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Karolinska research dean claims dismissal is an over-reaction

Ned Stafford HAMBURG

The professor of medical chemistry at Sweden's Karolinska Institute, who has been accused of ethical misconduct and dismissed as dean of research, has called the dismissal an "unnecessary over-reaction."

In a statement for the *BMJ* Karl Tryggvason, who is also a deputy trustee of the Nobel Foundation and a member of the Nobel Assembly, the body at the institute that awards the Nobel prize for physiology or medicine, verified as correct the facts of the case as listed in a press release issued by Sweden's top medical school.

However, referring to the institute's president, Harriet Wallberg-Henriksson, he said, "I do not consider my conduct unethical to such an extent that it should have led to the president's forceful reaction. I do feel that there was an unnecessary over-reaction."

The Karolinska Institute alleged in its press release that Professor Tryggvason had exercised "undue influence" over the allocation of funds from the institute's "prominent professors' programme" to leading researchers. After an independent evaluation committee announced in December the 35 professors who had been selected to receive funds, the institute's management received a letter from a number of professors questioning the selection process, and a task force was formed to investigate the procedure, the press release said.

The task force found that Professor Tryggvason had, against rules on conflicts of interest, sent a letter from his private email address "advocating whom he believed to be worthy recipients of the funds" to the chairperson of the evaluation committee, who forwarded the email to other evaluation committee members, the institute said.

"It is unacceptable for a senior member of our university to act in this way," Professor Wallberg-Henriksson said in the press release. She added: "I take such unethical conduct very, very seriously and have therefore dismissed Karl Tryggvason from the office of dean of research with immediate effect."

Additional action may be necessary pending further investigation, said the release.

Cite this as: *BMJ* 2010;340:c1389

US cancer society urges more caution in use of PSA test

Bob Roehr WASHINGTON, DC

The American Cancer Society is urging a more cautious approach to screening for prostate cancer and asking men to make an informed decision about whether to have their level of prostate specific antigen measured. The revised guidelines, released on 3 March, are part of a periodic review of all guidelines.

The society's new guidance stresses that men should weigh up "the uncertainties, risks, and potential benefits of screening for prostate cancer before deciding whether to be tested."

Men at average risk should receive information around the age 50 years. Those at higher risk, with a father or brother with a diagnosis of prostate cancer before they are 65, should receive the information at 45 years.

Patients who have multiple family members with prostate cancer diagnoses should receive it beginning at age 40.

Given the slow developing nature of most prostate cancers, asymptomatic men with a life expectancy of less than 10 years should not be offered screening, says the guidance.

The society emphasises that no screening should occur without an informed decision making process.

Men with a prostate specific antigen (PSA) concentration lower than 2.5 ng/ml may be safely screened every two years, whereas those with higher levels should be screened annually. The guidelines reaffirmed that those with a PSA concentration of 4.0 ng/ml or higher should be

referred for further evaluation or biopsy.

Andrew Wolf, who chaired the committee that revised the guidelines, said, "Two decades into the PSA era of prostate cancer screening, the overall value of early detection in reducing the morbidity and mortality from prostate cancer remains unclear."

The benefits of early intervention must be balanced against risks associated with those interventions.

In February the society, in conjunction with the American Heart Association and the American Urological Association, warned of increased risk of heart disease associated with hormone therapy used to treat prostate cancer.

Another cornerstone for the revised guidelines was a paper published last year that analysed how the introduction of the PSA test in the United States affected screening and treatment of prostate cancer over the years 1986 to 2005

(*Journal of the National Cancer Institute* 2009;101:1325-9).

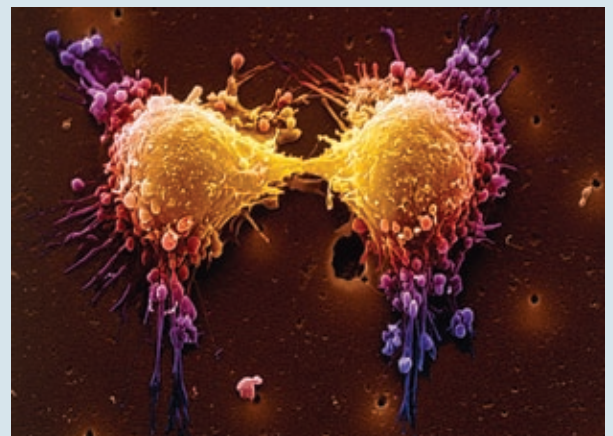
It was no surprise that more cancers were detected and at an earlier age and that more than a million men were treated for the condition.

