sacking. The home secretary agreed that he would write formally to the council in future to explain any decision on classification that went against its advice. He promised to consider the council's advice for an appropriate length of time before taking decisions and not to prejudge decisions on drug classification before receiving the advice.

A joint statement issued by the Home Office after the meeting with the remaining 25 members said, "The discussions were very constructive, and it was agreed that the ACMD [Advisory Council on the Misuse of Drugs] would continue discussions with the Home Office and government chief scientific advisers in establishing a way to work collaboratively together into the future with a common purpose of reducing any drug-related harm in the UK."

Cite this as: *BMJ* 2009;339:b4807

IN BRIEF

Cases of dengue fever soar in Cape Verde

Verde: Prompt action is needed to limit the outbreak of dengue fever in Cape Verde, says the International Federation of Red Cross and Red Crescent Societies. So far 13 700 cases have been recorded in the outbreak, and 700 to 800 new cases are being registered every day. At least six people have died, and 109 cases of dengue haemorrhagic fever have been diagnosed.

PSA screening will hike up cost of prostate cancer care:

A study that was based on a simulated cohort of 100 000 men (European standard population) found that the number of diagnoses of prostate cancer would be 2378 without screening and 4956 with screening with the prostate specific antigen test at four year intervals (*British Journal of Cancer* doi:10.1038/sj.bjc.6605422). Over 25 years the total healthcare costs related to prostate cancer would rise to €61m (£54m; \$91m) with 100% screening coverage, with 39% (€24m) of this total related to overdiagnosis.

Screening leads to overdiagnosis of breast cancer by up to 42%:

Scientists have estimated that overdiagnosis of invasive breast cancer attributable to mammography is between 30% and 42% among women aged 50 to 69 years in New South Wales. The findings, published in *Cancer Causes & Control* (doi:10.1007/s10552-009-9459-z), are similar to other recent estimates. The issue of overdiagnosis merits further attention from researchers and policy makers, say the authors.

Red Cross demands release of two aid workers captured in Sudan:

The International Committee of the Red Cross has called for the "immediate and unconditional release" of two staff members kidnapped recently in Sudan and Chad. Both French nationals, Laurent Maurice was abducted on 9 November near Chad's border with Sudan and Gauthier Lefevre was seized last month when a Red Cross convoy was ambushed in Darfur.

Waiting times in Wales hit record low:

More than nine in 10 patients in Wales are now treated within 26 weeks of initial referral. "Five years ago we had in excess of 100 000 patients in Wales waiting over six months for treatment," said Wales's first minister, Rhodri Morgan. "Thanks to more than £300m [€340m; \$500m] investment we're now seeing record low levels of waiting times."

Cite this as: *BMJ* 2009;339:b4850

Only 2% of food aid is spent on reducing malnutrition in children

Michael Day ROME

World leaders will be condemning millions of children to death or permanent handicap from malnutrition unless they radically alter their policies and priorities for dealing with famine ridden countries, a leading medical charity has warned.

Médecins Sans Frontières made the attack ahead of this month's world food summit in Rome.

Daniel Berman, chairman of the charity's campaign on access to essential medicines, said that rich nations were about to make a "colossal mistake" by investing in long term agriculture programmes at the expense of urgent measures to target food aid at the hungriest children.

He warned that recent policy statements emerging from the G8 and G20 summits indicated that flawed policies would prevail

at the Food and Agriculture Organization's summit in Rome on 16 to 18 November.

Mr Berman said the failure to invest in childhood nutrition programmes was illustrated in MSF's new report, *Malnutrition: How Much is Being Spent?*, released ahead of the Rome meeting to increase pressure on major donors.

The report shows how funding by rich countries to combat malnutrition has remained the same for seven years.

Stéphane Doyon, nutrition team leader at MSF and a coauthor of the report, said, "This documents the fact that nutrition interventions that have been proved to reduce deaths remain catastrophically underfunded."

The report also claims there is "enormous waste" in the food aid system. It says that much of the gap in nutrition funding could be filled by reallocating existing funds towards the most vulnerable group, children aged under 5.

The United States comes in for particular criticism for insisting that its food aid be shipped from there rather than being bought locally. In this way freight costs alone take up half of the US contribution, MSF says.

The report also draws on data from the Organisation for Economic Co-operation and Development, the European Commission, the World Bank, the Bill and Melinda Gates Foundation, and various United Nations bodies to conclude that although billions of dollars of international assistance are labelled "food aid," less than 2% is being spent on interventions targeted specifically at reducing malnutrition among children.

Malnutrition: How Much is Being Spent? is at www.msf.org/source/malnutrition/2009/NutritionHowMuchIsBeingSpent.pdf.

