



bmj.com Health department will not be able to favour NHS over private providers
UK news GMC puts duty on doctors to try to prevent child abuse, p 13
World news Pharma would like to befriend you, p 14

For the full versions of articles in this section see bmj.com

New litigation rules may harm seriously injured patients

Clare Dyer *BMJ*

UK government measures scrapping legal aid for clinical negligence actions and changing the rules for “no win, no fee” cases in England and Wales could erode settlements for the most seriously injured people and undermine access to justice for many, the parliamentary select committee on health says in a report on NHS litigation and complaints.

The Legal Aid, Sentencing and Punishment of Offenders Bill currently going through parliament makes legal aid no longer available for clinical negligence cases, forcing those who would previously have qualified to find lawyers willing to take their cases on a no win, no fee basis. Lawyers say that another measure in the bill, which will stop claimants’ lawyers claiming success fees from the NHS if they win their cases, will slash the number of complex cases lawyers are willing to take on (*BMJ* 2011;342:d4053).

But the Health Committee rejects calls for a no fault system, which it argues would increase claims while decreasing compensation for those most in need and will cost the NHS more overall.

The MPs highlight pervasive failings in the system for handling patients’ complaints in the NHS in England, including a “defensive” culture that can scapegoat individuals, a lack of standards for complaints handling, and a too narrow remit for the health service ombudsman in reviewing complaints.

They welcome the government’s announcement in its response to the NHS Future Forum report that it will introduce a contractual “duty of candour” by healthcare providers. But the committee would take this further, said its chairman, Stephen Dorrell, a former Conservative health secretary. “We recommend that all providers of NHS care should in future owe a duty of candour to their commissioners under which they provide, among other things: timely reports, prepared to an agreed protocol, of all complaints made to them by NHS patients; in cases where complaints are upheld, complaints action plans to address the weaknesses which have been revealed; and progress reports of the actions required under complaints action plans,” he said.

The report is at www.parliament.uk.

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SIMON RIDGWAY/BMA NEWS

Dr Jacqueline Davis: the Future Forum has taken Andrew Lansley’s monster and put lipstick on it

BMA members refuse to reject health bill “in its entirety”

Nigel Hawkes *CARDIFF*

Doctors at the BMA’s annual meeting have narrowly refused to call for the Health and Social Care Bill to be rejected “in its entirety.”

Hamish Meldrum, the BMA’s chairman of council, had appealed to representatives to vote against the motion, and he got his way. But it was a close run thing, with 45% of those voting calling for outright rejection and 54% opposing the motion.

So the annual meeting followed the earlier special representative meeting in sustaining the BMA’s engagement with the bill while demonstrating that doctors are split down the middle over whether anything worthwhile can be rescued from it.

The refuseniks, led by Jacqueline Davis of the BMA council, had struggled even to get their “entirety” motion tabled. The agenda included a series of motions suggesting further

changes to the bill, including one that called (among other things) on the BMA to continue to press for it to be withdrawn. That was narrowly supported, but Dr Davis’s more strongly worded motion would not have been debated had its supporters failed to convince the conference to suspend standing orders to find time for it. That vote gathered the necessary two thirds majority, suggesting that the substantive motion, requiring only a simple majority, would be passed.

Dr Davis made a stirring speech, describing the revised bill as “two write-offs welded together and given a paint job.” The support for private sector involvement in the NHS was still there in the revised bill, “any willing provider” was still there, competition was still there (though disguised as choice), and the removal of the earnings cap on foundation trusts was still there, she said. “Andrew Lansley

says that the core of the bill has not changed, and he’s right,” she said to applause.

The changes made after the report of the Future Forum were superficial, she said. All that had happened, she said with a shift of metaphor, was that they had taken Mr Lansley’s monster and put some lipstick on it. “The NHS and our profession stand at a crossroads. There is no need for us to acquiesce. We must have the courage to oppose this bill before it is too late.”

Dr Meldrum appealed to representatives to examine the issue with their heads and not their hearts. It would be perverse to vote for a motion identical to one rejected earlier, when since that vote progress had been made in improving the bill. The effect of rejecting the bill in its entirety would be to “marginalise the BMA.”

See **EDITORIAL**, p 1.