However, the study concluded, "Using the most optimistic assumption about the benefit of screening—that the entire decline in prostate cancer mortality observed during this period is attributable to this additional diagnosis—we estimated that, for each man who experienced the presumed benefit, more than 20 had to be diagnosed with prostate cancer," and the benefit ratio could be as poor as 1 in 50.

As yet there has been no substantial backlash against the call for relaxed screening for prostate cancer, in contrast to the call for the relaxation of screening for breast cancer.

The guidelines are at <http://caonline.amcancersoc.org/cgi/content/full/caac.20066v1>.

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Asymptomatic men with a life expectancy of less than 10 years should not be offered screening, the new guidelines say

IN BRIEF

Obesity costs Australia \$A21bn a year:

The direct cost of Australia's obesity epidemic was \$A21bn (£13bn; €14bn; \$19bn) in 2005, more than double the previous estimates for that year, a study by scientists at the University of Sydney has estimated (*Medical Journal of Australia* 2010;192:260-4). The study included the costs of overweight as well as obesity.

British pharmacy chain offers HIV tests:

Superdrug is piloting HIV tests at six shops in Brighton, Croydon, Cardiff, Edinburgh, Manchester, and Newcastle. Customers can receive the result of a fingertip blood test in 60 seconds. Superdrug claims that the Insti test, which costs customers £79 (€87; \$120), is 99.96% accurate. Trained nurses will provide counselling before and after the test. If customers have a positive result the nurses can arrange a follow-up test at a local genitourinary medicine clinic.

More than 85 million African children will get polio vaccine:

More than 85 million children aged under 5 will be vaccinated against polio in 19 countries across west and central Africa to try to stop a year long polio epidemic. Nine countries—Burkina Faso, Cameroon, Chad, Guinea, Liberia, Mali, Mauritania, Senegal, and Sierra Leone—are considered to have active outbreaks of polio. The campaign, started on 6 March, is funded by a \$30m (£20m; €22m) grant from Rotary International.

Electronic prescriptions reduce errors by more than sixfold:

Analysis of 3684 paper based prescriptions at the start of the study and 3848 paper based and electronic prescriptions one year later found that the number of errors fell from 43% to 6.6% (*Journal of General Internal Medicine* doi:10.1007/s11606-009-1238-8). Only a small portion were life threatening, but all required additional time and effort to clarify questions arising from illegibility.

Legal bills will be squeezed to help scientists:

Lawyers in England who take defamation cases on a no win, no fee basis will be allowed to claim only 10% on top of their normal fees as a "success fee" from April, instead of the 100% they can now claim. The justice secretary, Jack Straw, said the move "will help level the playing field so that scientists, journalists, and writers can continue to publish articles which are in the public interest without incurring such disproportionate legal bills."

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DAVID ROSE/REX



CHRISTOPHER PLEDGER

The three-way operation involved (from left) married couples Lynsey and Teemir Thakrar, and Andrea and Andrew Mullen; and brother and sister Chris Brent and Lisa Burton

UK surgeons carried out two pooled kidney transplantations, the regulator reveals

Jacqui Wise LONDON

The first two "pooled" kidney transplantations— involving three living donors and three recipients—were carried out in the United Kingdom, it was announced by the Human Tissue Authority this week.

Paired transplantations, involving two couples, are becoming more common, with 20 having taken place so far in the UK. But this is the first time that a pooled transplantation, defined as three or more couples, has happened. Pooled transplantations involve a donor and recipient—for example, a couple whose blood groups or tissue types are incompatible—paired anonymously with two or more other couples in the same situation.

The first of the pooled transplantations happened late in 2009, but no details have been released because of patient confidentiality. The second occurred on 4 December 2009 and involved surgeons at Guy's and St Thomas' NHS Foundation Trust, Imperial College Healthcare

Trust, and the Royal Infirmary of Edinburgh. The participants agreed to make the details public.