Cite this as: *BMJ* 2009;339:b4833



Shipping accounts for half the cost of US aid because the US refuses to buy food locally

Deaths from swine flu in UK rise, while

Andrew Cole LONDON

The number of deaths in the United Kingdom from swine flu rose substantially in the past week, although the number of new cases fell by almost a quarter.

Speaking at the weekly press briefing on pandemic flu, England's chief medical officer, Liam Donaldson, said that 28 people with swine flu died in the week ending 9 November. The cumulative total of deaths across the UK is now 182: 124 in England, 33 in Scotland, 14 in Wales, and 11 in Northern Ireland.

In contrast to the patterns seen with seasonal flu, 60% of the deaths from swine flu that have been fully investigated have

been in people under the age of 45 and only 19% in people aged over 65.

The overall incidence of new infections fell last week, and the number of GP consultations and calls to the national pandemic flu service in England were also slightly down. The number of new cases is estimated to be 64 000, 24% less than the previous week's figure. Incidence continues to be highest in children under 5 years old.

Professor Donaldson said that the "flattening off" in swine flu rates over the past fortnight might still be the effect of the half term break.

He said, "Our expert epidemiologists tell us the impact [of half term] might be for two weeks. We don't really know whether this is

Success of climate change control depends on access to reproductive health care worldwide



Floods, such as this one in the Philippines, are the most common of natural disasters worldwide

Jo Carlowe LONDON

How well society looks after women could influence the future course of climate change, say key players from a major international development agency.

The State of World Population 2009, a report launched this week by the United Nations Population Fund, notes that the world's approach to issues such as family planning, reproductive health care, and relations between the sexes could affect how humanity adapts to rising seas, worsening storms, and severe droughts.

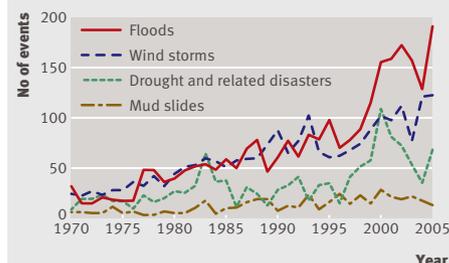
The agency argues that international agreements and national policies on climate

change are more likely to succeed if they take into account population dynamics, the relations between the sexes, and women's wellbeing and access to healthcare services.

"Most of the debate about climate change today has revolved around countries' relative responsibilities for limiting the growth of greenhouse gas emissions and for funding efforts to shift to low carbon energy and other technologies," said Thoraya Ahmed Obaid, the fund's executive director.

"These questions are critically important. But also important are fundamental questions about how climate change will affect women, men, boys, and girls differently around the

NUMBERS OF EXTREME WEATHER DISASTERS IN WORLD, 1970 TO 2005



Source: United Nations Population Fund

world . . . and how individual behaviour can undermine or contribute to the global effort to cool our warming world."

The report warns that climate change will amplify inequities between women and men. Women will be affected more because they make up a larger share of the agricultural workforce, have fewer income earning opportunities, and are less mobile.

Slower population growth, it says, may help build social resilience to the effects of climate change and help reduce emissions of greenhouse gases. The report says that the goal of universal access to reproductive health, in combination with better education for girls and sex equality—an objective raised at the International Conference on Population and Development in Cairo in 1994—would contribute to a fall in fertility, which would in turn help reduce greenhouse gas emissions.

See **EDITORIALS**, p 1157

The report is available at www.unfpa.org.

Cite this as: *BMJ* 2009;339:b4834

new cases fall

the start of a downturn or not."

A total of 785 patients in England were in hospital with swine flu symptoms as of 11 November, of whom 173 were in critical care. A majority of these patients are in the 16-64 age group (499 (64%) of those hospitalised and 138 (80%) of those in critical care).

Professor Donaldson also announced that "virtually all" GPs will have received their first delivery of swine flu vaccines by the end of this week. Supplies should be sufficient to cover the needs of around half of all people in high risk groups.

See also News, *BMJ* 2009;339:b4831.

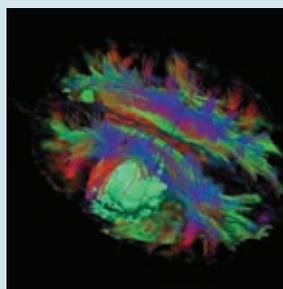
Cite this as: *BMJ* 2009;339:b4832

Image of brain tumour wins competition

Bryan Christie EDINBURGH

A three dimensional image of a malignant brain tumour has won a University of Dundee competition to find arresting images from biological and medical research.

The image helped surgeons to remove the tumour successfully without affecting the patient's speech or motor or sensory functions. The image is now on display at the university as part of the Visions of Discovery exhibition.



