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Doctors may need to disclose a patient's genetic data to family

Clare Dyer **BMJ**

Doctors may sometimes need to disclose confidential information to family members of a patient with an inherited disease against the patient's wishes, advises the United Kingdom's biggest organisation for advising and defending doctors.

The latest advice from the Medical Defence Union says that doctors should always ask the patient for permission to pass on the information to relatives. But occasionally patients will refuse, and in those cases doctors will need to be aware of their ethical obligations and "balance the patient's right to confidentiality against potential harm to family members if they are not informed."

The guidance appears in the April 2010 issue of *Ward Round*, the MDU's publication for foundation year doctors.

In deciding whether relatives should be informed, doctors should consider the number of people at risk, the seriousness of the condition, and the availability of screening and preventive surgery, says the author, Kathryn Leask, an MDU medicolegal adviser and clinical geneticist.

Doctors should be open with patients about what family members need to be told and should provide all the information necessary for the patient to make an informed decision. If they do decide to breach confidentiality they must tell the patient what they intend to do and why.

And they should keep detailed records of the reasons for disclosing the information and of discussions with the patient.

The doctor's dilemma is likely to arise with patients with illnesses such as some forms of breast and bowel cancer, where screening or preventive surgery among relatives could affect their outcomes, or those with conditions such as Huntington's disease, where the diagnosis may affect a decision on whether or not to have children.

The article acknowledges that junior doctors are unlikely to have to take such difficult decisions themselves because specialists will be in charge of the care of such patients.

The GMC guidance is at www.gmc-uk.org/guidance/news_consultation/confidentiality_guidance.asp.

Cite this as: *BMJ* 2010;340:c2025

NHS must tackle obesity and alcohol abuse, report says

Helen Mooney **LONDON**

The NHS is not yet world class and needs to change rapidly to meet its future challenges, says a new report by the healthcare thinktank the King's Fund.

The review of the NHS in England since 1997 describes the rise in health inequalities between different groups in society as the "most significant failure" in health care.

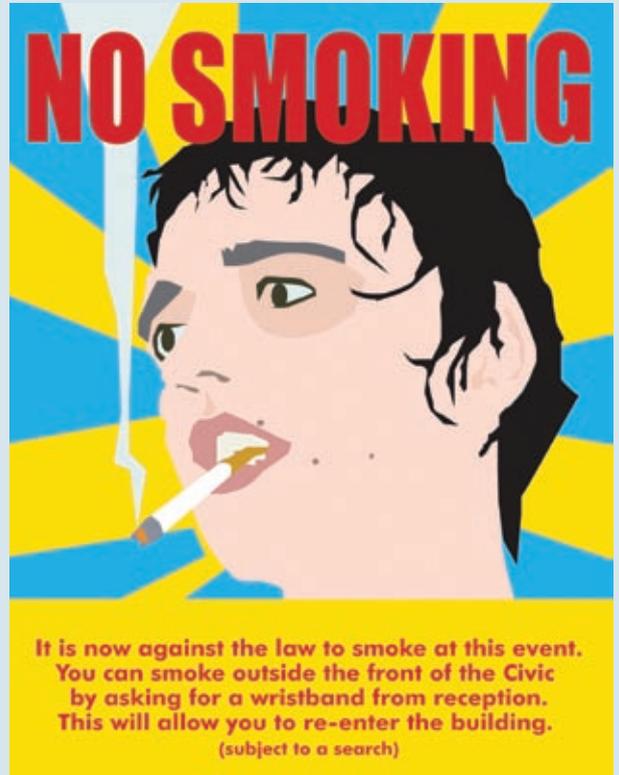
It warns that the health service is unprepared for the future and now faces "the worst of times," with a £21bn (€24bn; \$32bn) gap in funding by 2014 as it struggles with tighter budgets and ever increasing demand, including meeting the needs of an ageing population.

But it also highlights the achievements made since 1997, including reductions in waiting lists and in numbers of deaths from cancer and of strokes and heart attacks. It also praises the smoking ban and a fall in the number of people smoking.

Chris Ham, the King's Fund's chief executive, warned in a press release accompanying the report that doing more of the same in the NHS was not an option.

He said, "The next government faces a huge challenge in nursing the NHS to full health at a time when funding will grow very slowly, if at all... The NHS will have to do things differently by embracing innovation and becoming much more efficient in how it uses the £100bn it spends each year.

