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Bird flu research is put on hold for 60 days over safety fears

Articles disputing link between HRT and breast cancer spark criticism

Zosia Kmietowicz LONDON

A leading epidemiologist has condemned a group of authors for writing a series of articles challenging the well established link between hormone replacement therapy (HRT) and breast cancer, describing their actions as "a disgrace."

Klim McPherson, visiting professor of public health epidemiology at the Nuffield Department of Obstetrics and Gynaecology at the University of Oxford, described the arguments used by the authors as "tortuous and ridiculous."

He told the *BMJ*, "If the scientific consensus can incorporate uncertainty about this relationship then people can market and prescribe HRT and downplay its importance."

Samuel Shapiro, visiting professor of epidemiology at the University of Cape Town, and colleagues looked at the design of three major pieces of research that prompted a rethink of the long term safety of HRT—the Collaborative Reanalysis (*Lancet* 1997;98:498-509), the Women's Health Initiative (*JAMA* 2002;288:321-3; *JAMA* 2006;295:1647-57), and the Million Women Study (*Lancet* 2003;362:419-27). Their articles are published in the *Journal of Family Planning and Reproductive Health Care* (see bmj.com for links).

The studies are littered with design flaws, bias, and "biological implausibility," say the authors. They conclude that the Collaborative Reanalysis, the oestrogen plus progestogen arm of the Women's Health Initiative, and the Million Women Study do not establish that HRT increases the risk of breast cancer. And the evidence indicates that unopposed oestrogen does not increase the risk of breast cancer, they say, although it might.

Anne Szarewski, editor of the journal and clinical senior lecturer, Queen Mary, University of London, said: "The findings from these studies have been elevated from association to a causal relationship, which, as demonstrated in the articles by Shapiro et al, is not justified. It is a basic principle of epidemiology that association does not prove causation. This is especially important because it can equally validly be argued that considerable damage has been done to women's health through [these] misunderstandings."

Cite this as: *BMJ* 2012;344:e513

NHS reforms are obstructing the push for efficiency gains, say MPs

KRISTIAN BUUS/IN PICTURES/CORBIS

Andrew Lansley twice denied that some trusts were "salami slicing" services to achieve savings

Denis Campbell LONDON

An influential committee of MPs this week claimed that the government's radical restructuring of the NHS in England was obstructing the service's quest to save £20bn (€24bn; $31bn).

A report from the House of Commons Health Committee, chaired by the former Conservative health secretary Stephen Dorrell, said, "The reorganisation process continues to complicate the push for efficiency gains. Although it may have facilitated savings in some cases, we heard that it more often creates disruption and distraction that hinders the ability of organisations to consider truly effective ways of reforming service delivery and releasing savings."

The MPs' findings echo concerns raised by bodies such as the NHS Confederation and the healthcare think tank the King's Fund—and shared by the NHS chief executive, David Nicholson—that it was unrealistic to expect the service to achieve 4% annual efficiency gains until 2015 in the midst of organisational upheaval.

The report, on NHS expenditure, also casts doubt on the health department's confidence that billions of pounds are already being saved by hospitals and primary care trusts as they seek to find their share of the "Nicholson challenge."

Mr Dorrell, speaking on BBC Radio 4's *Today* programme on 24 January, said that the inquiry had found evidence that some places were taking measures to try to control the financial situation that could fairly be described as "short term expedients" or "salami slicing."

He said, "There are too many examples of areas where short term expedients are being exploited—operations are being stopped, services deemed to be non-priority are being cut—in order to achieve short term budget savings."

Examples of cuts included areas such as physiotherapy and occupational therapy for older people and changes being made by local authorities to raise the acuity of a condition before social care was provided.

England's health secretary, Andrew Lansley, also speaking on the *Today* programme, twice denied the existence of "salami slicing."

"I don't find any evidence in the report specifically of where and in what way that [salami slicing] is happening," he said. "Across the country, sometimes in an organisation as large as the NHS, there are places where people make the wrong judgments about how they should spend their resources for the best interests of patients."

The second time he was asked to respond to Mr Dorrell's examples of "salami slicing," Mr Lansley said, "Across the country we are maintaining services. This year we are moderating demands on hospitals by managing services more effectively in the community, and the number of operations being carried out in the NHS on a planned basis is going up by about 2.4% compared to the year before."

The report is at www.publications.parliament.uk.

Cite this as: *BMJ* 2012;344:e579

IN BRIEF

Councils in England to get new targets for public health: From April, when responsibility for public health in England will pass to local authorities, councils that make the most improvement in 66 measures, such as the number of children aged under 5 with tooth decay, obesity levels, breastfeeding rates, and falls in people over 65, will be rewarded with cash incentives, says the Department of Health. The new measures will also look at school attendance, domestic abuse, homelessness, and air pollution.