It shows the malignant brain tumour as a green ball surrounded by white matter fibres, with motor fibres in red, sensory fibres in blue,

connecting fibres in green, and speech fibres in dark green behind the tumour.

It was submitted by Professor Sam Eljamel of the university's Centre for Neuroscience, who said it revealed a surgical corridor that allowed access for safe removal of the tumour. Such advances in imaging were leading to a new era of personalised treatments for patients, he added.

Cite this as: *BMJ* 2009;339:b4845

Global alliance of funders of public health research agrees

Susan Mayor LONDON

An alliance of the world's leading funders of public health research has agreed three targets for its first jointly funded research programmes to reduce the prevalence of chronic non-communicable diseases, after its inaugural scientific summit in New Delhi earlier this month. The targets are to lower the prevalence of high blood pressure, reduce smoking, and eliminate indoor pollution.

The Global Alliance for Chronic Disease (www.globalallianceforchronicdiseases.org), which was set up in June

last year, is made up of research institutions that together manage 80% of the world's funding of public health research. Members include leading national health research organisations from Australia, Canada, China, India, the United Kingdom, and the United States. The alliance aims to support coordinated research to reduce non-communicable diseases, including cardiovascular diseases, chronic respiratory conditions, type 2 diabetes, and common cancers, which together

cause 60% of the world's deaths.

Elizabeth Nabel, director of the US National Heart, Lung and Blood Institute and an alliance board member, said, "The alliance represents an important new vehicle for making optimal use of limited global resources available to reduce the enormous toll of these largely preventable diseases."

The alliance will fund research that focuses on the needs of low and middle income countries and on low income groups in more developed countries. The programmes it

funds must involve local policy makers from the outset and commit themselves to scaling up initiatives that prove effective. They should measure clinical outcomes and include training and capacity building components.

Members of the alliance have agreed that the initial priorities for joint research funding will be lowering hypertension, reducing tobacco use, and eliminating the indoor pollution caused by crude cooking stoves.

Cite this as: *BMJ* 2009;339:b4884

Poorer countries should do more to prevent spread of AIDS

Bob Roehr WASHINGTON, DC

The current path of HIV prevention and treatment in lower and middle income countries will result in a continued pandemic in 2031, the 50th anniversary of the recognition of the virus.

Costs will have escalated to \$35bn (£21bn; €23bn), more than three times current expenditures, and more than a million people will continue to be infected each year.

These are the key findings of a study for the AIDS 2031 Project (www.aids2031.org), a consortium of organisations involved with the pandemic. The project has modelled current and alternative activities, seeking to determine "what can we do to move the epidemic in the most positive direction possible," Robert Hecht, an author of the study and managing director of the Results for Development Institute, Washington, DC, told a news conference in

Washington, DC, on 10 November.

"More money alone is not the answer," he said because spending must be tailored more to local conditions.

Medical interventions, such as antiretroviral treatment to reduce mother to child transmission and voluntary circumcision to reduce acquisition by men, should be started.

Even the poorest countries have to assume a greater share of the cost of the epidemic; they cannot continue to rely upon the West to cover 90-95% of the costs. He said, "That level of dependence tends to disempower those countries. External support should be linked to a much stronger national commitment to prevention. This hasn't been a serious part of the dialogue."

The US National Institutes of Health currently devotes about 11% of its annual budget to HIV and AIDS.

Cite this as: *BMJ* 2009;339:b4739

Australia operates "closed shop" to doctors from overseas

Melissa Sweet SYDNEY

Overseas trained doctors seeking to work in Australia often face unwarranted restrictions on practising, say leading Australian medical specialists and healthcare reform advocates.

Ian Hickie, a psychiatrist at the University of Sydney, says that shortages in the medical workforce are being exacerbated by restrictions caused by an "evil axis" of immigration policy, health regulations, and the monopoly of specialist medical colleges over training and accreditation.

Australia was allowing a "closed shop" to control its medical workforce in a way that would not be tolerated in any other industry, he said. Concerns about quality and safety were often used as a "smokescreen" to maintain the position of local graduates, he added.

"We're quite happy to have all these overseas trained doctors work in our system, so long as they don't exercise the same economic and civil rights [as Australian graduates]," said Professor Hickie.

The recently publicised case of a Canadian doctor who has been unable to gain full rights of practice (www.smh.com.au/national/a-bitter-pill-to-swallow-when-a-doctor-feels-doublecrossed-20091012-gtyx.html) showed that workforce reform should be a major focus of the current national push for healthcare reform, he said.

Susan Douglas, who moved to Australia in 2006 to take up an appointment as senior lecturer in general practice at the Australian

BEN TRUESDALE

Condom couture captivates catwalk

A novel way to raise awareness of responsible sexual behaviour and condoms among students at the University of South Carolina has been discovered by a health educator there.

