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Health facilities in Georgia have been attacked

Peter Moszynski LONDON

The Georgian Medical Association has appealed for help in the crisis created by the recent conflict with Russia. It has complained that doctors, ambulances, and medical facilities have been attacked in an indiscriminate campaign that has also seen civilians killed by cluster munitions.

Levan Labauri, the association's secretary general, said that doctors had been "working under the permanent air attacks of Russian jets, even in the capital city, Tbilisi. Some of our physicians [have been] killed and severely injured and hospitals destroyed. It is a really catastrophic situation."

The continuing occupation of the city of Gori by Russian troops had made it impossible to gauge the extent of the damage, he added.

The United Nations estimates that some 100 000 people have been displaced by the fighting, and aid agencies have been unable to reach many of the affected areas.

"We know that the military's

mobile field hospital was completely destroyed. The hospitals in Tkviavi and Nikozi do not exist any more. The six ambulances in these territories [have] also been damaged by the air raids [and are no longer operational]."

Dr Labauri also said that international humanitarian organisations, as well as Georgian doctors, were still not allowed to enter the conflict areas to remove the wounded and the dead.

In a statement, the association said that Russian armed forces had attacked an emergency hospital in Gori, severely injuring a doctor who was providing medical assistance at the time. Doctors were not being allowed to carry out "their professional duties," it said, adding that the Russian Federation was "clearly violating... international humanitarian law."

Last week the World Health Organization urged "all parties to respect the neutrality of health facilities, staff, and ambulances and to enable all victims of violence to



A South Ossetian doctor cares for a patient in the basement of a destroyed hospital in Tskhinvali, Georgia

APFIRETTY IMAGES

reach medical care."

A statement issued by the World Medical Association called for doctors to be afforded the necessary protection to carry out their professional duties.

But in an email update issued on Sunday the Georgian Medical Association said that people in the conflict zone, which is

controlled by Russian troops, had no access to medical services, including emergency services, and that medical personnel were still not being allowed to enter the area. Looting and violence were continuing in captured areas, it said, and the number of casualties remained unknown.

[Cite this as: BMJ 2008;337:a1357](http://bmj.com/2008/337/a1357)

Minister resigns after illegal bone marrow transplants in Bulgaria

Jane Burgermeister VIENNA

Bulgaria's deputy health minister, Matey Mateev, has resigned after illegal bone marrow transplantations prompted the government to sack the entire board of Sofia's university hospital. On Monday 11 August the minister had praised the board of the St Ivan Rilski Hospital in Sofia for supporting the controversial operations, which doctors at the hospital have described as stem cell research.

"I stand behind the doctors in the hospital, who are working on new approaches in medicine," he was quoted as saying in a

12 August article in the German newspaper *Deutsches Ärzteblatt* (www.aerzteblatt.de/v4/news/news.asp?id=33331).

The deputy minister's resignation came amid mounting speculation that he might be fired for his purported links to the illegal operations. Mr Mateev's 21 year old son, Atanas, is part owner of a medical laboratory that received funds from the hospital in connection with the transplantations, media reports say. But Mr Mateev has denied any wrongdoing and has said that his resignation is in protest at the sacking of the board and that the hospital was conducting legitimate stem cell research.

A report in Bulgaria's daily newspaper, *Trud*, said that patients at the hospital had been told they would receive a bone marrow transplant from a matched donor but were given their own bone marrow instead.

Patients paid as much as €2000 (£1600; \$3000) for the operations, the report in *Trud* says, which was published after a doctor contacted the newspaper. The operations are believed to have taken place over two years.

Doctors from the hospital defended the operations as part of a programme of "stem cell research." Ventsislav Busarsky, the head of the hospital's neurosurgical department, said that similar experiments had taken place in other countries.

However, the Bulgarian health ministry concluded that as the transplantations used the patient's own bone marrow they had no chance of success. Furthermore, the hospital breached rules by failing to obtain permission from the health ministry for the so called stem cell experiments.

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IN BRIEF

Parents of Irish teenage girls pay for cervical cancer jab:

Ireland is offering free immunisation against human papillomavirus to all 12 year old girls from September 2009. Budgetary constraints have meant that the Irish health minister has decided not to fund a recommended catch-up immunisation programme for 13-15 year olds, and parents of some of these girls are paying about €600 (£475; \$880) to have their daughters immunised.