Waiting lists for treatment rise in England: The number of patients in England not being treated within the NHS waiting time limit has risen by 43% since the coalition government came to power, new figures show. Department of Health data show that the number of people not being treated within 18 weeks rose from 20 662 in May 2010 to 29 508 in November 2011.

Make recruitment to trials publicly available: Only 31% of clinical trials in the UK meet their original patient recruitment targets, which risks their becoming "scientifically useless and ethically unacceptable," say authors in *PLoS Medicine* (2012;8:e1001149, doi:10.1371/journal.pmed.1001149). Creating a public record of recruitment performance—posting the target goals before the study is begun, with periodic updates to close of enrolment—would bring transparency for study sponsors and help patients decide where to participate.

GMC sets up health website for doctors: The UK General Medical Council is launching a new website for doctors concerned about their own health or that of a colleague. "Your Health Matters" (www.gmc-uk.org/doctorshealth) lists sources of support and explains what happens when doctors are referred to the GMC about health concerns.

Standards are needed for electronic patient records: Electronic health records will need to use consistent formats and standards if they are to be easily understood, a working group established by the Department of Health for England has concluded. The group proposes a new body, the Professional Records Standards Development Body, under the auspices of the Academy of the Royal Medical Colleges, to develop standards for clinical and social care records, such as what should be recorded and shared when there are concerns about a child.

Cite this as: *BMJ* 2012;344:e551

Minister wants to see lawyers' leaflets banned from A&E departments

Clare Dyer BMJ

Hospitals in England are under pressure to ban advertisements by "no win, no fee" lawyers that many NHS trusts have been using to boost their revenue and defray the cost of producing information leaflets for patients.

The health minister Simon Burns has promised to ask the NHS chief executive, David Nicholson, to write to hospitals "to remind them it is not acceptable to display these adverts." He added: "The NHS is spending more and more each year on cases brought by aggressive no win, no fee lawyers. This money should be spent on patient care, not on fees to firms that actively chase personal injury claims.

"Patients should be able to focus on getting better, without having to be hounded by lawyers or adverts displayed in A&E departments."

GUSTOIMAGES/SPL

The claims company ASYST, which produced one leaflet (right), says it saves the NHS money

His comments came as the *Times* ran a story claiming that hospitals are defying an NHS ban on accepting no win, no fee advertisements (19 Jan, p 3). But the Compensation Act 2006 bans only advertising that was not agreed in advance with trust managers, and the 2007 NHS *Estate-code*, which contains best practice guidance on the management of NHS land and buildings, says only that posters advertising claims management or other legal services should not be permitted.

One company, BOE Medical Publishing, says that it has agreements with 170 hospitals and has produced £9.2m (€11m; $14.3m) of savings for the NHS in the past decade by providing the written information required by the patient's charter.

Lawyers who advertise are contractually bound not to bring clinical negligence claims against the trust but hope to find clients with possible compensation claims for road or work related injuries. Patients with possible claims over their hospital treatment must be referred to the trust's patient advice and liaison service.

Brighton and Sussex University Hospitals NHS Trust, one of the trusts with a contract with BOE, has decided to discontinue advertising from personal injury lawyers when its contract comes up for renewal soon, "due to feedback received from patients and the public."

Several MPs, including the Conservative MP for Brighton Kemptown, Simon Kirby, are campaigning on the issue.

Cite this as: *BMJ* 2012;344:e635

Three babies die in pseudomonas outbreak at Belfast neonatal unit as source is traced to hospital taps

Jacqui Wise LONDON

Investigators have identified hospital taps as the most likely source of the pseudomonas outbreak in the neonatal unit of the Royal Jubilee Maternity Hospital in Belfast in which three babies died.

As the *BMJ* went to press on Tuesday, the hospital confirmed that a further three premature babies were also infected with *Pseudomonas aeruginosa*, and another suspected case had been found. Of these one has died from other causes and two have recovered. Another five babies have the bacterium on their skin, but this is not causing active infection. The remaining babies in the neonatal unit have no sign of infection.

The hospital said that it had now carried out biodecontamination of the intensive care part of the neonatal unit. However, this will remain closed while a team ensures that all sources of infection are removed. All the other maternity services and wards at the hospital are working as normal. Babies requiring special neonatal care are being transferred to neighbouring units.