"The NHS must now transform itself from a service that not only diagnoses and treats sickness but also predicts and



The report praises the government for its smoking ban

prevents it. If the same energy and innovation that went into reducing waiting times and hospital infections could be put into prevention and chronic care, the NHS could become truly world class."

The report is particularly critical of the government's attempts to stop the rise in alcohol consumption, saying that no sign has been shown that its aims have been achieved.

Moreover, on obesity the report says "there is no sign of the tide turning." And despite good intentions to reduce health inequalities, progress in this area has been "elusive."

The review identifies three key

challenges now facing the NHS. The financial challenge must be the NHS's top priority in the short term, with a "relentless drive" to improve productivity. The public health challenge means that the NHS must reverse rises in levels of obesity and alcohol related illness and replicate the progress it made in reducing smoking. Lastly, the NHS faces a demographic challenge of an ageing population, and it still has a long way to go to transform the delivery of care to people with chronic conditions.

A High Performing NHS? A Review of Progress 1997-2010 is at www.kingsfund.org.uk/publications.

Cite this as: *BMJ* 2010;340:c2018



ANTOINETTE ROSSETT/SPL

The committee fears that the level of radiation in a full body scan may be “significant”

Risks of body scans as part of health MOTs must be clarified

Philip Wilson LONDON

The Department of Health has accepted recommendations from the Committee on Medical Aspects of Radiation in the Environment (COMARE) that propose new regulations for private clinics offering computed tomography (CT) scanning for healthy people.

The department will now formally ask the Royal College of Radiologists and the Royal College of Physicians to prepare guidelines for clinics that offer these “health MOTs,” setting out the balance of risks and benefits involved.

A government spokesman was keen to discourage talk of a ban, saying the aim is to make clear the potential risks of the scans while supporting the principle of patient choice. He was unable to confirm when the guidelines will come into force, saying it will be the responsibility of a new government after the general election.

Private clinics offering CT scans have become commercially successful in the United States, with an estimated 15 million men and women electing for whole body CT scanning over a three year period. COMARE is concerned about the adverse effects at individual and population level should similar services become popular in the United Kingdom.

The committee is concerned that “the level of radiation dose received by the individual may be significant.”

The impact of personally initiated X-ray computed tomography scanning for the health assessment of asymptomatic individuals, can be seen at <http://www.comare.org.uk/documents/COMARE12thReport.pdf>.

Cite this as: *BMJ* 2010;340:c1932

Incentives to GPs to prescribe generics may breach EU law

Clare Dyer *BMJ*

A ruling expected next month from the European Court of Justice in Luxembourg could deprive the NHS of millions of pounds in savings on drugs.

If the judges follow the opinion of the court’s advocate general Niilo Jaaskinen, schemes that reward GPs in England and Wales for prescribing generic drugs instead of branded medicines will be held to breach European Union law.

The European Court was asked to rule on the issue by the High Court in London, which was hearing a challenge by the Association of the British Pharmaceutical Industry (ABPI) to schemes introduced to save the NHS money.

The advocate general’s preliminary opinion on how a case should be decided is followed by the judges in most cases. If they agree with it in this case, the NHS budget will come under greater pressure at a time when it already faces tough spending constraints.

Under the schemes, GP practices can get payments either by accumulating points or by meeting targets for the proportion of generic drugs prescribed. Many practices use the payments to provide extra services, but they could benefit the partners who share the practice profits.

The ABPI argued that the schemes contravened a European directive which prohibits

the promotion of medicinal products “by gift, pecuniary advantage or benefits in kind to persons qualified to prescribe them.” The advocate general said that in his opinion the schemes amounted to promotion within the terms of the directive and “are as such prohibited.”

He stressed that the case is concerned only with “prescribing incentive schemes” that reward GPs for prescribing specific named generic drugs in place of other specific branded medicines and provide for “the replacement of one named medicine with another named medicine with a different active ingredient.” Under such schemes a trust may direct doctors to prescribe a generic version of drug instead of a branded drug from the same class of drugs—for example, simvastatin instead of a statin that is still under patent.

It does not cover so called generic substitution—“replacing a branded medicine with a corresponding generic medicine with the same active ingredient.”

The Department of Health has just finished consulting on a proposed generic substitution scheme (*BMJ* 8 January 2010;340:c135).

The advocate general’s opinion in case number C-62/09 is on the European Court of Justice’s website at http://curia.europa.eu/jcms/jcms/j_6/.