Ryan Wilson took as his inspiration a US popular reality show called *Project Runway*, in which aspiring fashion designers produce their best creations and are then progressively voted off the series by the audience.

Each campus team at the university was given a thousand coloured condoms, donated by the company ONE Condoms, as raw material. After working on their creations for two to three weeks they displayed their work on the catwalk (or what Americans call the runway). The competition is now in its third year.

Cite this as: *BMJ* 2009;339:b4902



top priorities



CRISTINA PEDRAZZINI/SP/L

Hypertension is the leading cause of cardiovascular mortality, worldwide, causing an estimated five million premature deaths a year

National University, told the *BMJ* that she would not have made the move if she had known what would be involved. She currently has conditional registration, meaning that she can practise only in areas of designated workforce need and is contemplating leaving the country if she does not gain full rights to practise. “The system is not clear or transparent,” said Dr Douglas.

Meanwhile thousands of medical students from overseas who are studying in Australia face the prospect of not being able to gain intern positions in Australia because state governments have not expanded the number of internships in line with the expansion in undergraduate places. Some academics believe that more effort should be put into retaining these Australian trained students from overseas instead of relying so heavily on overseas trained doctors to work in rural, remote, and other areas that cannot recruit Australian doctors.

John Menadue, a health reform advocate, said that “appalling” restrictive work practices and demarcations contributed to health workforce shortages and lost productivity.

But the Australian Medical Council and specialist medical colleges argue that major efforts have been made to create more streamlined and transparent processes for overseas trained doctors. Ian Frank, the council’s chief executive officer, said that requirements for doctors wanting to work in Australia were no more complex or difficult than those in similar countries, such as the United States, Britain, and Canada.

Mr Frank said that more than 3500 applications, including 1871 from the United Kingdom, had been processed through a new, more consistent pathway, with 1400 eligible for general registration.

Cite this as: *BMJ* 2009;339:b4843

Landmines and other explosive war remnants maim or kill 20 people a day

John Zarocostas GENEVA

Landmines and other explosive remnants of war claimed an average of 20 new victims each day in the past decade, says a new report.

The *Landmine Monitor Report 2009* says that in the 10 years from 1999 to 2009 almost 18000 people from 119 countries were killed by explosive war remnants and that almost 52000 people were injured. Most of the victims (71%) were civilians, a third of them (32%) children.

More than a quarter of the total casualties occurred in Afghanistan and Cambodia, with Afghanistan accounting for 16% of the casualties and Cambodia for 10%. Colombia and Iraq took third and fourth place.

In 2008 more than 1200 deaths and almost 4000 injuries caused by landmines and other explosive devices were recorded, says the report, which is compiled by the International Campaign to Ban Landmines, a global network of organisations in 70 countries that won the Nobel peace prize in 1997 for its advocacy work.

The largest number of casualties recorded in 2008 was in Afghanistan, with 992 (up from 842 in 2007), followed by Colombia, with 777 (904), and Myanmar (Burma), with 721 (438). Other countries recording more than 100 casualties in 2008 were Pakistan, Cambodia, Iraq, Chad, Somalia, Laos, and Turkey.

The report says that although these figures are “tragically high” they include only recorded casualties. “The real numbers are likely to be much higher,” said Stanislas Brabant, head of

policy at Handicap International and one of the report’s lead authors, “as there are a large number of casualties we don’t hear about and never get reported.”

He said that in the various areas of action on landmines in the past decade the least progress had been made in assistance to victims, with funding and the provision of assistance falling short.

Hundreds of thousands of victims around the world need help, especially in rural areas, he said. Economic reintegration and psychosocial support remain neglected, he added.

The report says that most specialised services are in “urban areas far away from the mine affected rural areas where most of the victims live.”

Mr Brabant also said that only between 2% and 6% of international funding for mine action—which totalled \$520m (£310m; €350m) in 2008—went to support survivors, the bulk going to mine clearance operations.

“We’re calling for more resources for victim assistance,” he said.

However, progress has been reported on the medical care and physical rehabilitation provided in some countries, including Afghanistan, Albania, Cambodia, Jordan, Sudan, Tajikistan, and Thailand.

The report says that physiotherapy services are available in 19 of Afghanistan’s 34 provinces.

Landmine Monitor Report 2009 is available at www.lm.icbl.org/lm/2009.

See also Editorial *BMJ* 2009;339:b3944.

Cite this as: *BMJ* 2009;339:b4837



FRALDOON/POOYAA/AP/PA

A man in Herat hospital, Afghanistan, the country with most casualties from landmines in 2008