About 7000 patients are on the waiting list for a kidney transplant. One in three kidneys used as transplants in the UK now come from living donors. The vast majority of living donor transplantations take place between two people who are genetically or emotionally related, such as a parent and child or husband and wife. But the introduction of the Human Tissue Act in 2006 allowed more flexibility in who can donate to whom.

The Human Tissue Authority is responsible for approving all transplantations involving living donors. They carry out a thorough assessment to ensure that all the donors and recipients fully understand the risks involved and that the donors are not under any pressure to donate.

Vicki Chapman, the authority's director of policy and strategy, said, "The HTA has to pay particular attention to these types of donation, as the issues are particularly complex when more people and more centres are involved."

Tissue watchdog warns against

Susan Mayor LONDON

The Human Tissue Authority, the body that regulates the use of human tissue in the United Kingdom, is launching a campaign to remind health professionals and the public that umbilical cord blood must be collected only under licence by trained people, after reports of unlawful collections.

Regulations introduced in July 2008 stipulated that cord blood can be collected only under a licence from the authority by staff with appropriate training. This is to ensure that cord blood is collected safely, is not contaminated, and is safe for human use.

The authority is reminding people of this

requirement after being notified of 140 cases where cord blood was collected unlawfully since the regulations came into force. A large number of cord blood collections now take place each year (15 514 in 2009), and the authority is concerned that some people may be unaware of the regulations.

Shaun Griffin, the authority's director of communications, said, "We know of incidents where parents have brought cord blood kits into the delivery room and put pressure on untrained medical professionals to collect cord blood.

"We are also aware of incidents where parents have collected the cord blood themselves, or the collection has taken place outside. In at

Keith Rigg, president of the British Transplantation Society, said, "Although paired transplants are becoming more common, this is the first time we have seen three couples involved. The UK transplant community will need to get more experience of donations between two or three couples before we can consider more complicated swaps. Other countries have performed transplants between larger numbers of couples, but . . . we do not have as big a pool of donors and recipients as countries like the United States."

The logistics of carrying out a pooled transplantation are complicated. In the second pooled transplantation, surgery started simultaneously at 9 am at all three centres. All six patients needed to be in good health on the same day for the operations to go ahead. Once the three kidneys were retrieved they were packed in ice and transported by plane between Edinburgh and London and by ambulance between the London hospitals.

One of the three couples was 54 year old Andrea Mullen, from Aberdeen, and her husband, Andrew, who agreed to be a donor. Lorna Marson, the consultant transplant surgeon who carried out the operation at the Royal Infirmary of Edinburgh, said, "Andrea had to undergo a lot of preparation before the transplantation, so without this three way operation, which was planned in advance, it would have been unlikely that she would have been offered a kidney from the deceased donor list."

Vassilios Papolois, consultant renal surgeon at Imperial, said, "The surgery was such a success thanks to great team work on all three sites." He said he hoped to do more paired and pooled transplantations. "In the US they are already doing up to 12 pairs at once—so that's something to aspire to."

Cite this as: *BMJ* 2010;340:c1343

Virgin gets slice of England's primary care services with £12m investment

Nigel Hawkes LONDON

Two publicly quoted independent sector health-care providers became entirely private companies last week, as Richard Branson's Virgin took over Assura's medical division, and Care UK negotiated a management buyout with the private equity group Bridgepoint.

That apart, the two deals are very different. Assura is basically a property company with £350m (€390m; \$530m) of assets, mostly on long term rental to the NHS, a profitable pharmacy chain, and a joint venture operation with local GPs that has won around 50 contracts to provide primary care services in England.

Assura Medical, the division that will be 75% owned by Virgin when the deal is completed, has been successful in winning contracts but lost £4.4m last year, dragging the whole group into losses. Without its medical division Assura will return to profit and is hinting at a restoration of dividends.

Virgin, on the other hand, has proved to be always a bridesmaid, never a bride, in health care. The deal gets it a place in the market at a very modest upfront cost of £4m, which Assura has promised to lend back to the business. Virgin has undertaken to invest a further £8m and to take on 75 Assura staff.