Germany is declared free of rabies:

Germany is now officially free of rabies under guidelines of the World Organisation for Animal Health, say state officials of Hesse, Baden-Württemberg, and Rhineland-Palatinate. These three states undertook massive wild animal vaccination programmes in a bid to eradicate the disease. The last case, in a fox, was reported in February 2006.

Agency rules on minibags for cancer drugs:

Vinca alkaloids should be prepared and administered in intravenous "minibags," rather than syringes, to minimise the risk of being given via the wrong route. The UK National Patient Safety Agency's new guidance is in response to reports of incidents in hospitals outside Britain in which the drugs were injected into the spine, causing paralysis and death.

Nearly all patients leave emergency departments in England in four hours:

Nearly five million people were seen in accident and emergency departments in England in the three months to the end of June 2008, a 7% increase from the previous quarter but no change from the same quarter last year. Nearly all patients (98.2%) were admitted, transferred, or discharged within four hours, slightly more than in the previous quarter (97.5%).

Floods in West Africa raise major health risks:

The World Health Organization has called for international aid to deal with the looming health crisis in West Africa as rising flood waters damage bridges, roads, and railway lines and destroy agricultural land throughout the region. So far at least 200 000 people have been displaced, raising the risk of malaria, diarrhoea, and other communicable diseases.

Cite this as: *BMJ* 2008;337:a1364

Quebec board is denied list of patients with cardiac devices

David Spurgeon QUEBEC

The Quebec Health Insurance Board has been denied access by the province's superior court and a US medical device maker to a list of cardiac patients fitted with heart valves and annuloplasty rings that are the subject of class action lawsuits in Canada, the United States, and Europe (www.cbc.ca/health, 9 Aug, "Legal bid to release list of Quebec heart patients with questionable valves rejected").

The device manufacturer, St Jude Medical, based in St Paul, Minnesota, issued a worldwide recall of the devices in 2000 and says that it is not required to provide the patient list that the Quebec board demands. Quebec's Superior Court judge André Roy ruled on 6 August that the board is acting prematurely in its demand for the list, although this position could change later in the proceedings.

No trial has been scheduled in Quebec, although one is set for a class action lawsuit in Ontario later this year. A spokeswoman for the Montreal legal firm Luzon-Bélanger, which is involved in the case, said that as far as she knew the board's request was the first of its kind in Quebec. If the request were to be granted it might lead to further such requests.

The devices are made with a silver coated fabric called Silzone, which is supposed to reduce the risk of infection that follows mechanical heart valve surgery. Problems have occurred with the devices, such as leaks or sutures tearing away from the valve. Plaintiffs' lawyers in the lawsuits have alleged that the silver is shed at dangerous concentrations

and is toxic to heart tissue.

A spokeswoman from St Jude Medical said that the plaintiffs in the various lawsuits had alleged that many different complications were caused by Silzone, including paravalvular leak, endocarditis, thrombus, and thromboembolism. "Each of these, however, is a complication experienced by a percentage of all prosthetic valve recipients regardless of the make, model, or manufacturer," said the spokeswoman. She did not comment on the specific allegation about silver shedding but said "St Jude Medical denies any wrongdoing on its part and believes the Silzone claims are unfounded."

The Quebec board in its lawsuit is also claiming \$C1.8m (£910 000; €1.1m; \$1.7m) to recover its costs of purchasing the valves and doctors' fees for implanting them.

In January 2000 St Jude Medical voluntarily recalled all products with Silzone coatings. A clinical study had shown that patients with a Silzone valve had a small but statistically significant increased incidence of explant caused by paravalvular leak compared with patients in the study with non-Silzone heart valves.

After the recall the company was sued in several jurisdictions and has cases pending in the United States, Canada, the United Kingdom, Ireland, and France, brought by some patients who received a Silzone device. Some of these claims allege bodily injuries as a result of an explant or other complications, which they attribute to the Silzone devices.

Other patients who have not had their devices removed are seeking compensation for the past and future costs of special monitoring that they allege they need.

Some lawsuits are seeking costs for patients who have no symptoms and no apparent clinical injury.

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Doctors told to report knife wounds to



QUOTE PHOTOGRAPHY/LAMY

Doctors must report knife wounds to the police

Lisa Hitchen LONDON

Doctors should tell the police when a patient comes to hospital with a knife wound that is likely to have been inflicted by someone else, says interim guidance from the General Medical Council and the Department of Health.