Cite this as: *BMJ* 2011;342:d4126

IN BRIEF

White asbestos is kept off list of hazardous chemicals: Chrysotile asbestos, a known carcinogen, will remain off a list of hazardous chemicals maintained under the Rotterdam Convention after Canada joined other exporters—Kazakhstan, Kyrgyzstan, Ukraine, and Vietnam—in blocking its listing. Canada has banned asbestos domestically but continues to export it, primarily to India.

UN is concerned about human rights violations in Bahrain: The United Nations' high commissioner for human rights, Navi Pillay, is sending a letter to the king of Bahrain expressing deep concern at the continuing violations in Bahrain, including the harsh sentences given to 21 activists in trials that seem to bear the mark of political persecution. She is also worried about reports of severe beatings and torture of people in detention, including medical professionals (*BMJ* 2011;342:d375).

A third of UK adults sign organ register: A record 18 million people in the UK would be willing to donate an organ in the event of their death, show the latest figures from NHS Blood and Transplant, almost 30% of the population. Scotland has the highest proportion of the population registered as donors (37%).

MMR vaccination rate reaches new high: Uptake of the measles, mumps, and rubella vaccine has reached 90% for the first time in 13 years among 2 year olds in the United Kingdom, show Health Protection Agency figures. In England and Wales 496 laboratory confirmed cases of measles had been reported by the end of May this year, surpassing the 2010 total of 374 cases. Most cases have been in unvaccinated people aged under 19.

Hong Kong scarlet fever outbreak kills two: An outbreak of scarlet fever in Hong Kong has killed two children and infected nearly 500. Genetic recombination of the group A *Streptococcus pyogenes* bacterium has increased the transmissibility of the strain, probably as a result of widespread antibiotic misuse in the city, say microbiologists at the University of Hong Kong.

NHS IT programme gets new head: A former management consultant has taken over the £11bn (€12.3bn; \$17.5) programme to computerise the NHS in England. Katie Davis moved to the Department of Health on a temporary loan from the Cabinet Office after the resignation of Christine Connelly, head of health information at the department.

Cite this as: *BMJ* 2011;342:d4084

Foundation trusts still struggle to hit cancer treatment targets

Ingrid Torjesen LONDON

NHS foundation trusts in England have improved their financial performance in the past year, but many are still struggling to meet waiting time targets for cancer services, a report by Monitor, the regulator of foundation trusts, has found.

At the beginning of 2010-11 Monitor identified a number of key challenges that could present major risks to the financial viability of foundation trusts (*BMJ* 2010;341:c4438). Its annual review of trusts' performance has found that although the financial risks had been largely mitigated, and Monitor took less formal regulatory action in 2010-11 than in the previous year, many trusts were continuing to miss waiting time targets for cancer treatment.

A half of the 137 foundation trusts (70) declared no target breaches at the end of the fourth financial quarter, up from 44% at the end of the third quarter. Of those trusts breaching targets, 28 were breaching targets concerning cancer, in particular the target of a maximum 62

day wait for treatment after an urgent referral by a GP or after a consultant referral for screening.

Monitor has warned several trusts that if their performance does not improve in the next quarter it may take regulatory action against them for breaching their terms of authorisation.

Overall 12 trusts have been "red rated" for governance reasons at the end of quarter four, meaning that they are at risk of Monitor taking action against them if they continue to breach targets. All these trusts are in the acute sector and represent 13% of all acute foundation trusts.

David Bennett, chairman of Monitor, said, "While targets aren't a definitive measure of quality and safety, they are there to improve access to services for

patients, and it's important that they are met. We are clear that where trust boards are unable to improve their performance we will act."

But he added: "The results for the year suggest a marked improvement in planning from foundation trusts. This is a good example of a devolved system working."

Overall, NHS foundation trusts reported a net surplus of £406m (€460m; \$650m).

NHS Foundation Trusts: Review of Twelve Months to 31 April 2011 is at www.monitor-nhsft.gov.uk/home/our-publications/.

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David Bennett: "It is important that targets are met"

GMC puts duty on doctors to try to prevent child abuse



MARK THOMAS

GMC: "The guidance will provide clarity and reassurance about what is expected from doctors"

Clare Dyer *BMJ*

All doctors in the United Kingdom, not just those treating children, will have an explicit duty to consider the needs of children and, where possible, take action to prevent their abuse and neglect, under proposed new guidance from the General Medical Council.