Virgin has a habit of dipping its toe in many markets but does not always prove persistent. Virgin Healthcare Holdings, the vehicle for the takeover, was until 23 February a dormant company called Virgin Recruitment. Assura is left with a quarter of a business it no longer controls, with

the other three quarters in the hands of a volatile partner. Its shares fell on news of the deal.

Virgin first declared an interest in health care in early 2008 but later that year pulled out of a deal to take over a practice in Swindon. This week Gordon McCallum, chief executive of Virgin Management, said, "This is the culmination of what has probably been five years of knowing we wanted to be in this space but not really finding the right entry point. Conceptually the model that Assura is operating is exactly what we always felt we wanted to be, which is in partnership with NHS GPs."

The deal by which the publicly quoted Care UK goes private is quite different. Bridgepoint has paid £281m, a 9% premium on the market price the day before the deal was announced. The existing management, led by Mike Parish, will remain in place. Bridgepoint said the deal had turned from being a public-to-private transaction to being a management buyout led by Mr Parish.

Care UK runs nursing and care homes and has won a series of contracts for GP led health centres and primary care delivered through alternative provider medical services contracts. Last year it made a profit of £21m on a turnover of £410m. But Mr Parish said that investors become anxious over dilution of earnings in the short term when building new care homes or creating new primary care practices. Going private would give the business "breathing space," he said.

See **FEATURE**, p 562; **HEAD TO HEAD**, p 568; **OBSERVATIONS**, p 571

Cite this as: *BMJ* 2010;340:c1355

unlawful collection of umbilical cord blood

least one case cord blood was collected in the hospital car park. This risks the quality of the sample, as collecting under these circumstances is likely to lead to contamination."

The authority considers that a key step is to encourage parents who are considering banking cord blood to discuss the practicalities of collection at an early stage of pregnancy. This would

allow time to ensure that a person with the required training and who is operating under an authority licence is available to collect the



In one case, cord blood was collected in a car park

blood at the time of delivery.

"We don't want parents to leave it too late to organise collection, because if things go wrong it can cause distress and the sample could be wasted," said Dr Griffin.

Parents who register with private cord blood banks are generally sent collection kits to their home address.

The authority is working with the banks to ensure that instructions sent out with the kits remind parents of the legal requirement for cord blood to be collected

only under licence. It is also warning them of

their responsibility to report unlawful collection to the authority as a serious adverse event.

Cord blood banks holding a licence can provide their own trained staff to attend a delivery to collect blood or may employ other specially trained people to do this under a third party agreement. However, some hospitals do not allow cord blood collection on their premises, which may explain why some parents take the placenta and cord outside to collect the blood. To stop this the authority is writing to maternity units to ensure that they are aware of the requirements and do not facilitate unlawful collection.

More information is available at www.hta.gov.uk.

Cite this as: *BMJ* 2010;340:c1381

AstraZeneca is to stop research into 10 diseases to cut costs

Andrew Jack FINANCIAL TIMES

AstraZeneca, the Anglo-Swedish pharmaceutical group, is to reduce its staff, shut operations, and cease research into several diseases as part of a wide ranging restructuring, unveiled at the start of March.

The company will close some research centres in the United Kingdom, Sweden, and the United States and is set to cut 3500 posts in research and development by 2014. When new jobs are taken into account, the net loss of jobs is likely to be 1800.

It will stop all future research into 10 diseases, including acid reflux, schizophrenia, and bipolar disorder, which represent some of the company's most important blockbuster drugs, including esomeprazole magnesium (sold in the UK as Nexium) and quetiapine (Seroquel).

The move marks an intensifying effort by AstraZeneca—as with other companies, including GlaxoSmithKline—to extend cost cutting measures, previously seen in the areas of administration, manufacturing, and marketing, into research and development.

It announced earlier this year that 8000 posts would be cut across the company, on top of 4000 since 2007, which has reduced its workforce worldwide to 63 000. It warned that patent expiries in the next few years could put sharp pressure on sales.

AstraZeneca said it will maintain all its existing seven broad treatment areas: cardiovascular, gastrointestinal, oncology, respiratory, inflammation, neuroscience, and infection. But it will stop further drug development work into specific diseases within these categories, including thrombosis, acid reflux, ovarian and bladder cancers, systemic sclerosis, schizophrenia, bipolar disorder, depression, anxiety, hepatitis C, and vaccines other than respiratory syncytial virus and influenza.

