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## Lancet retracts MMR paper after GMC finds Andrew Wakefield guilty of dishonesty

Clare Dyer **BMJ**

The *Lancet* has retracted the 12 year old paper that sparked an international crisis of confidence in the safety of the measles, mumps, and rubella (MMR) vaccine when its lead author suggested a link between the vaccine and autism.

Andrew Wakefield was found guilty by the UK General Medical Council last week of dishonesty and flouting ethics protocols.

The regulatory body held that Dr Wakefield abused his position, subjected children to intrusive procedures such as lumbar puncture and colonoscopy that were not clinically indicated, carried out research that breached the conditions of ethics committee approval, and brought the medical profession into disrepute.

In a statement published online ([www.thelancet.com](http://www.thelancet.com)) the editors of the *Lancet* said: “Following the judgment of the UK General Medical Council’s Fitness to Practise Panel on Jan 28, 2010, it has become clear that several elements of the 1998 paper by Wakefield et al are incorrect, contrary to the findings of an earlier investigation.

“In particular, the claims in the original paper that children were ‘consecutively referred’ and that investigations were ‘approved’ by the local ethics committee have been proven to be false. Therefore we fully retract this paper from the published record.”

Evan Harris, a Liberal Democrat MP and doctor, who had called for the retraction, said: “The whole thing is flawed. You should not publish or leave in the literature papers which are unethical.”

His call was echoed in the *BMJ* this week by Trisha Greenhalgh, professor of primary health care at University College London. (Observations, p 294.)

One of the biggest public health scares in UK history was triggered by Dr Wakefield’s study of 12 children, published in the *Lancet* in 1998 (351:637-41). Although the paper conceded that it had not found a definite link between the vaccine and autism, Dr Wakefield, then a consultant gastroenterologist, caused a furore when he suggested during a press conference at the Royal Free Hospital in north London, where he worked at the time, that single vaccines for measles, mumps, and rubella might be preferable to a triple vaccine.



**Dr Andrew Wakefield was found guilty of dishonesty, and research on developmentally disordered children without ethical approval and contrary to their clinical interests**

The take-up of the MMR vaccine plummeted and has still not fully recovered, whereas the number of cases of measles has soared.

Dr Wakefield, 52, failed to disclose to the *Lancet* that his research had received funding from the Legal Aid Board through a solicitor who hoped to mount a legal action against the manufacturer and that he had also filed a patent application for a new vaccine.

His failure to mention these conflicts of interest was contrary to his duties as senior author of the *Lancet* paper, the GMC panel found, and he had dishonestly represented that the children in the study, several of whom were litigants in the legal action, had come through GPs or paediatricians by the standard route.

Ten of the paper’s 13 authors later retracted the “interpretation” of the data (*BMJ* 2004;328:602). But Peter Harvey, one of the two who, with Dr Wakefield, did not sign the retraction, told the *BMJ*: “I stand by that original paper, and I see no reason to retract it. I saw no reason to retract it then, and I see no reason now.”

Dr Harvey, a neurologist, said that the GMC findings represented “the establishment baying for blood—they want a sacrificial lamb.”

Subsequent research has found no evidence of a link between the vaccine and autism. Dr Wakefield left the Royal Free Hospital by mutual agreement and is now executive director of Thoughtful House Center for Children in Austin, Texas, which studies developmental disorders.

Backed by a throng of supporters, including parents of autistic children, he insisted outside the hearing in central London that the GMC panel’s findings were “unfounded and unjust.”

The panel also ruled that two of his former colleagues at the Royal Free who were coauthors of the *Lancet* paper—the retired professor of paediatric gastroenterology John Walker-Smith, 73, and Simon Murch, 53, now professor of paediatrics and child health at Warwick Medical School—had carried out investigations that were not in the interests of children and that did not have proper ethics approval.

Decisions on whether they and Dr Wakefield were guilty of serious professional misconduct will be taken at the final hearing in April. The GMC’s findings are at [www.gmc-uk.org/static/documents/content/Wakefield\\_Smith\\_Murch.pdf](http://www.gmc-uk.org/static/documents/content/Wakefield_Smith_Murch.pdf). See **EDITORIAL**, p 271; **OBSERVATIONS**, pp 294, 295.