Doctors caring for adult patients must consider whether a patient poses a risk to children or young

people, says the draft guidance from an expert working group chaired by the Court of Appeal judge Lord Justice Thorpe. Every doctor should be able to spot signs at an early stage that a child might be at risk from, for example, a parent or carer who misuses alcohol or drugs.

The guidance says that doctors should tell the parents and children of their concerns and the action they intend to take and seek consent to share information, unless this is not practicable because a delay would increase the risk to the child or someone else or would undermine the purpose of the disclosure.

The group was convened after an appeal court judgment last year quashing a GMC finding that the paediatrician David Southall had accused a mother of murdering her son and its order to strike him off the medical register (*BMJ* 2010;340:c2195). The court sent the case back to the GMC to decide whether it should be reheard by a new panel but with a strong hint that it should be dropped.

The GMC acknowledged at the time that the case had caused "considerable concern within the paediatric community." Fourteen months after the appeal court's judgment, the regulator has still not said whether it intends to send the case to a new panel or drop it, although at the

Anticholinergic effects of drugs can increase deaths in over 65s

Ingrid Torjesen LONDON

The combined anticholinergic effects of many common drugs increase the risk of cognitive impairment and death in people aged over 65, a large scale study of the long term effect of drugs on health has found.

Taking just two drugs with anticholinergic effects, such as some drugs for heart disease, antihistamines, antidepressants, antipsychotics, and even warfarin, can treble the risk of death in the over 65s. Doctors have been advised to assess the combined anticholinergic burden of all drugs that a patient is taking before prescribing any additional ones. GPs have also been reminded of the importance of regularly reviewing patients' drugs.

The study, published in the *Journal of the American Geriatrics Society* (doi:10.1111/j.1532-5415.2011.03491.x), looked at the prescribed drugs and drugs bought over the counter taken by more than 13 000 people aged over 65 in the United Kingdom during the early 1990s.

A total of 86 drugs were identified as having an anticholinergic effect, and around half the patients were found to be taking at least one. Each drug was given an anticholinergic burden

(ACB) score on the basis of the strength of its anticholinergic activity, with 0 being no effect, 1 a mild effect, 2 a moderate effect, and 3 a severe effect. The cumulative ACB score for each patient was then worked out.

One in five people who took drugs with a combined ACB score of ≥ 4 died within two years, whereas the proportion was one in 14 (7%) among those who took no drugs with anticholinergic effects. For every additional ACB point in the cocktail of drugs a person took, the risk of dying rose by 26%.

People who took drugs with a combined ACB score of 5 were found to have 4% lower cognitive function than those who took none of these drugs. This would be enough to impair concentration and driving ability, and, additionally in someone already experiencing cognitive impairment, worsen memory problems or depression.

Drugs with an ACB score of 3 included antidepressants such as amitriptyline, imipramine, clomipramine, and paroxetine; antipsychotics such as chlorpromazine and trifluoperazine; drugs for incontinence, such as oxybutynin; and antihistamines such as chlorpheniramine.

Other drugs also found to have some anticholinergic effects (ACB score 1 or 2) included atenolol, furosemide, and nifedipine for heart problems; painkillers such as codeine and dextropropoxyphene; the asthma treatment beclomethasone; the epilepsy treatment carbamazepine;



CRISTINA PEDRAZZINI/SPL

Doctors should regularly review the medications that their older patients are taking, said Chris Fox

timolol eye drops for glaucoma; and the anticoagulant warfarin.

The study's lead researcher, Chris Fox, clinical senior lecturer at Norwich Medical School at the University of East Anglia, predicted that more than half of over 65s were probably now taking a drug with anticholinergic effects, because since the study was conducted 20 years ago the average number of drugs taken by people is higher, and many new drugs have anticholinergic effects.

bmj.com Research: High risk prescribing in primary care patients particularly vulnerable to adverse drug events (*BMJ* 2011;342:d3514)

Cite this as: *BMJ* 2011;342:d4037

time it announced "immediate action to resolve this case."