Cite this as: *BMJ* 2010;340:c1945

MPs back calls for tighter checks on European doctors working as locums

Lynn Eaton LONDON

MPs have called for changes in the checks that the General Medical Council can make on locum doctors working in the United Kingdom, after the death of Cambridge patient, David Gray, who was attended by a German locum in 2008.

The cross party health select committee has also recommended more stringent controls in the vetting system used by primary care trusts for all out of hours doctors.

The report says Mr Gray’s death has exposed major flaws in the way UK authorities are unable to check on the medical knowledge and English language skills of doctors from the European Economic Area.

Mr Gray died in 2008 after Daniel Ubani, a German citizen working his first UK shift as a GP locum, injected Mr Gray with 10 times the recommended maximum dose of diamorphine (*BMJ* 2010;340:c550).

Kevin Barron MP, chair of the committee, said, “It is tragic that it takes the death of a patient to expose the serious failings now evident in the current system for checking language and competence skills of overseas doctors. Everything possible must be done as soon as possible to ensure another life is not lost in this way.”

Under European Union rules, it is considered unacceptable for the medical regulator to check on a doctor’s language skills or their medical competence. This guidance covers any doctor from the European Economic Area. The government should “as a matter of extreme urgency” press for a change to these rules so that the GMC can . . . undertake systematic testing of language skills, says the report.

The use of overseas doctors in providing out-of-hours services is available at www.publications.parliament.uk.

Cite this as: *BMJ* 2010;340:c1939

Doctor is found guilty of exploiting “desperate” patients

Clare Dyer *BMJ*

A Dutch doctor practising in London who sent patients with multiple sclerosis from Britain to his Rotterdam clinic for controversial stem cell injections has been found guilty by the General Medical Council of exploiting “desperate” vulnerable patients but was cleared of dishonesty.

Robert Trossel, who practised in central London, abused his position as a doctor, gave treatment that was unjustified by the scientific or clinical medical evidence, and failed to obtain informed consent, the UK regulator held.

Dr Trossel was suspended from practice by the GMC after a BBC expose of unregulated stem cell treatments in 2006 and faces being struck off. At the time the treatment was given, between 2004 and 2006, stem cell treatments were illegal in the UK without a licence but were legal in the Netherlands.

The GMC’s expert witness, Alastair Compston, told the fitness to practice panel that there was no evidence of efficacy, or indeed safety, that would justify a doctor embarking upon allogeneic stem cell treatment at the time.

Professor Compston, a consultant neurologist and an international authority on multiple sclerosis, told the panel that where treatment was undertaken by a “medical pioneer” considerable caution had to be exercised. The pioneer had to have the relevant scientific knowledge, obtain informed consent, and follow up the patients, including doing physical examinations.

The panel found that Dr Trossel was not an expert in stem cell therapy nor did he have the appropriate specialist knowledge in neurology.

Cite this as: *BMJ* 2010;340:c2009

Tories condemn Labour for scaremongering over cancer

Adrian O’Dowd *LONDON*

The UK Conservative party is encouraging patients to write to the health secretary for England, Andy Burnham, to complain about a recent distribution of leaflets concerning cancer treatment, which it claims were a “shameful” example of scaremongering.

As part of its campaign for the UK general election on 6 May the Labour party has issued 250 000 postcards, addressed to individuals, warning them that their access to and speed of treatment for cancer would be affected badly if the Conservatives were to win the election.

Labour has, in turn, completely rejected the Tories’ claim that it targeted the leaflets at patients with cancer.

The cards warn that the guarantees Labour has given that people with suspected breast cancer would see a cancer specialist within two weeks and be treated within 18 weeks would both be dropped by the Tories.

On Monday 12 April the Tories launched a website (www.stopthescarescamongering.com) to encourage people to write to Mr Burnham to insist that he stop the campaign.

Tories’ health spokesman, Andrew Lansley said, “Cancer sufferers across the country have condemned Labour’s scaremongering breast cancer leaflets, but still Prime Minister Gordon Brown and Andy Burnham refuse to apologise.

“It is shameful that the Labour party, knowing that we are the only party that is going to increase investment in the NHS, have decided to deliberately scare patients and misrepresent what we have said.

“I’m actually rather shocked that they are try-



Postcards were sent to 250 000 individuals warning them about Tory plans for the NHS

ing to target breast cancer patients and alarm them by making up stories about what the Conservative party would do.”