Cite this as: *BMJ* 2010;340:c696

# GMC disagrees with panel's decision on Hampshire GP

Clare Dyer **BMJ**

A GP who prescribed potentially hazardous doses of sedatives and painkillers to elderly patients has been found guilty of "multiple instances" of serious professional misconduct by a General Medical Council panel but is allowed to continue practising.

The fitness to practise panel decided that Jane Barton should not be struck off but should be permitted to practise, subject to conditions that will be attached to her registration for three years.

In an unusual though not unprecedented move the GMC was quick to state its disagreement with the panel's decision. It thought she should have been struck off and could support an application by the Council for Healthcare Regulatory Excellence for a High Court ruling that the sanction is unduly lenient.



**Dr Jane Barton can continue to practise**

The Council for Healthcare Regulatory Excellence said that it had called for the fitness to practise panel's transcripts and would announce its decision in due course.

Dr Barton's role as clinical assistant at the Gosport War Memorial Hospital in Hampshire from 1996 to 1999 was at the centre of an investigation that saw the police look

into 92 deaths. The GMC hearing followed an inquest last year into 10 deaths that concluded that prescribed drugs had been a factor in five.

Dr Barton, who still practises as a GP in Hampshire, said, "Anyone following this case carefully will know that I was faced with an excessive and increasing burden in trying to care for patients at the Gosport War Memorial. I did the best I could for my patients."

*Cite this as: BMJ 2010;340:c619*

# Scotland says no to private companies running GP services

Bryan Christie **EDINBURGH**

Scotland has banned private companies from running family doctor services. The situation is in sharp contrast to England, where doctors' leaders have mounted a campaign against the "creeping commercialisation" of general practice and hospital services.

The Scottish parliament has amended the National Health Service (Scotland) Act 1978 by removing the ability of commercial companies to hold primary medical services contracts. It was the corresponding clause in English legislation that has allowed the rapid expansion of commercially provided NHS GP services in England. GP services in Scotland can now only be provided by people who have a direct involvement in the care of patients.

The change was proposed by Scotland's health secretary, Nicola Sturgeon, and was incorporated into the Tobacco and Primary Medical Services (Scotland) Bill, which will now pass into law.

In introducing the measure Ms Sturgeon said, "I believe that commercial companies, where shareholders may not be part of or have a direct interest in the NHS, should not be used to provide such vital frontline services." She said that GP services should continue to be provided by the traditional model where the owners of the practice are directly involved in running the practice as well as treating patients.

*Cite this as: BMJ 2010;340:c614*

# Author calls for UK to set up tribunal for assisted suicide

Clare Dyer **BMJ**

One of the United Kingdom's best selling authors has called for an assisted suicide tribunal to which people could apply for permission to end their lives at a time of their own choosing.

The call by Terry Pratchett, who has early onset Alzheimer's disease, came as the BBC released the findings of a poll showing that nearly three in four people believe that a friend or relative should be able to assist a terminally ill loved one to commit suicide without fear of prosecution.

In the 2010 Dimbleby lecture, "Shaking Hands with Death," on BBC1, Sir Terry said, "If I knew that I could die at any time I wanted, then suddenly every day would be as precious as a million

# Relatives demand answers on Mid Staffs

Zosia Kmietowicz **LONDON**

Relatives of patients who died or suffered poor care at Mid Staffordshire NHS Foundation Trust handed over their evidence to officials at the office of the health minister, Andy Burnham, in London on Tuesday 2 February.

The group, who call themselves Cure the NHS, also met with the Conservative shadow health minister, Stephen O'Brien, who has promised a full public inquiry into events at the trust should the Conservatives

win the next general election.

Robert Francis QC is expected to deliver a report of his inquiry, commissioned by the government, to Mr Burnham on Friday 5 February.

Last March the then health services watchdog, the Healthcare Commission, found high death rates at Stafford Hospital over the three years to March 2008, with at least 400 more patients dying than would have been expected in an average hospital with a similar case mix (*BMJ* 2009;338:b1141).

Julie Bailey (below), founder of Cure the NHS, said, "We're protesting, and we will carry on protesting, because we've known right from the start that this inquiry would be a whitewash to protect the government. So it has proved, and we remain convinced that the only way to get to the full truth about the disaster at Stafford Hospital will be through a full public inquiry under the 2005 Inquiries Act, with witnesses compelled to attend and be cross examined under oath. Many questions remain unasked and unanswered."

Among the questions the group would like answered are why the number of deaths caused by incompetent care at Stafford Hospital has never been established and why Mr Burnham approved the hospital for the next stage of its foundation trust application in 2007.