The cases of Dr Southall and another leading paediatrician, Roy Meadow, who was ordered to be struck off for giving misleading statistical evidence at the trial of Sally Clark for murdering her two babies, have been blamed for deterring doctors from undertaking child protection work. Both later won court rulings overturning the decisions to strike them off.

The expert group includes GPs, paediatricians, social work professionals, and advocates for children and young people. Penny Mellor, the controversial parents' advocate who has run a campaign for years targeting some child protection doctors, was originally a member, but she resigned after Dr Southall served papers threatening a judicial review of the decision to include her (*BMJ* 2010;341:c6248).

The draft guidance comes after the case of "Baby P" (Peter Connelly), who died in the care of his mother, her boyfriend, and the boyfriend's brother after a GP and a paediatrician failed to spot that he was being abused.

The consultation on the draft guidance runs till 14 October.

See <https://gmc.e-consultation.net/>.

Cite this as: *BMJ* 2011;342:d4107

Social enterprises need proper evaluation, says watchdog

Anne Gulland LONDON

Social enterprises set up in England under a scheme allowing NHS staff to run services themselves are not being evaluated as to whether they deliver value for money, a report by the public spending watchdog warns.

A National Audit Office study of the health and social care enterprises, established under the government's "right to request" programme, stops short of urging the government to set targets but calls on it to "put in place arrangements" to enable it to evaluate whether the programme provides value for money. The Department of Health should also specify what the costs and benefits of the programme should be, what the costs actually are, and whether any benefits are being delivered.

The office acknowledges that only 20 such social enterprises are operating, and most of these were established only in April, so they have not yet established a track record. One example of the enterprises, which are run as community interest companies owned by their staff, is the

City Healthcare Partnership in Hull, which has 1200 staff and delivers general practice, dental, sexual health, and prisoner health services.

The report states: "There are a number of risks to be managed if value for money is to be achieved for the sums expended on the programme and for the £900m [€1bn; \$1.4bn] contracts awarded to the enterprises non-competitively. Not setting separate objectives for the programme makes it difficult to judge whether success and value for money is achieved."

The report also warns that primary care trusts have not specified in initial contracts what benefits the programmes are expected to deliver. It says that the health department and primary care trusts should monitor whether social enterprises are delivering cost savings and benefits over and above the services they have contracted for and above those delivered by other providers. They should also identify where the benefits are going. The report is at www.nao.org.uk/publications/.

Cite this as: *BMJ* 2011;342:d4077

Medical dean resigns after plagiarism is found in speech

Owen Dyer MONTREAL

The dean of the University of Alberta's medical school, Philip Baker, has resigned as dean—but will remain a professor—after students complained that he plagiarised a speech given to graduates last week, taking it from an address given to Stanford graduates by the US surgeon and journalist Atul Gawande.



Philip Baker (right) apologised to Atul Gawande, saying that his use of the text was a “lapse of judgment”



Dr Gawande's speech drew attention last year, and several students in Dr Baker's audience were reminded of it by the dean's use of the term “veluvial matrix.” This imaginary term had been used by Dr Gawande to illustrate the growth of medical jargon, and it was also the title under which the original speech was published on the website of the *New Yorker* magazine. Students located this swiftly with their smartphone search engines, and some audience members were able to follow the original text online as Dr Baker spoke.

Jonathon Zaozirny, a medical student, told *CBC News* that the speech contained “a few small changes, changing Stanford medical school to University of Alberta medical school, erasing a few lines about Medicare in the United States, but other than that it was word for word.”

He added, “There's several parts where he talks about one of his children becoming ill, his wife having medical problems. He describes a patient that he had—which is not a patient that he had—and it's a very personal story... and it was a very

good story, it's just the things that happened in the story didn't happen to him.”

Students began complaining after the event, and two days later Dr Baker apologised to the 2011 graduating class in an internal email. “When I was researching for the speech, I came across text which inspired me and resonated with my experiences,”

he wrote. Calling his use of the text a “lapse in judgment,” he related that he had spoken to Dr Gawande, who “was flattered by my use of his text, took no offence, and readily accepted my apology.” Dr Baker added: “Although you may not be proud of me as the dean of your school, please know that I am very proud of all of you.”

A pre-eclampsia expert, Dr Baker trained at Nottingham and was a research fellow of the British Heart Foundation. Before moving to Canada in 2009 he was director of the Manchester Biomedical Research Centre and professor of maternal and fetal health at Manchester University.