The move marks a further blow to research into mental illness, after GlaxoSmithKline's closure of its research in this area, which it announced recently. Cuts in research into mental illness are also spurred by a belief that the science and the end points against which to measure progress are particularly difficult.

In the UK AstraZeneca will close its research and development sites at Charnwood, in Leicestershire, and Cambridge, reduce operations in Bristol, and close the London office of its subsidiary Arrow Therapeutics while expanding staffing at its main UK centre in Cheshire.

Cite this as: *BMJ* 2010;340:c1365

Malaria treatment should begin with

John Zarocostas GENEVA

New guidance on the treatment of malaria released by the World Health Organization on 9 March recommends parasitological testing before treatment begins and adds a new artemisinin based combination treatment to the list of prescribed drugs.

The new guidelines are expected to enhance earlier and accurate diagnosis, halt the emergence of drug resistance, and reduce the use of unnecessary treatment.

Each year sees nearly 250 million cases of malaria and 860 000 deaths. About 85% of these deaths are of children, and most occur in Africa, says WHO.

The agency also released its first ever guidelines for good practice in the procurement and purchase of antimalarials. The guidelines are based on evidence of efficacy and safety and meet international standards.

“Prompt parasitological confirmation by microscopy or alternatively by RDTs [rapid diagnostic tests] is recommended in all patients suspected of malaria before treatment is started,” says the new guidance on the treatment of malaria.

The new criteria, which build on earlier guidance published in 2006, also say that “treatment solely on the basis of clinical suspicion should

only be considered when a parasitological diagnosis is not accessible.”

Robert Newman, director of WHO's global malaria programme, said, “The world now has the means to rapidly diagnose malaria and treat it effectively.”

Treatment that is based on clinical symptoms alone should, he said, “be reserved for settings where diagnostic tests are not available.”

In 2008 in 18 African countries reporting to WHO only 22% of suspected cases of malaria were tested, with most clinics having to rely on microscopy. But the recent development of rapid diagnostic

US pro-life groups tell black women that abortion is genocide



Anti-abortion activists have been accused of exploiting America's racial history

Janice Hopkins Tanne NEW YORK

Last month about 80 billboards went up on highways around Atlanta, Georgia, calling African American children “an endangered species.”

The billboards were posted by Too Many Aborted (www.toomanyaborted.com), an organisation that calls on pregnant black women to avoid abortion and have their babies to prevent “genocide.”

The billboards and messages play on mistrust of the medical system among many black people in the United States and compare abortion to slavery and ethnic cleansing.

The billboards in Atlanta were posted during February, national black history month. They were first reported by the Associated Press news agency in the *Atlanta Journal Constitution* and then by the *New York Times* (“To court blacks, foes of abortion make racial case,” 26 Feb, www.nytimes.com).

The *New York Times* reported that anti-abortion groups, whose members are mostly white and politically conservative Republicans, drew attention to the fact that black women have higher rates of abortion than other ethnic groups in the US.

It said that the mostly white staff of the anti-abortion group Georgia Right to Life hired a black woman to visit local black churches and colleges to deliver the message that “abortion is the primary tool in an age old conspiracy to kill off blacks.” The group received many phone calls in response to her talks.

Too Many Aborted says that “with over 40% of all black pregnancies ending in induced abortion, it is a human crisis.” The website says that “abortion on demand” is an outcome of the birth control movement headed by Margaret Sanger, a birth control pioneer who founded Planned Parenthood.

The *Chicago Tribune* interviewed the doctor Vanessa Cullins, vice president for medical affairs at Planned Parenthood of America, who is black. She said, “The notion that abortion providers are targeting certain groups of people is absurd . . . It's using race to undermine decisions that responsible black women are making about whether to terminate a pregnancy or not.”

A spokeswoman for the National Association of Colored People (NAACP) told the *BMJ* that the organisation was pro-choice.

The independent research organisation the Guttmacher Institute said that black women account for 37% of abortions in the US, although only about 13% of the population are black.