*Cite this as: BMJ 2010;340:c656*







The rising number of deaths highlights “our destructive relationship with alcohol,” said Ian Gilmore

## New campaign focuses on “unseen harms” of alcohol consumption

**Sophie Cook** *BMJ*

The number of deaths from alcohol in the United Kingdom has doubled in the past 16 years, with nearly 10 000 people dying in 2008 because of excessive consumption.

Data from the Office for National Statistics show that alcohol related deaths have risen substantially since the early 1990s, from 6.7 per 100 000 population in 1992 to 13.6 per 100 000 in 2008 (9031 deaths). Males accounted for 66% of all alcohol related deaths in 2008.

A campaign to raise public awareness of the unseen harms caused by alcohol was launched on 28 January by the Department of Health, in association with Cancer Research UK, the British Heart Foundation, and the Stroke Association.

The £6m (€7m; \$10m) government funded

media campaign, whose slogan is “Drinking causes damage you can’t see,” gives graphic representations of the lesser known damage caused by alcohol, including cardiovascular disease, breast cancer, oral cancer, and stroke. It targets people who do not necessarily think they are at increased risk from alcohol consumption.

Ian Gilmore, president of the Royal College of Physicians and chairman of the UK Alcohol Health Alliance, said, “These figures are a stark reminder of the needless waste of human life which results from our destructive relationship with alcohol.” The doubling in the number of deaths has occurred “despite increased investment in public health campaigns to address problem drinking and the harmful effects of alcohol,” he said.

pounds. If I knew that I could die, I would live.”

The tribunal, he added, “would be acting for the good of society as well as that of the applicant . . . and ensure they are of sound and informed mind, firm in their purpose, suffering from a life threatening and incurable disease, and not under the influence of a third party.

“I would suggest there should be a lawyer, one with expertise in dynastic family affairs who has become good at recognising what somebody really means and, indeed, if there is outside pressure. And a medical practitioner experienced in dealing with the complexities of serious long term illnesses.”

The results of the poll, broadcast on BBC1’s *Panorama* programme, show that 73% of people think friends and relatives should be able to assist a suicide without fear of prosecution if the person who wants to die is terminally ill. But support for assisted suicide fell to 48% if the illness or disability is painful and incurable but not fatal.

Sir Terry argued that doctors would be willing to help if they were protected from prosecution or disciplinary proceedings. “It would be interesting to speculate how many doctors would ‘come out’ were it not for the baleful glare of the BMA. Anyone who has any long term friendships, acquaintances, or professional dealings within the medical profession, let alone knows anything about the social history of medicine, knows that down the ages it has seen it as part of its duty to allow those beyond hope and skill to depart in peace.”

He added: “I certainly do not expect or assume that every GP or hospital practitioner would be prepared to assist death by arrangement, even in the face of overwhelming medical evidence . . . But there will be some—probably older, probably wiser—who will understand.

NHS Information Centre figures show that more than 10 million adults in the UK are estimated to be regularly drinking more than the recommended limits. A YouGov online survey of 2023 adults, carried out to coincide with the launch of the campaign, showed that 55% of drinkers in England believe that alcohol is detrimental to health only if you drink regularly or binge drink; the vast majority (83%) of those who regularly drink more than the recommended limits did not think that their drinking posed a risk to their health.

The public health minister, Gillian Merron, said, “Many of us enjoy a drink. Drinking sensibly is not a problem. But if you’re regularly drinking more than the NHS recommended limits you are more likely to get cancer, have a stroke, or have a heart attack.

“We are not just talking about young people out on a Saturday night drinking too much—that’s quite a comfortable image for many of us. It is about us in our own homes, and I think that is quite a challenge.”

Liam Donaldson, chief medical officer for England, said, “It is important that people realise the harm they unknowingly can cause to their health by regularly drinking more than the recommended daily limits.”

He added, “This campaign gives people the facts about the effect alcohol can have on their body and provides support for people who choose to drink less.”

The NHS’s [www.nhs.uk/drinking](http://www.nhs.uk/drinking) site includes a “drinks tracker” (see [www.nhs.uk/alcohol](http://www.nhs.uk/alcohol)) that can be downloaded to a computer or mobile phone for those who want to see whether they drink within recommended limits.