Dr Baker has taken a four month administrative leave. A university spokeswoman, Deb Hamacher, said that an investigation continues and that further sanctions are still possible. “Dr Baker was employed under contract as a tenured professor, and when any employee faces ethics allegations, they have the right to process, and that process is unfolding,” she said.

Cite this as: *BMJ* 2011;342:d4038

French guidelines are pulled over potential bias among authors

Jeanne Lenzer NEW YORK

The highest administrative court in France has ruled that guidelines issued by the French Health Authority must be withdrawn immediately because of potential bias and undeclared conflicts of interest among the authors. Other guidelines are also being reviewed and will be withdrawn if similar problems emerge, the authority has said.

The French Council of State (Conseil d'Etat) made the ruling on 27 April, two years after doctors with the non-profit organisation Formindep (Formation Indépendante) charged that the guideline development process for the authority's guidelines on type 2 diabetes and Alzheimer's disease “contravened national law on conflicts of interests and the agency's own internal rules.”

In a news release issued on 20 June Formindep stated that it had examined the diabetes and Alzheimer's disease guidelines “because of the large number of patients affected. However... the group considers that most if not all of [the authority's] guidelines may not stand up to legal scrutiny for similar reasons.”

Formindep, which is based in Roubaix, near the Belgian border, and which “promotes independent medical education and information,” went to the court after the authority refused to withdraw the guidelines. Formindep said that the chairpersons of both working groups had “major” financial conflicts of interest and that four members of the type 2 diabetes working group failed to file any public statement on conflicts of interest.

Pharma would like to befriend you

Jeanne Lenzer NEW YORK

Online social media such as Facebook, Twitter, and YouTube are a “gold mine” where the “sky is the limit” for drug companies, a marketing expert has said.

During a recent “webinar” on how drug companies can expand their presence in social media, Adam Kleger, vice president of business development at ListenLogic Health, a social intelligence company serving the pharmaceutical and healthcare industries, told the audience that the industry can use social media to create “personal relationships” with

patients and healthcare providers—relationships he likened to “going to a cocktail party or a wedding reception” where information is exchanged.

The benefits of “social CRM” (customer relationship management), said Mr Kleger, include the ability to direct patients to branded drug sites, recruit patients into clinical trials, and to collect business intelligence on patients and healthcare providers. It also allows the industry to identify “KOOLS” (key online opinion leaders).

The webinar was sponsored by PharmaLive, a project of UBM

Canon, which is based in Newton, Pennsylvania, and which provides the “\$500bn pharmaceutical industry with need-to-know business information.”

Mr Kleger said that obtaining intelligence on doctors and other healthcare providers can be difficult, as most avoid conversations on public websites. However, some “innovative companies” have managed to monitor private sites, such as those of Medscape, where doctors do carry on conversations, he said.

For the industry, social media can reduce advertising costs and give companies the ability to target specific individuals. More controversially they

also give drug companies the ability to improve the credibility of their message by packaging promotional material as personal experience and effectively to disguise marketing messages as independent, third party assessments, which are then spread across social networks.

To deal with this and other concerns the US Food and Drug Administration was scheduled to provide guidance to drug companies on social media marketing. But the agency has so far failed to meet two target dates to issue guidance—most recently this March, when it said it needed more time to assess the issues.

Cite this as: *BMJ* 2011;342:d4075

The French Health Authority states on its website that it is an “independent public body with financial autonomy” that develops guidelines on the basis of “rigorously acquired scientific expertise.”

Laurent Degos, director of the authority at the time, told the court that it had not violated its own ethics policies, as the group can allow experts with minor and major conflicts of interest in cases of “overriding scientific or technical interest of his or her expertise.” He said that the authority made its choice knowingly and had “disclosed on its website with full transparency.”

Philippe Foucras, Formindep’s founder and president, told the *BMJ* that he and his colleagues uncovered undeclared conflicts of interest by searching Medscape, Google, and Google Scholar.

After the court ruled that the diabetes guidelines must be withdrawn, the authority announced on 18 May that it would also withdraw its Alzheimer’s disease guideline.