Cite this as: *BMJ* 2010;340:c1366

parasitological diagnosis where possible, says WHO



Testing for malaria in Sierra Leone: the rapid diagnostic test using a dipstick and a drop of blood means the presence of parasites can be confirmed in all settings

tests involving a dip stick and a drop of blood has made the policy change possible.

The tests can reliably demonstrate the absence of malaria parasites in the blood and can be performed at all levels of the healthcare system, including community settings. They can also be used where microscopy is not generally feasible, such as in the home. Although using them may be more expensive, their deployment “may be considerably cost effective in many of these settings,” says WHO.

The move towards universal diagnostic testing will also allow

targeting of artemisinin based combination treatments at people who actually have malaria. This will help to reduce the spread of drug resistance and to identify patients who have fever but not malaria, so that appropriate alternative treatments can be provided.

The new batch of guidelines has also added a fifth artemisinin based combination treatment, dihydroartemisin plus piperazine, to the previous (2006) list of recommended treatments.

The guidelines are at www.who.int/topics/malaria/en/ See **RESEARCH**, 2010;340:c930.

Cite this as: *BMJ* 2010;340:c1402

Taxing junk food reduces consumption and improves health outcomes, finds 20 year study

Bob Roehr WASHINGTON, DC

The price of soda drinks and pizza affects their level of consumption and therefore has an effect on health outcomes, a 20 year US study has concluded. It suggests that imposing a tax on junk food might improve the nation's health.

The coronary artery risk developments in young adults (CARDIA) study is notable for its scope, duration, and measurement of both physiological and economic factors. Beginning in 1985 it recruited a broadly representative sample of 5 115 adults aged 18 to 30 in four cities in the United States (*Archives of Internal Medicine* 2010;170:420-6).

The researchers periodically measured participants' height, weight, insulin resistance, and other clinical factors, along with the retail prices of key food items. At 20 years the analysis retained 72% of the original participants.

All prices were controlled for inflation. The relative price of milk, fresh fruits, and vegetables rose over the two decades while that of soda drinks fell by 48%, due in large measure to government subsidies of sugar production.

The study found that a 10%

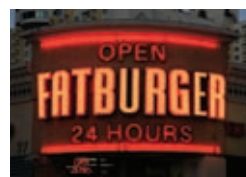
rise in the price of soda or pizza was associated with a decline of 7.1% and 11.5%, respectively, in the amount of energy consumed from those products.

A \$1 increase in the price of soda was associated with lower daily energy intake (124 kilocalorie (518 kJ) less), lower weight (1.1 kg less), and lower insulin resistance (homoeostasis model assessment of insulin resistance (HOMA-IR) score 0.42). The same trend was seen with the price of pizza, while increases in both had an additive effect.

“Our results provide stronger evidence to support the potential health benefits of taxing selected foods and beverages,” the authors conclude.

They estimated that if the state of New York adopted a proposed 18% tax on junk food it “would result in a roughly 56 kcal decline in daily total energy intake among young to middle-aged adults.” That translates to a weight loss of 2.25 kg per person per year and an important reduction in the prevalence of most obesity related chronic diseases, they said.

The authors said that a tax mechanism to steer people away from less to



An 18% tax on junk food would translate to a weight loss of 2.25 kg per year

more healthy foods “could prove an important strategy to address overconsumption, help reduce energy intake, and potentially aid in weight loss and reduce rates of diabetes among US adults.”

A few days before the study was published, a modelling analysis that estimated the negative effects of increased consumption

of sugar sweetened beverages was presented at the American Heart Association's 50th annual conference on cardiovascular disease epidemiology and prevention.

The analysis found that 130 000 new cases of diabetes, 14 000 new cases of coronary heart disease, and 50 000 additional life years burdened by coronary heart disease in the US could be attributed to increased consumption of those beverages over the period 1990 to 2000.

“A substantial soda tax would probably be the single most effective way that we could reduce obesity,” Tom Frieden, director of the US Centers for Disease Control and Prevention (CDC), told a conference on obesity last summer (*BMJ* 2009;339:b3176).

A CDC spokesman declined to comment on the CARDIA study. He said that the Obama administration does not support a soda tax.

Cite this as: *BMJ* 2010;340:c1370



Restricting sales of charcoal helps in suicide prevention

Jane Parry HONG KONG

Research showing that restricting access to barbecue charcoal is helpful in lowering the number of suicides has been welcomed by experts on suicide prevention.