Pseudomonas aeruginosa is a Gram negative bacterium commonly found in soil and groundwater. It is one of the more common causes of healthcare associated infections and is increasingly resistant to many antibiotics. In hospitals the organism can contaminate moist or wet reservoirs such as respiratory equipment and indwelling catheters. Good hand hygiene and infection control measures are essential to help prevent patients contracting the infection.

Northern Ireland's health minister, Edwin Poots, said, "Babies in neonatal units are already vulnerable due to clinical conditions and varying degrees of prematurity. This makes them less able to withstand infections, including those that would not cause problems in healthy babies.

Lorraine Doherty, from Northern Ireland's

CENTRE FOR INFECTIONS/HEALTH PROTECTION AGENCY/SPL

Credit ratings would help early identification of trusts in financial difficulty, says Monitor

Nigel Hawkes LONDON

Credit rating agencies could be used to assess the financial soundness of NHS foundation trusts, the regulator Monitor has suggested in a consultation paper.

It says that agencies such as Standard & Poor's, Moody's, or Fitch could be given access to a trust's books and issue assessments of the trust's credit rating. Such ratings are normally used by investors to help decide whether governments or corporations have the ability and willingness to repay financial obligations such as bonds. The agencies were heavily criticised for failing to identify the high risks being run by banks before the economic crisis of 2008.

The suggestion that they could provide a measure of the financial risk being run by foundation trusts appeared in a consultation paper issued by Monitor on 16 December last year as part of its proposed licensing regime for foundation trusts. As a condition of maintaining a licence to operate, foundation trusts would have to maintain an "investment grade" credit rating from one of the major agencies or another agency approved by Monitor.

The agencies have different ways of describing their ratings, but Standard & Poor's issues investment grade ratings running from AAA (recently withdrawn from France and Austria) through AA and A to BBB-. A plus or minus attached to any rating shows the relative standing within that risk category of the organisation being rated. Any rating below BBB- (BB+, BB, B, and so on) is described as non-investment grade or speculative. Among the healthcare and pharmaceutical companies already rated by Standard & Poor's in the UK is the Priory Group, rated as B+, GlaxoSmithKline (A+), and AstraZeneca (AA-).

The credit agencies would not assess clinical quality, simply financial soundness. They would not be allowed to take into account any special government support, either implicit or explicit, in making their ratings, which would be designed to test foundation trusts' intrinsic financial strength. This means that the transfers of money often used to tide over hospitals in trouble would not be included in the assessments.

The suggestion formed part of a series of six documents issued by Monitor describing the conditions it proposes to impose as a condition of issuing a licence to a foundation trust to operate.

Although the documents appeared on Monitor's website last month—and the consultation period ends on Monday 23 January—the mention of the use of rating agencies went unnoticed until reported by the *Guardian* newspaper on 19 January, in the wake of the controversy over the down rating of France's sovereign debt (http://bit.ly/zMhtYj).

STAN HONDA/AFP/GETTY IMAGES

Among the companies in the UK already rated by Standard & Poor's (headquarters above) is the Priory Group, rated as B+, GlaxoSmithKline (A+), and AstraZeneca (AA-)

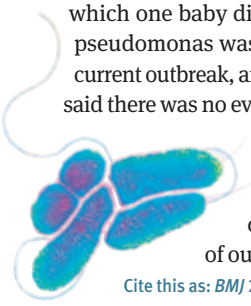
The proposal was attacked by Labour—its shadow health secretary, Andy Burnham, describing it as sending "a chill wind through the NHS."

Cite this as: *BMJ* 2012;344:e555

Public Health Agency, said: "Pseudomonas bacterium is an organism that can be found in many natural environments, including soil and water. Infections are mainly seen in immunocompromised and debilitated patients.

"Outbreaks of pseudomonas have occurred in intensive care facilities around the world as patients in these facilities are frequently immunocompromised. The Public Health Agency will continue to support the trust in their full investigation of this outbreak."

There was an outbreak of pseudomonas infection in December in the neonatal intensive care unit at Altnagelvin Hospital in Londonderry in which one baby died. However, the strain of pseudomonas was different from that in the current outbreak, and the Public Health Agency said there was no evidence to link the two.



Surveillance of pseudomonas is not mandatory, so there are no official data on the number of outbreaks in any setting.

Cite this as: *BMJ* 2012;344:e592

Scientists are given £4.4m to investigate "three parent IVF" for preventing mitochondrial diseases

Aniket Tavare BMJ

A pioneering research laboratory has been awarded £4.4m (€5.3m; $6.8m) to look into the role of a modified type of in vitro fertilisation (IVF) involving three adults to prevent the inheritance of mitochondrial diseases.