The authority’s newly appointed president, Jean-Luc Harousseau, announced that all professional treatment guidelines issued since 2005 would be reviewed for the appropriate management of conflicts of interest, and other guidelines would be withdrawn if necessary.

Dr Foucras said in the news release that the outcome of the two year legal case is “an important step towards a recognition and proper management of the major risk to public health from conflicts of interests. In the wake of the French scandal over Mediator [benfluorex, an appetite suppressant marketed as an antidiabetes drug that is believed to have led to the deaths of 500 to 2000 people (*BMJ* 2010;341:c6882)], the impact of conflicts of interests on public health in France can no longer be ignored.”

Cite this as: *BMJ* 2011;342:d4007



For the drug industry social media can reduce advertising costs and allow companies to target individuals with promotional material



The Dutch health minister, Edith Schippers, has said that patients who cannot speak Dutch should take someone with them or hire a translator when they seek medical care

Cuts to translation services in the Netherlands are “incomprehensible”

Tony Sheldon UTRECHT

Plans by the Dutch health ministry to axe funding for translation services have sparked an international outcry, with dozens of experts in care for migrants and people from ethnic minority groups backing an open letter calling the decision “incomprehensible.”

The signatories write that it is “incredible” that the Netherlands was considering such a “huge step backwards,” as the country is currently held up as an example of good practice. Many countries were inspired by the Dutch and the “farsightedness of policy makers in your ministry 35 years ago,” they say.

The health minister, Edith Schippers, announced last month that central funding for translation services will cease from January as part of a cuts package, saving €19m (£17m; \$27m) a year. An exception was made for women’s refugees. Ms Schippers said that patients should “take someone with them” to help or “hire a translator,” as they themselves are responsible for their competence in Dutch.

The open letter, signed by international experts from the United Kingdom, Canada, Australia, Italy, Austria, and France (www.mighealth.net/nl/index.php/Letter), argues that it is not out of wilfulness that some people could not speak Dutch to a required level. Migrants may not have been in the Netherlands long enough, may lack linguistic ability, or could not afford lessons. “The level of proficiency necessary in a complex and stressful medical encounter is much higher than that needed for everyday purposes,” says the letter.

It goes on to dismiss the suggestion that denying proper healthcare to people with low proficiency in Dutch might encourage them to learn it, because “acute illness and health crises are not a clinically safe or appropriate

time to promote new language acquisition.”

A number of Dutch professional bodies, including the Dutch Medical Association, the Association for Psychiatry, and the Association for Psychologists, have petitioned Ms Schippers, warning that the safety, quality, and effectiveness of care may be compromised.

Every year in the Netherlands 1400 translators speaking 130 languages are used in 166 000 occasions when it is deemed medically necessary. The health ministry’s own 2005 guidelines emphasise that the law requires the care giver to communicate in an understandable language. That is a professional responsibility, not the patient’s.

The Dutch Medical Association’s policy director, Lode Wigersma, warned of communication problems increasing the risk that patients did not get the right treatment. Informal translators such as children or partners must not be expected to translate intimate or confidential medical information, he said.

Mariëtte Hoogsteder, a senior adviser to the Dutch centre of expertise on intercultural healthcare Mikado, said that it supported learning Dutch, but this was irrelevant if someone is acutely sick. “The fact is that there are many [people] in Holland who do not have sufficient command of the Dutch language to engage in complicated medical discussions,” she said.

A pioneer in this field, the GP Hans Harmen, has written that translators help ensure the right to access to care for all Dutch residents. Financial barriers compromised that right.

MPs have tabled written questions, and a debate in parliament is expected. Ms Schippers’ spokeswoman said, “We must make savings. It is not the job of the ministry to fund translation services.” People must “pay themselves.”

Cite this as: *BMJ* 2011;342:d4049



RAY ROBERTS/ALAMY

Fatty foods have contributed to high obesity rates

Spain bans unhealthy food in schools in bid to tackle obesity

María de Lago MADRID

Spain has banned the sale in schools of food and drinks that have high amounts of saturated fat, trans fats, salt, or sugar in an effort to tackle a rising prevalence of overweight and obesity, which has reached 27% in children and 56% in adults.

The measures are included in a new law on food safety and nutrition. The law also forbids doctors, scientists, and patients from recommending food products in advertisements. Promoting food products through pharmacies and promoting dietary substitutes, especially to breastfeeding women, is also banned.