The Liberal Democrats also condemned the move. Their health spokesman, Norman Lamb, said, “If Labour has targeted people with cancer then that is contemptible, and Andy Burnham should apologise for campaigning in this way.”

Mr Burnham reacted angrily to the accusations, saying: “It is wholly wrong to suggest that the Labour party has, or would ever, target cancer sufferers with its leaflets, and I totally reject that claim. The real issue here is the choice that the country faces on the NHS.

Labour said that the cards had been sent last month to various people, some of whom may—because the condition is so common—have undergone cancer scans or treatment within recent years.

The cards are part of a wider postal campaign by Labour that is aimed at various groups.

Cite this as: *BMJ* 2010;340:c2024

Doctors join rally to demand that politicians protect the NHS



JULES MATTHESSON

Adrian O’Dowd *LONDON*

Doctors joined around 10 000 people at the weekend in London in a march and rally intended to protect the welfare state and public services.

The event was intended to show that regardless of which political party wins the coming general election, most people do not want to see further cuts and privatisation of public services.

The rally was supported by more than 30 organisations, including the BMA, the National Union of Teachers,

the Trades Union Congress, the Prison Officers’ Association, Unison, the GMB, Keep Our NHS Public, and Unite.

Speaking at the rally, the BMA’s chairman of council, Hamish Meldrum, said, “Isn’t it ludicrous that while we are nationalising the banks, we are privatising the NHS? Are the bankers more important than health services workers? Are they more important than our—your—patients? It is still our NHS, but be aware of what is happening to it.”

Cite this as: *BMJ* 2010;340:c2027

Eating “5 a day” provides little protection against cancer

Anna Sayburn LONDON

People who eat more fruit and vegetables than average may have a slightly reduced risk of getting cancer, a big study concludes, but the benefit is much smaller than previous studies suggested.

The European Prospective Investigation Into Cancer and Nutrition (EPIC), a 9 year prospective study of 500 000 European men and women, has concluded that the protective effect of eating fruit and vegetables is “very small” (*Journal of the National Cancer Institute* 2010; doi:10.1093/jnci/djq072).

The international study recruited people aged 25 to 70 from 10 Western European countries who filled in detailed questionnaires about their diet and lifestyle. Researchers then used their medical records to find out whether they were diagnosed with cancer during the next 9 years.

Overall, there were 7.9 cancers annually per 1000 men, and 7.1 cancers annually per 1000 women, during the study, although cancer rates varied between countries. The overall hazard ratio was 0.97 (confidence interval 0.96 to 0.99) for each extra daily 200 g of fruit and vegetables, representing a 3% reduction in risk. The association was stronger for vegetables than for fruit. The results are likely to be more accurate for women than for men, because there were 335 873 women in the study and 142 605 men.

The researchers warn that the small effect size means they cannot be sure the reduced cancer risk is directly caused by fruit and vegetable intake. People who eat more fruit and



vegetables are also less likely to smoke or drink heavily, and more likely to be a healthy weight and take exercise. The researchers adjusted their figures to take account of these known cancer risk factors, but because the risk reduction is so small, they say they “cannot entirely rule out the possibility of residual confounding.”

However, assuming the effect is causal, they calculate that 2% to 3% of cancers could be avoided, if everyone ate an extra 150 g a day of fruit or vegetables.

The conclusions contrast with earlier studies, which seemed to show a strongly protective effect from eating more fruit and vegetables, cutting the risk of cancer by up to a half. These early studies, carried out during the 1980s, prompted the adoption in 1990 by the World Health Organization of the “5 a day” slogan.

In an accompanying editorial, Dr Walter Willett, of the Department of Nutrition at Harvard School of Public Health in Boston, USA, said case-control studies had become subject to bias over the past 50 years, because fewer people agreed to take part (*Journal of the National Cancer Institute* 2010; doi: 10.1093/jnci/djq098).

He said, “Those who agree to be interviewed as control subjects are likely to over-represent health conscious persons.”

This meant that when these people are compared with a group of people who have cancer, “the result is an exaggerated apparent benefit of fruits and vegetables, even if both groups report their past diets perfectly.”

Cite this as: *BMJ* 2010;340:c1944

DH agrees deal with GSK on vaccine

Susan Mayor LONDON

The Department of Health in England announced that it has agreed with GlaxoSmith-Kline (GSK) to cap its order for the company’s swine flu (H1N1) vaccine, saving about one third of the value of the original order that it placed to protect the entire UK population.