Cite this as: *BMJ* 2010;340:c600



“It seems sensible to me that we should look to the medical profession, that over the centuries has helped us to live longer and healthier lives, to help us die peacefully among our loved ones in our own home without a long stay in God’s waiting room . . . We should aim for a good and rich life well lived and, at the end of it, in the comfort of our own home, in the company of those who love us, have a death worth dying for.”

But Ilora Finlay, an independent peer and professor of palliative medicine, told BBC Radio 4’s *Today* programme that licensing assisted suicide would be “a very dangerous step.”

Both BBC television programmes are available at [www.bbc.co.uk](http://www.bbc.co.uk).

Cite this as: *BMJ* 2010;340:c648

## Council of Europe launches inquiry into H1N1 pandemic

Rory Watson BRUSSELS

A Europe wide investigation will begin this week into the World Health Organization's decision to label the outbreak of swine flu a "pandemic," amid allegations that it did so under pressure from drug companies looking to boost demand for their vaccines.

The inquiry, launched by the Council of Europe's parliamentary assembly, will be led by the British Labour MP Paul Flynn and could be concluded as early as June.

Speaking after his appointment, Mr Flynn said that he wanted to establish how WHO had assessed the risks from the new virus and to identify the factors that led the organisation to classify the health threat as a pandemic.

"Was the decision taken on objective, independent medical grounds or was it influenced by the imperative of drug companies looking for a return on their investment?" he asked.

The 47 countries represented in the Council of Europe's parliamentary assembly gave the formal go-ahead to the investigation on 29 January after the Strasbourg based organisation's social, health, and family affairs committee had held a two hour public hearing on the issue three days earlier.

Wolfgang Wodarg, a former German MP and specialist in epidemiology, told the hearing that the public had been warned that millions of people would fall ill with the flu. "WHO basically held the trigger for the pandemic preparedness plans. It had a key role to play in deciding on the pandemic. Around \$18bn [£11.3bn; €13bn] was spent on the pandemic worldwide," he said.

Responding to the criticism, Keiji Fukuda, a special adviser on pandemic flu to WHO's director general, insisted that the organisation stood by the scientific validity of its recommendations and denied that its independence had been compromised by outside pressure.

He said, "The flu pandemic policies and responses were not improperly influenced by the pharmaceutical industry. Cooperation with a range of partners, including the private sector, is necessary, but numerous safeguards are in place to avoid conflicts of interest."

Luc Hessel, representing European vaccine manufacturers, rejected claims that drug companies had helped fuel fears over the virus and maintained that the "industry responded quickly and effectively and was able to deliver the vaccines ordered by governments."

Cite this as: *BMJ* 2010;340:c641

## Rise in US teen pregnancies and births is "deeply troubling"

Janice Hopkins Tanne NEW YORK

After a decade of decline, rates of pregnancy, birth, and abortion among US women aged 15 to 19 years rose in 2006, the most recent year for which data are available.

The figures are given in a report from the



SCOTT HOUSTON/CORBIS

Michael Davis, aged 18, and his pregnant girlfriend, Crystal Morack, aged 16, from East Liverpool, Ohio

independent Guttmacher Institute in New York, which used data from the US National Center for Health Statistics, the Centers for Disease Control and Prevention, the Census Bureau, and its own data on abortions.

The institute attributed the rise in pregnancies, births, and abortions to the "abstinence only" sex education policy promoted by the administration of George W Bush, who left office in January 2009.

Heather Boonstra, the institute's senior public policy associate, described the trend as "deeply troubling." She said, "It coincides with an increase in rigid 'abstinence only until marriage' programmes, which received major funding boosts under the Bush administration. A strong body of research shows that these programmes do not work."

Fortunately, she added, this approach has ended "with the enactment of a new teen pregnancy prevention initiative that ensures that programmes will be age appropriate, medically accurate, and, most importantly, based on research demonstrating their effectiveness."

The pregnancy rate among women aged 15 to 19 fell from a peak of 117 pregnancies per 1000 women in 1990 to 70 per 1000 in 2005. The number of births in this age group fell by 35% from 1991 to 2005, while the number of abortions fell by 56% from a peak in 1998 to 2005. The institute attributed these declines to more and better use of contraceptives by teenagers in the 1990s.