If approved for use in the UK—which would require a new law—the procedure could help the estimated 12 000 people who have a mitochondrial disease to have a healthy baby. About 100 babies are born each year with a severe form of the diseases, many of whom die in infancy.

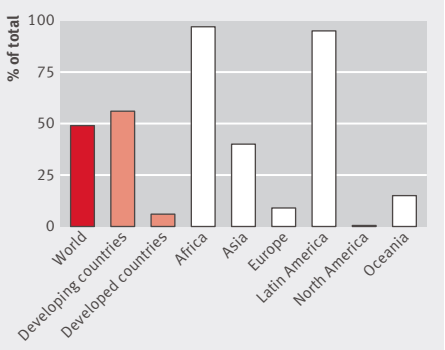
Mitochondrial diseases occur when the DNA contained within mitochondria, distinct from that of the rest of the cell, gets damaged. Mitochondrial DNA is inherited solely through the maternal line, as are the diseases, which affect energy hungry organs such as the heart, muscles, and brain but often vary in severity.

Current options to prevent mothers passing on the diseases to their children, such as preimplantation genetic diagnosis, only reduce the risk of transmission. Doug Turnbull, who will direct the new Centre for Mitochondrial Research at the University of Newcastle, said that the new technique, which has been successful in rodent and primate models, "offers the possibility of stopping these diseases entirely."

The technique, pioneered by the Newcastle team, involves removing the DNA from the nucleus of an affected woman's egg and implanting it into a recently fertilised donor egg (which has no nuclear DNA) from a woman with normal mitochondria. Known as three parent IVF, the procedure can also be performed in unfertilised eggs. A baby born as a result of one of these techniques would have the genetic characteristics mainly of its mother and father but also some from the mitochondria of the egg donor.

Cite this as: *BMJ* 2012;344:e540

Proportion of abortions that are unsafe, 2008



Source: *Lancet* doi:10.1016/S0140-6736(11)61786-8

Global abortion rate stalls while proportion of unsafe abortions rises

Jacqui Wise LONDON

The global abortion rate, which declined substantially between 1995 and 2003, has now levelled out while the proportion of all abortions that are unsafe continues to increase.

The worldwide abortion rate per 1000 women aged between 15 and 44 dropped from 35 in 1995 to 29 in 2003. A new study by the Guttmacher Institute in New York and the World Health Organization has found that in 2008 the global abortion rate was 28 per 1000 women.

The study, published online in the *Lancet* (doi:10.1016/S0140-6736(11)61786-8), also found that the proportion of abortions categorised as unsafe rose from 44% in 1995 to 49% in 2008.

Nearly all unsafe abortions (98%) occur in developing countries. In the developing world, 56% of all abortions are unsafe, compared with 6% in the developed world. Since 2003 the number of abortions fell by 600 000 in the developed world but increased by 2.8 million in the developing world.

Gilda Sedgh, lead author and senior researcher at the Guttmacher Institute, said: "The declining abortion rate we had seen globally has stalled, and we are also seeing a growing proportion of abortions occurring in developing countries, where the procedure is often clandestine and unsafe. This is a cause for concern." She added: "This plateau coincides with a slowdown in contraceptive uptake. Without greater investment in quality family planning services, we can expect this trend to persist."

About one in five pregnancies ended in abortion in 2008. The study found that restrictive abortion laws are not associated with lower rates of abortion. For example, the 2008 abortion rate was 29 per 1000 women of childbearing age in Africa and 32 per 1000 in Latin America—two regions where abortion is highly restricted in most countries. In Western Europe, where abortion is generally permitted on broad grounds, the rate is 12.

In the UK, which is classed as being in Northern Europe, the rate of abortions is 16 per 1000 women of reproductive age. Eastern Europe has seen a large decrease in the abortion rate from 90 per 1000 women in 1995, but it remains very high, at 43 in 2008.

The estimated annual number of deaths from unsafe abortion fell from 56 000 in 2003 to 47 000 in 2008. But complications from unsafe abortion accounted for an estimated 13% of all maternal deaths worldwide in both years.

The Southern Africa sub-region has the lowest abortion rate in Africa at 15 per 1000 women. This is because 90% of women in the region live in South Africa, where abortion was legalised in 1997. Since legalisation, abortion related deaths in South Africa fell by 91% (between 1994 and 1998-2001). In Nepal, where abortion was made legal on broad grounds in 2002, abortion related complications seem to be declining.

Iqbal Shah, from the World Health Organization and coauthor of the study, said: "Within developing countries, risks are greatest for the poorest women. They have the least access to family planning services and are the most likely to suffer the negative consequences of an unsafe procedure. Poor women also have the least access to postabortion care, when they need treatment for complications."