As the numbers infected with H1N1 have declined, the UK government has decided that vaccinating the whole population against the virus—as had originally been planned—is no longer necessary. It had ordered 90 million doses of swine flu vaccine—a higher rate per

head than any other country in Europe.

The Department of Health has agreed to cap the order for GSK’s Pandemrix vaccine at 34.8 million doses rather than having to pay for the entire initial order of 60 million doses. An order for a further 30 million doses from another manufacturer, Baxter Healthcare, has already been terminated.

In a statement, the department said that the capped order represents the stock that the manufacturer had produced for the United Kingdom, and could not reasonably retract.

Cite this as: *BMJ* 2010;340:c1946

Doctors in shaken baby case are accused of “scientific prejudice”

Clare Dyer BMJ

Two consultant pathologists who regularly give evidence in court for parents accused of causing their babies’ deaths by shaking have been accused of “developing a scientific prejudice” by a judge at the High Court in London.

Waney Squier and Marta Cohen disagreed with the other experts about the likely cause of death of a 13 week old baby after a postmortem examination found the classic “triad” of injuries associated with shaking: encephalopathy and subdural and retinal haemorrhages. The local authority wanted to take the baby’s brother, who was 16 months old at the time, into care. The mother had been alone with the toddler and the baby, named only as Z, when he collapsed.

The other experts in the case considered that the most likely cause of death was non-accidental injury caused by shaking, but Dr Squier and Dr Cohen suggested that the injuries could have been caused by hypoxia, possibly after choking or cardiac arrhythmia.

The judge, Mrs Justice Eleanor King, concluded that the mother had momentarily lost control when faced with two crying babies and either just shook Z or shook him and threw him down on a bed or sofa. The judgment was delivered in private in May 2009 but was written up in the April issue of *Family Law* as a forthcoming case in the *Family Law Reports*,

Controversy over shaken baby syndrome has raged since a Court of Appeal judgment in 2005, which accepted that while the triad was not automatically diagnostic of non-accidental head injury on its own, it was a strong pointer.

Mrs Justice King said that Dr Squier and Dr Cohen both believed the so called “Geddes III”

Winning poem takes an NHS doctor’s life as its inspiration

Helen Mooney LONDON

The winners of the first annual Hippocrates prize for a poem on a medical subject have been announced.

Wendy French, who facilitates creative writing in healthcare and community settings, won the prize in the competition’s NHS category for her poem *It’s About a Man*, which details the life of a doctor.

Ms French said: “I’m thrilled to have won the

hypothesis—that the triad could be caused by severe hypoxia, in turn leading to brain swelling, which, combined with raised intracranial pressure, could cause subdural and retinal haemorrhages. Both doctors also believed that in the absence of external injuries such as grip marks, bruises, or fractures there was no reliable evidence of the syndrome, she said.

The judge accepted the local authority's submission that there was no evidence of choking in this case, and the notes showed that Z had a normal heart.

She described the evidence from Dr Cohen, a consultant histopathologist at Sheffield Children's Hospital, as "a stream of academic speculation and theorising rather than the rigorous forensic analysis necessary on the facts of this or indeed in any case." Dr Cohen's misreading of or failure to read the notes showing that Z had a normal heart "resulted in her belief that Z had a specific heart defect upon which she then relied to support her theory."

The judge said she had to consider whether the two experts were in the vanguard of research and learning or whether, in the words of Elizabeth Butler-Sloss, then president of the High Court's family division, they had "developed a scientific prejudice." She concluded, with regret, that it was the latter.

Dr Squier, a consultant neuropathologist at John Radcliffe Hospital, Oxford, said she "strongly refuted" the criticisms. "A consensus statement of the Royal College of Pathologists noted that there is considerable divergence of opinion over the diagnosis of non-accidental injury," she said.

Dr Cohen said: "This area of medicine is not black and white. There are many grey areas of uncertainty. Doctors need to concentrate on decoding the unknowns of science."

The judgment is at www.bailii.org/ew/cases/EWHC/Fam/2009/2115.html.

Cite this as: *BMJ* 2010;340:c1989

NHS section of this prize, as my father was one of the first doctors to work for the NHS when it was formed in 1947. Since then people from three generations of my family have been associated with the service. The winning poem was inspired by my father."

Ms French's previous projects include a number of books by young people with mental illness. She has also published two collections of poetry.