The institute said that the declines stalled in the early 2000s when sex education programmes were introduced that promoted

## Abdominal symptoms are poor for predicting ovarian cancer, study finds

Susan Mayor LONDON

Only one in every 100 women in the general population with persistent symptoms such as abdominal bloating and pain, which are being used in campaigns to trigger medical review for ovarian cancer, would go on to be diagnosed with the condition, says a study that questions using this approach to improve early diagnosis.

US cancer societies published a consensus in 2007 recommending that women who experienced certain symptoms almost daily for a few weeks should seek medical help, in efforts to

diagnose ovarian cancer sooner and improve outcomes. The symptoms included bloating; pelvic, or abdominal pain; difficulty eating or feeling full quickly; and urinary urgency or frequency. Research has shown that these symptoms are more likely to occur in women with ovarian cancer than in the general population ([www.wcn.org/articles/types\\_of\\_cancer/ovarian/symptoms/concensus\\_statement.html](http://www.wcn.org/articles/types_of_cancer/ovarian/symptoms/concensus_statement.html)).

To test the value of this approach in diagnosing ovarian cancer at an early stage, researchers interviewed 812 women with epithelial



abstinence and that were forbidden to mention contraception.

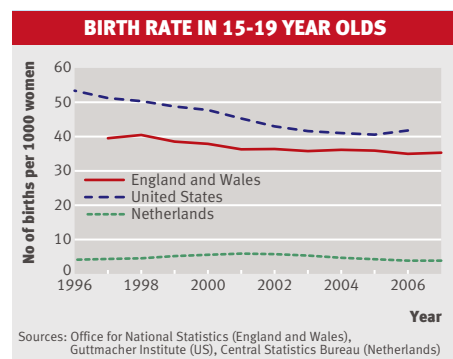
In 2006 the three declining trends reversed. In 2006 about 7% of young women aged 15-19 became pregnant, a rate of 72 pregnancies per 1000. The report points out that many teenagers in this age group are not sexually active. Among those who were active, defined as those who had ever had sexual intercourse, the pregnancy rate was 153 pregnancies per 1000. The teenage birth rate in 2006 was 42 births per 1000 women, 4% higher than in 2005. The abortion rate was 19.3 abortions per 1000 women, 1% higher than in 2005.

More young women who became pregnant gave birth rather than having an abortion. The percentage of teenage pregnancies that ended in abortion fell by almost a third from 1986 to 2006.

All demographic groups showed a similar trend of an overall decline in rates of pregnancy, abortion, and birth from the early 1990s followed by an upturn in 2006, though rates remain higher among black and Hispanic than among white teenagers.

**US Teenage Pregnancies, Births and Abortions: National and State Trends and Trends by Race and Ethnicity** is available at [www.guttmacher.org](http://www.guttmacher.org).

Cite this as: *BMJ* 2010;340:c638



ovarian cancer diagnosed between 2002 and 2005 and compared them with 1313 population based controls. The women were asked about whether they had experienced pelvic or abdominal pain, or bloating or feeling full. The symptom index was considered positive if these symptoms occurred at least daily, lasted for at least a week, and started less than 12 months before their cancer was diagnosed.

Results showed that symptoms were 10 times more likely to occur in women who were diagnosed with ovarian cancer, although they were somewhat less likely to have occurred among those with early stage cancer compared with those with late stage cancer (*J Natl Cancer Inst* 2010;doi: 10.1093/jnci/djp500).

Nearly three quarters (70.7%) of women

## Killer of Kansas abortion doctor is convicted of murder

**Janice Hopkins Tanne** NEW YORK

The anti-abortion activist who shot and killed the Kansas doctor George Tiller in his church last May (*BMJ* 2009;338:b2437) was convicted of premeditated, first degree murder by a jury in Wichita last week. The jury took only 37 minutes to reach its decision.

Scott Roeder will be sentenced on 9 March. He faces a life sentence or at least 25 years in prison before parole, although the prosecutor said she would ask for 50 years before parole. He was also convicted of aggravated assault for threatening two other people in the church.

Dr Tiller's wife, Jeanne, who was in the church when her husband was killed, attended the trial together with their four adult children.

Although Judge Warren Wilbert said he wanted the trial to be about murder, Mr Roeder defended his action as saving lives, bringing the contentious abortion issue into the courtroom (*BMJ* 2010;340:c330).

Dr Tiller was one of the very few US doctors to provide late term abortions. His clinic was the target of legal attacks, crowds of protesters, vandalism, and a bombing. In 1993 he was shot in both arms but returned to work at his clinic. It was closed after his murder.