If the wound was unintentional or self-inflicted, the police don't need to be told, the guidance says. But where there is any doubt about how the injury might have happened, clinical staff should consult with an experienced colleague for advice, it recommends.



SVEN TORFINN PANOS

Prevalence of TB in South Africa is among the highest in the world and drug resistance is growing

South Africa withdraws TB drugs because of quality fears

Pat Sidley JOHANNESBURG

South African health authorities have withdrawn two generic drugs widely used in the country to treat tuberculosis, amid concerns about their quality.

When the health minister, Manto Tshabalala-Msimang, announced the withdrawal earlier this month she said that her department had received information suggesting that the ingredients in the two combination drugs, called Antib-4 and Ebsar, “were not at the level stated in the label after storage.”

Antib-4 combines pyrazinamide, ethambutol, isoniazid, and rifampicin. Ebsar is a combination of isoniazid and rifampicin.

Both drugs are manufactured in India by Rusan Pharma and imported into South Africa, where they are registered to another company, MDI.

The health minister said that a laboratory accredited by the World Health Organization had found that at least two of the four ingredients in Antib-4 and both ingredients in the other drug were below the required level.

Further tests are being undertaken before the Medicines Control Council takes any action, Mrs Tshabalala-Msimang said. Meanwhile as a precautionary measure she had decided to “withdraw from circulation” all the stocks of drugs that had been manufactured four or more months earlier.

The minister said that Pharmascript, the South African company that distributes the drugs in the public healthcare sector, had offered to provide replacements of the same drugs of more recent manufacture.

In a statement Pharmascript said that it is “extremely concerned about the allega-

tions, and we have undertaken to maintain communications and cooperation with the department to establish the truth about the two products in question.”

Graham Somerville, an executive of Pharmascript, said that there were no clinical indications that anything was wrong with the drugs. His company had been told that a whistleblower, believed to be from a rival company, had contacted the health department to say that the quality of the drugs was “wanting.”

Both his company and the Indian company had tested the drugs and had not found any problems, he said. “We test each batch, and the drugs were as they were supposed to be.”

The prevalence of tuberculosis in South Africa is among the highest in the world, and multiple drug resistant and extensively drug resistant tuberculosis is a fast growing problem.

Drugs for the public healthcare sector in South Africa are purchased through a tender system, and companies supplying cheaper generic drugs fill much of the demand. But concerns have recently been raised that in poorer countries too much emphasis is put on low cost at the expense of quality (*Journal of Tropical Medicine and International Health* www3.interscience.wiley.com/journal/120747094/abstract).

The health minister’s announcement came less than a week after the government was forced to withdraw two generic versions of antiretrovirals. The manufacturer, Adcock Ingram, said that one of its employees had swapped the contents of batches of nevirapine and zidovudine. The company was recently fined by competition authorities for its part in rigging tender bids in the public hospital system (*BMJ* 2008;336:413).

Cite this as: *BMJ* 2008;337:a1385

police to reduce risk of further attacks on public and staff

Speedy reporting could prevent further harm, including a further attack on the patient, staff, or others in the hospital, or in the locality where the wound was originally inflicted, it says.

The guidance, published earlier this month, comes amid a rise in the number of violent attacks involving knives, particularly among young people in London and other UK cities. In London alone 22 teenagers have died as a result of violent attacks so far this year, many involving knives.

Doctors with responsibility for a patient

with a knife wound should ensure that the police are told, although they can delegate the task to another member of staff, the guidance says. The patient’s name and address don’t have to be given to police in the first instance.

Care of the patient should take precedence, and police officers will have to wait to talk to a patient if urgent treatment is needed. If the patient is well enough to speak to the police, and it will not compromise the patient’s recovery to do so, doctors can permit access with the patient’s consent. If the

patient refuses, the police must accept this.

If a crime is likely to have been committed, and a patient refuses to give details to the police or to allow doctors to relay details in their stead, information must still be given if required by law.

The GMC issued guidance on reporting gunshot wounds in September 2003. A consultation on this and on reporting knife wounds begins next month as part of the GMC’s review on confidentiality.

The report can be seen at www.gmc-uk.org.

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DR P MARAZZI/SPPL

Antibiotics can trigger Stevens-Johnson syndrome

Antibiotics top drug reactions in US emergency care visits

Bob Roehr WASHINGTON, DC

Adverse events associated with antibiotics result in more than 142 000 visits a year to hospital emergency departments in the United States. The drugs were implicated in 19% of all emergency department visits for drug related adverse events.