Meanwhile the New Zealand poet CK Stead took the top prize in the competition's open category for his poem *Ischaemia*.

Mr Stead said: "I wrote the poem in response to the announcement of the award. Five years ago I had suffered what in retrospect can be seen as a minor, in terms of lasting effects, but nonetheless

Salons face £20 000 fine for allowing under 18s to use sunbeds



Girls Aloud singer Nicola Roberts supporting the ban on sunbeds for under 18s

Clare Dyer *BMJ*

A law banning people aged under 18 years from using sunbeds in England and Wales narrowly scraped through all its parliamentary stages just before parliament was dissolved for the 6 May UK general election.

The Sunbeds (Regulation) Act, which started as a private member's bill introduced by the Welsh MP Julie Morgan, survived the parliamentary "wash up" in which bills are rushed through before the axe falls.

The legislation was backed by a wide range of professional organisations and health bodies,

including the BMA, Cancer Research UK, and the British Association of Dermatologists. A similar law is already in force in Scotland.

Among those who called for a ban was the pale skinned Girls Aloud singer Nicola Roberts, 24, who told how she felt under pressure as an insecure teenager to get a tan to look attractive.

While making a television documentary, *The Truth about Tanning*, she spoke to an 11 year old who was able to go into an unsupervised tanning salon and a 14 year old who used a sunbed every day, sometimes twice.

The bill was taken through the House of Lords by the independent peer Ilora Finlay, professor of palliative medicine at Cardiff University. She told peers during the second reading debate that malignant melanoma was the most common cancer among people aged 15 to 34 years.

She pointed out that Belgium, Finland, France, Norway, Portugal, Spain, Sweden, the United States, Australia, and New Zealand already have legislation protecting under 18s from the dangers of sunbeds.

A meta-analysis published in 2006 concluded that the risk of cutaneous melanoma was 75% higher among users of tanning devices who started before the age of 30 (*International Journal of Cancer* 2006;120:1116-22, doi:10.1002/ijc.22453).

The act makes it an offence for tanning salon operators to allow anyone aged under 18 to use a sunbed, with a maximum fine on conviction of £20 000 (€23 000; \$31 000).

It also provides for ministers to make regulations for further restrictions banning under 18s from hiring or buying sunbeds, ensuring that all sunbed salons are staffed, requiring salons to display health information and provide eye protection, and preventing operators from making unsupported claims about the benefits of sunbeds.

Cite this as: *BMJ* 2010;340:c1973

dangerous stroke. Over many years I have written poems in the persona of Catullus, so the Roman poet has become as much a fictional as an historical character, one to whom I have ready recourse in my writing.

"I decided therefore that Catullus would suffer the stroke I suffered, with the same effects, and that he would recover in the same way."

Each winner was awarded £5000 (€5700; \$7700) at an international symposium on poetry and medicine. The prize was judged by the broadcaster and journalist James Naughtie, the medical director of the NHS, Bruce Keogh, and the poet Dannie Abse.

Cite this as: *BMJ* 2010;340:c2023

it's about a man

Wendy French

it's about a man who healed the sick
(as far as he was able)
and this is the man who begged for penicillin
to cure a child
(as far as he was able)
it's about a man who burnt Fleming's letter
when the answer came back, *None to Spare*
and it's about a man who spoke at the funeral
(as far as he was able)
and this is the man who seven decades later
still remembers the date on the letter he wrote
it's about a man who waits in his chair
for a nurse to bring him whisky and water
this is the man who drinks the New Year in
although it's a man who can no longer hear
who peers out of his frame
(as far as he is able)
who thinks his own thoughts
it's about a man who comforted others
death is inevitable, comes to us all
it's about a man who is showered daily
and now understands
(as far as he is able)

IN BRIEF

US teen birth rates fall after two year rise: The US teen birth rate fell 2% between 2007 and 2008 to 41.5 births per 1000 among 15 to 19 year olds, down from 42.5 in 2007 and 41.9 in 2006, show preliminary figures from the Centers for Disease Control and Prevention's National Center for Health Statistics. The birth rate for 18 and 19 year olds also fell 4% to 70.7 births per 1000. Only that among 10 to 14 year olds remained unchanged at 0.6 births per 1000. See *Births: Preliminary Data for 2008* at www.cdc.gov/nchs.