It comes at a time when suicide by carbon monoxide poisoning induced by burning charcoal in a sealed room is beginning to occur outside Asia, where it became a popular method of suicide in the late 1990s.

"We know that making access to lethal [methods] more difficult prevents suicides from occurring," said Lanny Berman, president of the International Association for Suicide Prevention. "The expectation is that as information is readily accessible, suicides by this method will spread. That's why we are supportive of efforts to stem the tide at an early stage."

The first reported case occurred in Hong Kong in 1998, where it received widespread media coverage. By 1999 the method accounted for 23% of all suicides in Hong Kong, and the phenomenon spread to Taiwan, where it is now the commonest means of suicide, and also to Korea and Japan. At least 10 cases have been reported in the United Kingdom over the past 12 months, said Paul Yip, lead author of the study and director of the Hong Kong Jockey Club Centre for Suicide Research and Prevention at the University of Hong Kong.

The study, conducted with the cooperation of Hong Kong's two major supermarket chains, Wellcome and ParknShop, showed that in one district the rate of suicides (number per 100 000 population) by charcoal burning halved during the 12 months when barbecue charcoal was available



The Wellcome supermarket is refusing to restrict sales despite the research

only from a locked container opened on request by a member of staff (*British Journal of Psychiatry* 2010;196:241-2).

The rate in a control district with similar socio-demographic characteristics where charcoal was sold on open shelves rose over the same period.

In both areas the rate of suicides by other methods fell during the same period, suggesting that suicidal people did not simply switch to other methods when charcoal was less easily available.

The characteristics of people who used this method also differ from those of people who used other methods, said Dr Yip.

"They tend to be employed and middle aged and are less likely to have diagnosed mental illness and more likely to have financial problems," he said.

"Charcoal burning appears to bring a new group into the suicide population, and the problem is it's highly lethal," said Keith Hawton, director of the University of Oxford Centre for Suicide Research. "You have to be cautious about interpreting the findings, as they are only a comparison of two areas, but they are certainly very encouraging."

Despite cooperating in the research, Wellcome and ParknShop have refused to restrict access to barbecue charcoal in any of its branches, citing operational issues.

Cite this as: *BMJ* 2010;340:c1324

MEP plans to allow patients more access to drug information

Rory Watson BRUSSELS

A Swedish member of the European parliament, Christofer Fjellner, has acknowledged that he will be challenging many medical professionals in steering draft legislation through the parliament that would allow pharmaceutical companies to give more information to patients about prescription drugs.

The MEP, a Christian Democrat, has assessed the European Commission's legislative proposal, and he will present his assessment to the European parliament's environment committee before the end of the month. Speaking after a workshop in Brussels on 4 March on the subject, he set out his approach.

He said, "It is clear there are big cultural differences in Europe on the relationship between doctors and their patients. I will definitely challenge those who want doctors to retain a monopoly on information. But I will never challenge the doctor-patient relationship."

He intends to change the thrust of the draft legislation, which was drafted by the European Commission's industry department but which is now the responsibility of its public health directorate general.

"When I work with the text I feel it was written for industry. It talks about what companies may be allowed to disseminate. I would prefer that they be obliged to make information available on the principle of a patient's right to know," he explained.

He insists that careful control of the information that drug companies may be allowed to give to patients will be needed.

Cite this as: *BMJ* 2010;340:c1368



There was a "significant increase" in smoking in all cafes in 2009

Dutch cafes remove ashtrays

Tony Sheldon UTRECHT

The Dutch Supreme Court has closed a legal loophole that resulted in smoking returning to many of the country's 10 000 smaller cafes after enforcement of the tobacco law was partially suspended last summer.

In a landmark judgment the court overturned the decision of two lower appeal courts and ruled that there was "sufficient basis" in the tobacco law for a smoking ban to apply to smaller cafes that do not employ staff. The ban on smoking in enclosed public spaces

in the 2008 Tobacco Law is therefore valid for the whole hospitality sector.

The decision comes as figures show evidence of a "significant increase" in smoking in all cafes in the last nine months of 2009.