At the trial Mr Roeder took the stand as the sole defence witness. He pleaded not guilty and defended his actions by saying that he wanted to stop Dr Tiller doing more abortions. "If someone did not stop him, these babies were going to continue to die," the Associated Press reported ([www.latimes.com](http://www.latimes.com), 29 Jan, "Abortion foe Scott Roeder tells jury of killing Dr George Tiller").



JEFF TUTTLE/APPA

**Prosecutor Ann Swegle points a finger to her head to show how Scott Roeder shot Dr George Tiller**

Mr Roeder said that after the 1993 attack he had considered other ways to kill or maim Dr Tiller to prevent him teaching others how to perform abortions. He admitted stalking Dr Tiller to murder him and found that the best way to reach him was at his church, where he served as an usher. Mr Roeder said he had come to the church twice earlier but Dr Tiller was not there, the Associated Press reported.

After Dr Tiller's murder the federal Department of Justice said it was investigating whether others besides Mr Roeder were involved.

Mr Roeder and his attorneys had hoped to plead that he killed Dr Tiller in an act of "voluntary manslaughter." Under Kansas law this is "an unreasonable but honest belief that circumstances existed that justified deadly force," and conviction would have brought a shorter sentence. The judge rejected that defence and gave the jury only the choice of convicting or acquitting Mr Roeder.

Abortion has been legal in the United States since the 1973 Roe versus Wade decision by the Supreme Court but is subject to restrictions.

See also **Obituaries**, *BMJ* 2009;338:b2465.

Cite this as: *BMJ* 2010;340:c634

with late stage invasive disease had a positive symptom index, compared with 62.3% of those with early stage ovarian cancer. Symptoms were much more common than in controls (5.1%). The most common symptoms in women with ovarian cancer were bloating or feeling full, followed by pelvic or abdominal pain.

Women said their symptoms had been present for a relatively short period regardless of the stage of cancer at the time of diagnosis; most said they started five months before they were diagnosed.

Despite symptoms being common, the predictive value of the symptoms for ovarian cancer was



**Ovarian cancer cell**

only 0.6%-1.1%, and less than 0.5% for early stage disease.

The researchers explained that even pronounced differences in the symptom experience of women with ovarian cancer compared with controls gave a very low predictive value for symptoms to detect the disease because of its rarity. "The low positive predictive value of

symptoms to detect ovarian cancer—argues for a cautious approach to the use of symptom patterns to trigger extensive medical evaluation for ovarian cancer," they concluded.

See also *BMJ* 2009;339:b4650.

Cite this as: *BMJ* 2010;340:c581

STEVE GSCHEISSNER/SP

## IN BRIEF

### Expert panel will look at libel laws:

The justice secretary, Jack Straw, has set up a working group to consider changes to the laws on libel in England and Wales. The panel includes journalists, lawyers, and the Medical Research Council's chief executive, Leszek Borysiewicz. It will look into concerns that the current law is having a "chilling effect" on freedom of expression. It will also examine whether academics and scientists can defend their remarks on the basis of fair comment or in the public interest.

### Israel's no-smoking laws are not working:

Israel's no-smoking laws are not properly enforced, resulting in large scale violations, says research in the *European Journal of Public Health* (2010;20:113-19, doi:10.1093/eurpub/ckp111). The study found that the level of respirable suspended particles from tobacco smoke in bars and pubs was five times the official limit. They recommend equipping police with machines to measure indoor air pollution and ensure owners install passive sensing and recording devices.

### Tuberculosis prevalence rises in Netherlands after decade of decline:

The Dutch Tuberculosis Foundation ([www.tuberculose.nl](http://www.tuberculose.nl)) reported

that 1160 patients had tuberculosis in 2009, up from 997 the year before. The number had been falling each year since a peak of 1555 in 1999. More than 70% of cases are among immigrant groups and asylum seekers, particularly Somalis.

### Shingles vaccine is recommended for people in their 70s:

People in the UK between 70 and 79 could be offered protection against shingles for the first time, the health minister Gillian Merron has said. The Joint Committee on Vaccination and Immunisation recommended that the vaccine be offered to this age group if it can be bought at a price that makes the programme cost effective.

### Three quarters of sick doctors work after treatment in London programme:

Three quarters (77%) of doctors and dentists assessed and treated for health problems by the health practitioner programme were able to stay in or return to work. The programme was launched a year ago for doctors and dentists who live or work in the London area (*BMJ* 2009;339:b5456, 15 December). It has treated 230 practitioners in its first year.