US teen birth rate fell
2%

Murderer of abortion doctor gets maximum sentence: Scott Roeder, who killed Dr George Tiller, a doctor who performed late term abortions, last May has been sentenced to life in prison with no possibility of parole for 50 years. Dr Tiller was murdered in church while serving as an usher. Mr Roeder said he had followed "God's law" to protect unborn children. He received two additional one year sentences for threatening two other church ushers.

Entry screening delays spread of swine flu: Countries that implemented entry screening after WHO issued a global alert for pandemic influenza (H1N1) in 2009 delayed local transmission by seven to 12 days, finds research published in *BMC Infectious Diseases*. Such a delay gives countries more time to prepare for a pandemic disease outbreak but must be balanced against the cost of resources involved, the authors conclude. See: www.biomedcentral.com/content/pdf/1471-2334-10-82.pdf.

GP at centre of elderly prescribing furore retires: Jane Barton, the GP found guilty of serious professional misconduct by the General Medical Council for prescribing drugs that were "excessive, inappropriate, and potentially hazardous" to elderly patients at Gosport Memorial Hospital in the late 1990s, has retired aged 60. Conditions attached to her practice by the GMC last January included a ban on administering opiates by injection.

Science writer to stand for election: Science writer Michael Brooks plans to stand in the general election against Bosworth MP David Tredinnick, who wants homoeopathy to keep receiving NHS funding. In a blog on the *Guardian* newspaper website Mr Brooks said there was a need for more MPs to prioritise science issues.

Cite this as: *BMJ* 2010;340:c1953

Some countries cut their spending on health when given health aid

Donald Asprey *BMJ*

In many countries in sub-Saharan Africa, for every \$1 (£0.65; €74) received in health aid the government reduces its spending on domestic health by between \$0.43 and \$1.14, says a study published in the *Lancet* (doi:10.1016/S0140-6736(10)60233-4). The study does not show where the diverted money goes.

While domestic spending on health care in low income countries doubled from 1995 to 2006, in the poorest countries international aid to governments is replacing domestic health budgets, freeing governments to spend on other priorities.

A systematic analysis of data on the public financing of health care obtained from the World Health Organization and International Monetary Fund found that major developmental assistance for health seemed to result in a reduction of countries' domestic healthcare expenditure, particularly in sub-Saharan Africa.

Therefore to raise governments' health spending by \$1, donor countries had to give at least \$1.75 in aid, the report says. However, public healthcare spending seemed to rise where aid was channelled through non-governmental organisations.

The study also showed that domestic healthcare spending in low income countries doubled from 1995 to reach \$18bn in 2006. This rise was fuelled by a rise not only in gross domestic product in developing countries but also in the share of government budgets spent on health.

The study's senior author, Christopher Murray, director of the Institute for Health Metrics and Evaluation at the University of Washington, Seattle, wrote that the extra funds may have been invested in other areas, such as education and development, that improve health and social welfare but may also have been used to fund the military. Donor countries have made a huge

Proposal to boost number of rural doctors sparks debate

Ned Stafford *HAMBURG*

Germany's health minister, Philipp Rösler, has suggested that medical schools take more account of interviews and place less emphasis on grade point averages when deciding which applicants to accept.

In an interview in the *Frankfurter Allgemeine Sonntagszeitung*, Dr Rösler, a medical doctor, said that Germany has an oversupply of doctors in towns and cities, while rural areas face shortages of doctors, especially of GPs. He suggested that preadmission interviews could be used to help ease shortages by identifying medical students who would be willing to practise for at least a few years in rural areas.

About a quarter of medical school applicants are accepted, most of whom have grade point averages less than 1.4 (where 1 is equivalent to a grade A, 2 to a B, and so on). Dr Rösler said that he would like to abolish the 1.4 threshold. "The grade point average does not determine whether someone will be a good doctor," he said. "I believe that other factors are also involved."

Dr Rösler said that medical schools also need to expand their enrolments and that he "would like to get

the restructuring under way politically in this legislative period."

Dr Rösler's goal of easing shortages in rural areas was generally supported but his methods received a mixed reaction. Karl Lauterbach, a doctor and health expert in the Bundestag for the opposition Social Democrats, said in an interview in the daily *Passauer Neue Presse*: "If the specialist in the city earns more than the family doctor in rural areas, then new selection methods and quotas bring nothing."

However, Jörg Dietrich Hoppe, president of the German Medical Association, said he "welcomed the plans of the health minister," adding that medical schools must consider additional criteria other than grade point averages and that medical studies should be broadened to include, for example, the humanities. Medical education

should also be geared more strongly towards general practice instead of the current orientation towards specialties, he said.