The rate of 10.5 emergency department visits per 10 000 outpatient prescriptions of antibiotics "was higher than expected," says the paper in *Clinical Infectious Diseases* (doi: 10.1086/591126). That was about half the rate of events attributed to "high risk" drugs such

as warfarin, insulin, and digoxin (20.6 visits per 10 000 prescriptions), the authors write.

The rate among infants aged 12 months old or younger was 50% greater than the overall figure, at 15.9 visits per 100 000 prescriptions.

The study, from the US Centers for Disease Control and Prevention, drew on data from 63 hospitals across the country in 2004-6 and on prescription data from national surveys of healthcare facilities.

Penicillins were implicated in 37% of the adverse events and cephalosporins in 12%.

Nearly 80% of the visits were for allergic reactions, while adverse events associated with other classes of drugs were more likely to be due to medication errors and overdoses. The paper noted that most allergic reactions can be prevented only by avoiding

Diabetic patients in chronic disease management programmes live longer

Annette Tufts HEIDELBERG

Elderly patients with diabetes in a chronic disease management programme are less likely to die of their disease than patients not in a programme, German data released last week indicate.

The study, which will be published in *Diabetes Care*, involved 11 100 diabetic patients from 400 general practices across Germany and was commissioned by the country's largest health insurance fund, Allgemeine Ortskrankenkasse, to evaluate the effectiveness of such programmes.

The patients, all of whom belonged to the insurance fund, had an average age of 70 and were being treated with antidiabetes drugs.

But 2300 of them were in a chronic disease management programme, which included advice on how to manage their disease, regular check-ups, and a set of treatment goals that they had agreed with their GP. Specialists were also regularly updated on the patients' progress.

The study, led by Joachim Szecsenyi, of the Department of General Practice and Health Services Research, Heidelberg University Hospital, showed that just under 11% of the patients in the management programme and 19% of those not in the programme had died within 2.5 years of the start of the trial.

"This result is probably not just due to the

avoidance of diabetic complications, but to the closer supervision of patients who were more likely to be diagnosed with other diseases," Professor Szecsenyi said at a Berlin press conference.

Patients in the programme were more motivated than the other patients, a finding that backs up an earlier study showing higher satisfaction among patients in the programme (*BMC Public Health* 2005;5:99).

The chronic disease management programme for diabetes, introduced in 2003, now cares for around 2.7 million patients in Germany. A further two million patients with other chronic diseases have opted for this type of care.

The management programmes were introduced in 2002 to improve outcomes and lower the costs of managing chronic disease, which accounts for 80% of the country's healthcare budget. Although participation is voluntary, health insurance

Global warming will boost allergic reactions and

Jane Burgermeister VIENNA

Global warming is set to trigger a surge in numbers of asthma attacks and allergic reactions, concludes a study to be published on 4 September in the *Journal of Allergy and Clinical Immunology* (doi: 10.1016/j.jaci.2008.06.032).

The World Health Organization estimates that about 300 million people in the world already have asthma and allergies and that asthma kills about 250 000 people each year. But many more will be at risk from asthma attacks and allergic reactions as the world heats up, causing the amount of pollen in the air to rise, say the researchers from the universities of North Carolina and Colorado.

A hotter planet will mean earlier springs and a longer pollen producing season, and pollen producing plants are expected to spread as temperatures rise, the study says.

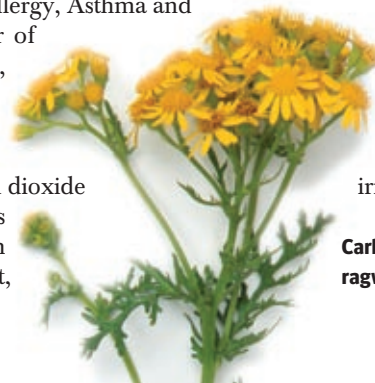
One ragwort plant can produce a billion pollen grains in an average season, says the American Academy of Allergy, Asthma and Immunology, publisher of the journal. Moreover, ragwort pollen can travel up to 600 km on the wind, it adds.

Higher levels of carbon dioxide boost pollen counts between 61% and 90% in some varieties of ragwort,

because the gas fuels growth, says the academy. Increases in airborne pollen and air pollution will vary from region to region, depending on factors such as terrain, rainfall and storms, transport systems, urbanisation, and energy production.