Cite this as: *BMJ* 2010;340:c645

## BMJ GROUP AWARDS ☆ BMJ GROUP AWARDS ☆ BMJ GROUP AWARDS

BMJ Group Awards: Research Paper of the Year

## And the nominees are...



Jochen Cals,  
Maastricht



Melba Gomez,  
Geneva



Maurizio Infante,  
Rozzano



Kevin Volpp,  
Philadelphia



### Elizabeth Loder *BMJ*

Narrowly put, the BMJ Group research paper of the year has to report scientifically rigorous, original research. But it's not meant to be solely that. Ideally, the research paper of the year will also have a clear clinical message and international impact. It might concern a problem that is particularly controversial, complex, or challenging to study. In short, we think the best paper will describe an ambitious attempt to answer difficult but pressing clinical questions.

To start the process, we ask readers to identify deserving papers. This year we received an unprecedented and gratifying 167 nominations. A great deal of crunching and winnowing then ensues.

Here are the four papers that made the shortlist, with the clinical questions they sought to answer.

1. Can better communication skills and convenient, rapid testing reduce the use of antibiotics for lower respiratory tract infection? (Cals J, et al. Effect of point of care testing for C reactive protein and training in communication skills on antibiotic use in lower respiratory tract infections: cluster randomised trial. *BMJ* 2009;338:b1374.)

Cals and colleagues evaluated the separate and joint effects of two interventions to reduce antibiotic use for lower respiratory tract infections. The first was training doctors to communicate effectively with patients about the need for antibiotics; the second was making a quick, convenient test available at the consultation so that doctors and patients had a better idea of what might (or might not be) causing symptoms.

## Germans face a rise of €8 a month in health insurance bills

### Ned Stafford *HAMBURG*

Plans by several German public health insurers to levy an additional monthly fee on members because of looming deficits have unleashed strong criticism from all sides, with social welfare organisations calling the fee unfair and politicians blaming each other while calling for renewed efforts to limit the rise of healthcare costs.

Germany's largest public health insurer, DAK, with 6.4 million subscribers, and seven other public insurers announced on 25 January that they would levy an additional fee of €8 (£7; \$11) a month. Members currently pay 14.9% of gross wages each month, with employers contributing 7%, into the federal public health fund, which funnels the money to public health insurers. The system, which covers more than 90% of the population, faces a deficit this year of up to €8bn.

Before a new healthcare reform law took effect in January 2009, the percentage of gross wages paid by members for health insurance varied, as pub-

lic insurers could set their own monthly premium rates. But the new law set a standard percentage rate, initially 15.5% but later reduced to 14.9%, requiring public insurers facing deficits to instead levy a monthly fee paid by the member.

Ulrike Mascher, head of the association VdK, which represents handicapped people, chronically ill people, senior citizens, and other patients, said the fee is a "bitter pill" for lower income workers, who are being asked to accept lower wages during the financial downturn, and retired people, whose monthly pensions have been frozen.

Germany's health minister, Philipp Rösler, a member of the liberal Free Democratic party, blamed the Social Democrat party (SPD) of the previous government for the additional monthly fee. Before the general election in September the SPD had shared power in a grand coalition with Chancellor Angela Merkel's Christian Democrats, and the health ministry was headed by the Social Democrat Ulla Schmidt.

Michael Pausder, a spokesman for VdK, said that the public uproar has been so loud that the new government might be pressured into instituting what in Germany is called a "social adjustment" to reduce the burden on lower income members.

Cite this as: *BMJ* 2010;340:c615

DS ❖ BMJ GROUP AWARDS ❖ BMJ GROUP AWARDS ❖ BMJ GROUP AWARDS ❖ BMJ GROUP AWARDS

The researchers found that both of these things reduced antibiotic prescriptions and concluded that a combination of approaches might be the best way to target this problem in primary care.

Overuse of antibiotics is a pressing clinical problem. We were impressed by this study because it sought to clarify the best approach to this common clinical problem. Additionally, the trial was conducted within 20 general practices. This real life research setting increased our confidence that results would be generalisable.

2. Does it work to pay people to stop smoking? (Volpp KG, et al. A randomized, controlled trial of financial incentives for smoking cessation. *N Engl J Med* 2009;360:699-709.)