Some critics have complained that the law is a watered-down version of the initial proposals. The Spanish umbrella group of consumer organisations, CEACCU (Confederación Española de Organizaciones de Amas de Casa Consumidores y Usuarios), which took part in developing the law,

complained that the maximum levels of saturated and trans fats, salt and sugar allowed in products sold in schools will be set by separate governmental regulations and not in the law.

However, the Spanish Agency for Food Safety and Nutrition says that the scientifically recommended “red lines” for these substances may vary over time and that changes would be implemented more easily and quickly through governmental regulations.

The law will take effect one day after its publication in the *Official Bulletin of the State*, likely to be in July, but there is no deadline for the approval of the governmental regulations establishing the particular limits.

The Interterritorial Spanish Council of the National Health System, which represents the health ministry and regional health authorities, proposed setting limits on fats and sugar in July 2010, in an agreement that also contained many measures established in the new law.

That document specified that food and drinks sold in schools should have no more than 200 kilocalories per serving and that fat should not be the source of more than 35% of the energy content (except in nuts and dried fruits), saturated fats no more than 10%, and sugar no more than 30% (except in fruits, vegetables, and dairy products). Trans fats were forbidden.

The Federation of Drink and Food Industries and the main opposition Popular Party have called the measures restrictive and interventionist. They argue that the main problem is education and that there is not good or bad food, only balanced or unbalanced diets.

The food safety agency argued that the reforms promote healthier habits, reinforce the educational role of schools, and establish coherence between what is explained in the classroom and what is done on school premises.

CEACCU expressed disappointment that the law does not limit the level of trans fats allowed in food products sold in Spain in general.

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Injecting drug users have high rates of HIV and hepatitis

John Zarocostas GENEVA

Almost a fifth (18%) of injecting drug users, or 2.8 million people, are estimated to be infected with HIV, says a report by a United Nations agency.

However, in regions with a high population prevalence of HIV, such as Eastern Europe, Latin America, and South East Asia, the infection rate in drug users is much higher, says the *World Drug Report 2011* from the Vienna based UN Office on Drugs and Crime. In Estonia and Brazil, for

European agency extends review of safety of pioglitazone

Ray Moynihan BYRON BAY, AUSTRALIA

The European Medicines Agency will decide the fate of the type 2 diabetes treatment pioglitazone later in July, after the release of new data indicating that long term use is associated with a slightly raised risk of bladder cancer.

New warnings have been issued in the United States, while French authorities have suspended use of drugs containing pioglitazone.

Marketed for more than a decade, pioglitazone had total sales last year of almost £3bn (€3.4bn; \$4.8bn) and is an important earner for the Japanese company Takeda. A competitor drug, rosiglitazone (sold as Avandia), was withdrawn from the European market last year after evidence that its use was associated with an increased risk of heart attacks (*BMJ* 2010;341:c5291).

Cite this as: *BMJ* 2011;342:d4105

AMA backs health reform despite challenges from members

Janice Hopkins Tanne NEW YORK

The American Medical Association, which now represents less than a quarter of US doctors, last week beat back an attempt to revoke its support for the health reform bill passed on 21 March 2010 (*BMJ* 2010;340:c1635).

The AMA's support of health reform, which it had opposed in the past, was crucial to the passage of the bill last year. The association has taken a position in favour of President Barack Obama's health reform since July 2009.

By a two to one vote and after some angry discussions, members of the AMA's house of del-

egates, meeting in Chicago on 20 June, defeated a proposal to rescind its endorsement of the health reform act and of the act's “individual mandate,” which requires most Americans to purchase health insurance by 2014. The federal government will provide help to people with lower incomes so they can get insurance.

At the Chicago meeting some members, trying to convince fellow members to vote to reverse AMA's support of health reform, said that the organisation's stance had led to a decline in membership. It now has about 216 000 members, down from 228 000 in 2009. There are

about 950 000 doctors in the United States, about 350 000 of whom are primary care providers.

The AMA's outgoing president, Cecil Wilson, said that membership had fallen by 1-2% in the past year. Some doctors had not renewed their membership because of their opposition to the AMA's support of health reform and the individual mandate. But he said that other doctors had joined because of the AMA's position or said that they had never been prouder of the organisation. Membership costs \$420 (£260; €295) a year, but medical students and residents pay only \$50.