More severe heat waves and droughts caused by global warming will also increase the chances of wildfires, releasing large amounts of carcinogens and respiratory irritants into the atmosphere.

Carbon dioxide fuels ragwort growth



NEIL FLETCHER/DK AND GETTY IMAGES

exposure to the drug. People aged 15-44 years accounted for 41% of the visits and infants 12 months old or younger for 6.3%.

Emergency department visits were half as likely again among female patients than among male patients (12.5 versus 7.9 visits per 100 000 prescriptions). This difference might be due to the effect of women's lower body mass on drug concentrations and metabolism or to greater reticence of men to seek medical attention, the authors say.

John Bartlett, a specialist in infectious diseases at Johns Hopkins University, Baltimore, said that about 75% of prescriptions of antibiotics are for respiratory tract infections. He said, "Acute bronchitis is virtually never a bacterial infection. About 70% who see a physician get a prescription."

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companies, patients, GPs, and hospitals all have a financial incentive to take part.

The German Medical Society was one of several medical bodies that initially opposed the introduction of the programmes, because they thought that treatment guidelines were not yet sufficiently robust and that only minimal standards had been agreed (*BMJ* 2002;325:356).

Bernhard Egger of Allgemeine Ortskrankenkasse said at the press conference that excessive bureaucracy, one of the main obstacles to the greater participation of doctors, had recently been substantially reduced.

But Joerg Dietrich Hoppe, president of the German Medical Society, disagreed, saying that the programmes "just aim to lower costs rather than improve patient care."

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asthma attacks

The study of future trends in asthma and allergy related illnesses used data on global warming from the International Panel on Climate Change. The panel concluded that greenhouse gases, such as carbon dioxide from burning oil and gas, are leading to hotter average temperatures worldwide.

To mitigate the effects of global warming the authors urge doctors and healthcare organisations to become more involved in strategies to promote better air quality, such as developing local and national laws on preventing air pollution and by helping urban planners design environments with fewer allergens.

Cite this as: *BMJ* 2008;337:a1360

Israel faces severe shortage of surgeons, association says



ROBIN HAMMOND/PANOS

Israel now has only 300 general surgeons for a population of over seven million

Judy Siegel-Itzkovich JERUSALEM

Although 15 years ago Israel had one of the world's highest ratios of doctor to population, the big fall in the number of doctors in unpopular specialties such as general surgery, anaesthesia, pathology, geriatrics, and neonatology is causing severe staffing problems in the country's hospitals.

The shortage of general surgeons is the latest to cause a crisis, and the Israel Surgical Association has begun holding "emergency meetings" in all the general hospitals to protest against the situation. Elective operations have been postponed while the meetings take place.

The association's chairman, Michael Krausz, said that in a few months there will not be enough general surgeons to handle patients in emergency departments.

The dearth of general surgeons did not occur overnight; eight years ago a committee of experts warned the health ministry of the trend, but nothing was done to halt it. Among the contributing factors, said the Israel Medical Association's chairman, Yoram Blachar, is that women, who make up 52% of medical students, see surgery as a very difficult specialty, with long and irregular hours. Many young women doctors prefer part-time work so that they can devote time to raising their families, an arrangement that is not suited to surgery. Furthermore, Israeli male doctors are spending more time with their families and on leisure activities instead of devoting themselves around the

clock to the more demanding specialties.

Dr Blachar also cites the decline in mass immigration from the former Soviet Union, which brought thousands of Jewish doctors to Israel in the 1990s. Another problem is that no arrangement was made to fill job slots when a salary agreement in 2000 allowed medical residents to go home after 24 hour shifts.

Another contributing factor is that most public hospitals may not allow patients to pay surgeons privately, and the finance ministry has refused to grant financial incentives to specialists in fields where staffing levels are low, Dr Blachar said. His association is currently involved in arbitration with the ministry over salary increases, but the ministry won't budge on the demand for incentive pay or even recognise it as a subject for discussion.

Dr Blachar said that the severe shortage of general surgeons—Israel now has only 300, in a population of over seven million—and the specialty's inability to attract young doctors to the field have resulted in veteran surgeons having to work night shifts and then continue working through the next day.

The health ministry's director general, Avi Yisraeli, said that he was "aware of the heavy burden on the shoulders of some doctors in certain specialties, including general surgery." He has asked all hospital directors for updated statistics on the number of surgeons they have, including those who work shifts, and the number of approved job positions.

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