Volpp and colleagues studied the effect of financial rewards on smoking cessation. They randomised smokers to receive information about smoking cessation alone or in combination with a series of graduated financial rewards for particular behaviours. Subjects could earn up to \$700 (£430; €500), for example, if they completed a smoking cessation program, stopped smoking within six months, and remained abstinent for six months after that. Results showed that higher proportions of those in the payment group achieved these milestones.

“Pay for performance” programmes for doctors are now well established in many medical systems. It seems a logical, albeit controversial, next step to

consider paying patients for desirable behaviours and outcomes. The results seem likely to inform the design of future programmes aimed at other complex problems such as obesity.

3. Can death and disability from malaria be prevented by giving rectal artesunate before referral to definitive care? (Gomes MF, et al. Pre-referral rectal artesunate to prevent death and disability in severe malaria: a placebo-controlled trial. *Lancet* 2009;373:557-66.)

Gomes and colleagues investigated whether people with severe malaria who were unable to take oral treatment might benefit from a dose of rectal artesunate given in the field, before they could reach a facility able to provide parenteral therapy. There were no differences in mortality or disability in those who reached such a facility within six hours of treatment. However, in those whose arrival at clinic was delayed beyond six hours, participants who received the study treatment were less likely to die or have a disability.

Time is of the essence in treating malaria, yet many people who have it live in areas where they are many hours or even days away from definitive treatment. This trial provides a rigorous test of a treatment strategy adapted to the less than ideal circumstances in which it must be delivered.

4. Does screening for lung cancer with spiral computed tomography have benefits? (Infante M, et al. A randomized study of lung cancer screening

with spiral computed tomography. *Am J Respir Crit Care Med* 2009;180:445-53.)

Infante and colleagues randomised older men with at least a 20 pack-year history of smoking to yearly spiral computed tomography scanning of the lungs or a yearly examination. (All participants had a chest x ray and sputum examination at entry into the study.) At the end of the trial, more lung cancers had been detected in those randomised to computed tomography, but the number of advanced cancers and cancer deaths was not statistically different between the two groups. The authors concluded that the benefits of such intensive screening “might be far smaller than anticipated.”

The benefits of medical screening procedures are often overemphasised. The *BMJ* has been a leader in publishing papers that attempt to put the harms and benefits of screening in proper perspective. Thus we were impressed by this study, which shows the small impact of intensive lung cancer screening.

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## Gates Foundation gives \$10bn for research and delivery of vaccines to developing countries

Anne Gulland LONDON

The Bill & Melinda Gates Foundation has made a new gift of \$10bn (£6.3bn; €7.2bn) to help research and develop vaccines and deliver them to developing countries.

Speaking at a press conference at the World Economic Forum in Davos, Switzerland, last week, Mr Gates said that great advances had been made since the Global Alliance for Vaccines and Immunisations (GAVI) was set up 10 years ago.

“The success of both increasing vaccine coverage and getting new vaccines out has been phenomenal. At this milestone we are redoubling our commitment,” said Mr Gates.

Since GAVI was created, more than 250 million children have been immunised and five million deaths have been prevented. New data from the World Health Organization show that from 2000 to 2009 the percentage of children receiving three shots of the diphtheria, tetanus, and pertussis vaccine in the poorest countries of the world jumped



Polio is on the verge of being eradicated thanks to Bill and Melinda Gates's commitment to GAVI

from 66% to 79%, the highest percentage on record (*BMJ* 2009;339:b4331).

Melinda Gates said that the past decade had also seen a decrease in the time it took from a vaccine being launched in Europe or the United States to it

becoming available in the developing world.

She added, “Polio used to be endemic in 125 countries, but now it is endemic in four countries. We are on the verge of being able to eradicate polio from the globe.”

Julian Lob-Levyt, chief executive of GAVI, hailed the announcement of \$10bn as “amazing.”

He said that the foundation's approach to vaccines and immunisation was “comprehensive . . . from research and development right through to delivery.” And he hailed rates of vaccination in sub-Saharan Africa as better than in parts of London.

The foundation used a model developed at the Johns Hopkins Bloomberg School of Public Health to project the potential effect of vaccination on childhood mortality over the next 10 years. The model suggests that by increasing the delivery of vaccines in developing countries to 90% the deaths of some 7.6 million children aged under 5 could be prevented over the period 2010 to 2019.

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