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example, the prevalence of HIV among injecting drug users is 72% and 48%, respectively.

Worldwide about 210 million people, or 4.8% of the population aged 15-64 years, took illicit substances (such as opium, heroin, cocaine, and amphetamine type stimulants such as ecstasy) at least once in the previous year, the report says. There are around 16 million injecting drug users.

At the launch of the report at the UN headquarters in New York, the UN's secretary general Ban Ki-moon, said that illicit drugs cause some 200 000 deaths each year.

"These numbers add up to a global tragedy," said Mr Ban, also emphasising that people who are dependent on illicit drugs should not be discriminated against in healthcare. "They should be treated by medical experts and counsellors.



Every year illicit drugs cause 200 000 deaths — "a global tragedy," said Ban Ki-moon

Drug addiction is a disease, not a crime," he said.

It is estimated that more than half the deaths are caused by overdoses, says the agency. Other causes of death include suicide, accidents, infectious diseases transmitted through the use

of contaminated needles, and medical conditions associated with long term drug use.

The report says that infection with hepatitis B and C also pose "significant public health concerns, giving rise to considerable morbidity and mortality among drug users."

About half the world's injecting drug users, about eight million people, are infected with hepatitis C, although 13 countries reported a prevalence in this group higher than 70%, says the report. Countries with a high prevalence included Mauritius (97%), Latvia (74%), Kenya (70%), and Indonesia (82%).

The agency also estimates that about 22% of injecting drug users, or about 3.5 million people, are infected with the hepatitis B virus.

World Drug Report 2011 is at www.unodc.org/.

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Tackle excess weight in infancy to avoid problems later, says new report on obesity

Bob Roehr WASHINGTON, DC

Obesity often begins in the cot and so too should measures to tackle it, says a new report from the US Institute of Medicine that focuses on the period from birth to 5 years of age.

"Contrary to the common perception that chubby babies are healthy babies and will naturally outgrow their baby fat, excess weight

tends to persist," said Leann Birch, the Pennsylvania State University professor who chaired the report's committee.

The report says that a fifth of American children aged 2 to 5 years are overweight or obese, double the proportion 30 years ago.

"Precisely because this early period is one of rapid development, it may afford the best opportunities for altering development in ways that can reduce obesity risk," says the report. It adds, "Excess weight at a young age can hinder movement and normal activity and ultimately compromise later health and development."

Its primary recommendations are structural and legal in nature, directed more at policy makers and organisations that work with parents rather than at parents themselves.

Paediatricians and other healthcare providers should use the opportunity of every routine visit to "measure weight and length or height in a standardised way" against guidelines of the World Health Organization and the US Centers for Disease Control and Prevention and to counsel parents on how to achieve a healthy weight.

Breast feeding to 12 months should be encouraged, with cow's milk and water used as a supplement as needed, and the introduction of sugar sweetened drinks should be deferred and limited, says the report.

Once children are weaned, their diets should be high in fresh

fruits, vegetables, and whole grains and low in added sugar and salt, as should the diet of the whole family. Government policies should promote access to fresh foods.

The next round of US dietary guidelines, scheduled for an update in 2015, should include recommendations from birth to age 2 years, which they currently omit.

The report also recommends that the regulation of daycare providers should include a review of sleeping arrangements, as insufficient sleep has been linked to metabolic changes associated with unhealthy weight gain. Studies also indicate that infants and young children are getting much less sleep in recent years.

The report recommends that children of all ages be given ample opportunity for physical activity. The use of restraint devices, such as high chairs and car seats, should be limited to the original purpose for which they were designed. Daycare facilities should allow at least 15 minutes' active play per hour of care provided, preferably outside. Time spent in front of a television or computer screen should be restricted to no more than two hours a day, with no more than half of that occurring in a daycare setting.

"Childhood obesity is a multidimensional problem requiring a multidimensional solution," the report concludes. It urges policy makers to be innovative in tackling the issue and flexible in adopting solutions.

Early Childhood Obesity Prevention Policies is available at www.iom.edu/Reports/2011/Early-Childhood-Obesity-Prevention-Policies.aspx.

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