NAV-Virchow Bund, an association representing doctors in private practice, called Dr Rösler's proposal a "first real signal to reconsider the selection" of medical school students.

Cite this as: *BMJ* 2010;340:c1982



Philipp Rösler wants broader training

commitment to improve health in the poorest countries, he said, but “we need to be able to see clearly where the money is going and then identify best practices where these financial commitments to health are making the greatest difference in saving lives.”

The *Lancet*'s editor, Richard Horton, said that the findings raised a red flag over the effectiveness of international aid. “It may be entirely rational for governments to move donor money around according to their priorities. But the risk is that redistributing health money to other sectors may diminish donor confidence in aid programmes [and] erode taxpayer commitment to government spending on international development,” he said.

In an accompanying article Gorik Ooms, of the Institute of Tropical Medicine in Belgium, gave three possible reasons for the “crowding out” effect: governments compensating for exceptional generosity to the health sector by diverting funds to other areas; governments preventing increases in recurrent health expenditure in anticipation of future unpredictability of international aid; and governments smoothing aid



TONY KARUMBAY/AFP/GETTY IMAGES

Between 15% and 30% of Sudan's own spending on health was replaced by foreign aid

by spending it over several years (doi:10.1016/S0140-6736(10)60207-3).

In a commentary Devi Sridhar and Ngaire Woods, of the University of Oxford, cautioned against concluding that international aid should be channelled through non-governmental organisations, as they would bypass domestic institu-

tions that improve governance and sustain aid in the long term. They added that collaborative target setting between donors and recipients could result in governments following the priorities of donors rather than meeting their own needs (doi:10.1016/S0140-6736(10)60486-2).

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Debate still rages as medical abortion finally arrives in Italy

Michael Day MILAN

Medical abortion became available in Italy last week after a 15 year battle between women's groups and the Catholic church.

But while the major regions of Tuscany, Emilia Romagna, and Lombardy finally made the procedure available, others, such as Piedmont, seemed to be dragging their heels.

And within hours of the first mifepristone pill (also known as RU486) being given on Thursday there was fresh controversy when the 29 year old recipient discharged herself from the clinic in the southern city of Bari, in contravention of guidelines stating that the patient must stay in hospital for the duration of medical abortion.

The health ministry says that the proviso is essential to reduce the risk of complications that have been linked to medical abortion and has advised regions not following the guidelines they will be committing a crime.

Some advocates of mifepristone, such as Silvio Viale, a consultant gynaecologist at the Sant'Anna Hospital in Turin, criticised the regulations, which are at odds with those in other countries: “They make no sense, as demonstrated by the experience of other countries such as France,” he said.

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JP MOCZULSKI/APP/GETTY IMAGES

Studies in the UK and Netherlands failed to confirm a report suggesting a link between a virus and CFS

Canada bans blood from people with history of CFS

Barbara Kermode-Scott CALGARY, ALBERTA

Canada's national blood service has announced that from next month it will ban blood donations from people with a medical history of chronic fatigue syndrome (CFS), as a precautionary measure. It is the first country in the world to do so.

“Canadian Blood Services takes the safety of the blood supply very seriously,” said Dana

Devine, the agency's vice president of medical, scientific, and research affairs. “Until recently Canadian Blood Services has accepted blood donations from donors who report a history of [chronic fatigue syndrome] but are now well.”

Dr Devine cited a report published in *Science* last October (2009;326:585-9, doi:10.1126/science.1179052) suggesting a link between the syndrome and the presence of a retrovirus, the xenotropic murine leukaemia virus related virus (XMRV).

The study, which looked at peripheral blood mononuclear cells from patients with chronic fatigue syndrome, identified DNA from XMRV in 68 of 101 patients (67%) but in only eight of 218 (3.7%) healthy control patients. Cell culture experiments showed that patient derived XMRV is infectious and that both cell associated and cell free transmission of the virus are possible.

“Given the lack of clarity around XMRV, we are changing the way we manage donors such that any donor who has a medical history of [the syndrome] will be indefinitely deferred from donating blood,” Dr Devine said.

Studies conducted in early 2010 in the United Kingdom and in the Netherlands were unable to confirm the findings of the *Science* study, she noted (*BMJ* 2010;340:c1033).

Health officials in the United States are also investigating the association between XMRV and chronic fatigue syndrome and its potential significance for the blood supply.

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