The government suspended the smoking ban for cafes without staff in July after separate appeal courts in Den Bosch and Leeuwarden had ruled in favour of two small cafes (*BMJ* 2009;339:b2824). They ruled that "there is no clear obligation in the text of the law for a hospitality

Spain changes law to allow abortion on demand up to 14 weeks and without parental consent

María de Lago MADRID

Abortion on demand for some women will be legal for the first time in Spain from next July. The controversial law that allows women to have an abortion without restrictions during the first 14 weeks of pregnancy was approved in the Senate last Wednesday by a majority of six votes.

Representatives of the Spanish Socialist Party and feminist groups welcomed the law, which was promoted by the socialist government. They described it as a “historic step” in the fight for women’s rights.

Spain’s president, José Luís Rodríguez Zapatero, said that from now on “it won’t be possible to send women to prison for interrupting their pregnancy.” He added that the previous law had been an advance at the time but that “lately it has caused some problems.”

The new law eliminates imprisonment as a penalty for women who have an illegal abortion. Up to now having an abortion that didn’t fall under one of the three exceptional categories covered by the law—rape, a serious risk to the physical or mental health of the woman, and serious abnormalities in the fetus—was regarded as a crime. However, no woman is known to have been sent to prison for doing so.

A Socialist Party spokeswoman, Leire Pajín, said that the law “puts an end” to the “old debt” that Spanish society owed to women.

However, the law faces strong opposition from Catholic and pro-life groups and from the conservative Popular Party, the main political party in the opposition. Leaders of the Popular Party announced that they would repeal the



Marchers against the change this week were fewer than those who marched in favour of reform last year

new law if they win the next general election.

Last Sunday thousands of people responded to the call of 270 pro-life organisations and demonstrated in about 100 cities. The biggest protest, in Madrid, drew about 10 000 participants. However, this figure is less than a quarter of the number of protesters who demonstrated in favour of a change to the law last October.

The protesters against the new law said that they represented not just conservative and Catholic groups but a wide range of citizens who don’t want to see “murder legalised.”

One of the most controversial points of the new law is that it allows teenagers between 16 and 18 years old to have an abortion without their parents’ consent. Although it puts an obligation on health professionals to tell the girl’s

legal guardian about the operation, they don’t have to if the young woman says that doing so would result in violence, threats, or coercion from family members.

The law also lays down the circumstances in which abortion will be allowed after 14 weeks. It allows abortion up to the 22nd week of gestation if continuation of the pregnancy puts the woman’s life or health at risk or if the fetus has serious abnormalities. There is no time limit if the fetus has abnormalities that are incompatible with life or has an extremely serious incurable illness. The law says that if the pregnancy puts the life of the woman at serious risk abortion will be regarded as induced labour and will always be allowed.

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from tables once more as tobacco law is set to tighten

industry business without personnel to establish a smoking ban.”

The public prosecution service appealed the cases to the Supreme Court, which overturned the rulings, arguing that the part of the law with the words “smoking ban” should be “read in connection” with other parts. The absence of a specific reference to the part of the law containing the words “smoking ban” was therefore not relevant.

Both cases will be referred back to the Arnhem court, where the cafes are

set to contest the ruling, arguing that it contravenes the principle of equality as, unlike larger cafes, smaller ones are unable to provide separate smoking rooms permitted under the law.

Meanwhile, figures from the Food and Consumer Product Safety Authority, which polices the ban, show that between spring 2009 and winter 2010 the proportion of cafes without staff that allowed smoking doubled to more than 40%. Among larger cafes with staff the proportion allowing smoking rose to one in four,

despite more than 11 000 inspections between July and December.

The antismoking lobby group Stivoro said that the judgment was a good day for public health. Its director, Lies van Gennip, said, “We are very happy with it. We were getting signals that not just small cafes but larger ones too with staff were putting ashtrays back on the tables. Now it is clear that that is not the intention.”

Stivoro is urging the immediate return of inspection and enforcement of the ban in smaller cafes.

Onno van Schayck, professor of preventive medicine at Maastricht University, believes that the government chose to legislate on protection of employees rather than on public health as it fitted better with the Netherlands’ “famous” liberal thinking.

“We can’t go on in this way. We are one of few countries in the Western world where smoking has increased. The government has a legal obligation to protect its people,” he said.

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