An unsafe abortion is defined in the study, and by the World Health Organization, as a procedure for terminating a pregnancy that is performed by an individual lacking in the necessary skills or taking place in an environment that does not conform to minimal medical standards.

The authors say that there is some evidence that the use of misoprostol as an abortifacient has been spreading. Although they acknowledge that medical abortions are likely to be lower risk than other forms of clandestine abortion, the authors say they still classify these procedures as unsafe. This is because there is substantial variation in regimens used illegally, and complications such as prolonged and heavy bleeding and incomplete abortions are associated with incorrect dosages.

In an accompanying editorial Beverly Winikoff and Wendy Sheldon from Gynuity Health Projects, a non-governmental organisation in New York, comment that medical abortions can take place in private homes and be safe and call for a revision of the concept and the definition of what truly constitutes an unsafe abortion.

Cite this as: *BMJ* 2012;344:e518

LOBBY WATCH, p 54

FDA faces criticism over plans to assess safety of supplements

Keith Epstein WASHINGTON, DC

A plan by the US Food and Drug Administration to assess the safety of nutritional supplements is facing criticism for being not enough to protect the public from harm.

The latest complaint arises in an article in the *New England Journal of Medicine* (doi:10.1056/NEJMp1113325) in which Pieter Cohen, an assistant professor at Harvard Medical School, warns, "If the FDA succumbs to industry pressure, the public health consequences will be significant."

While applauding the agency for acting "before a public health crisis forces it to do so," Professor Cohen cautions against the FDA's intended reliance on documented history of an ingredient's use instead of on experimental data. By insisting on scientific evidence to demonstrate the expectation of safety, the FDA would not only improve the safety of new supplements but also create a database of evidence to guide regulators and consumers, he writes.

US citizens spend more than $28bn (£18bn; €21bn) a year on multivitamins, herbal tablets, pills to improve sexual performance, and other such supplements, which are currently regulated more like foods than pharmaceuticals. They are deemed safe unless shown otherwise, with no requirements for clinical trials or marketing approval.

Six months ago the FDA proposed its guidance on new dietary ingredient notifications. Comments on the plans have swollen to more than 146 000 pages, with the supplements industry, consumer groups, and researchers all complaining about the plan's scope and procedures.

The FDA plan is about 17 years behind schedule. The 1994 Dietary Supplement Health and Education Act created the regulatory framework, but the agency failed to iron out details and enforce a requirement that manufacturers provide evidence of safety." Under the act, dietary supplements with ingredients sold in the US before 1994 can be legally marketed without any evidence of safety or efficacy. As a result, many of the estimated 51 000 dietary supplements sold in the US contain ingredients that have never been assessed for safety.

See http://1.usa.gov/w6SJ8c.

Cite this as: *BMJ* 2012;344:e583

GMC tells doctors not to sign contracts containing "gagging" clauses

Clare Dyer BMJ

Doctors will have to boycott "gagging" clauses in agreements with employers or contracting bodies that try to stop them raising concerns about patients' safety or poor quality care, under new guidance from the General Medical Council.

Mirror guidance for doctors in management roles will put them under a corresponding duty not to propose or condone contracts or agreements containing such clauses.

Gagging clauses still appear, despite NHS guidance as far back as 1999 that all trusts should "prohibit confidentiality 'gagging' clauses in contracts of employment and compromise agreements which seek to prevent the disclosure of information in the public interest."

Niall Dickson, the GMC's chief executive, said, "These clauses are totally unacceptable. Doctors who promote or sign such contracts are breaking their professional obligations and are putting patients, and their careers, at risk.

"Our new guidance makes clear that doctors must not sign contracts that attempt to prevent them from raising concerns with professional regulators such as the GMC and systems regulators such as the Care Quality Commission. Nor must doctors in management roles promote such contracts or encourage other doctors to sign them."

The guidance, which comes into force on 12 March, also makes it clear that doctors have a duty to act when they believe patient safety is at risk or when a patient's care or dignity is being compromised.

Cite this as: *BMJ* 2012;344:e626

BROOKS KRAFT/CORBIS

"A chemical preservative sprayed inside a can of tomato soup or the purple dye in Jell-O requires much more evidence of safety than ingredients used in supplements," writes Pieter Cohen

MOD

Army doctors, here working in Afghanistan, have helped to fill rotas at Mid Staffordshire trust

A second NHS trust turns to the army for help with staffing gaps

Clare Dyer BMJ

A hospital trust that has been forced to close its accident and emergency department at night because of a shortage of middle grade doctors has asked the army whether it can provide doctors to help plug the gap temporarily.

Mid Yorkshire Hospitals NHS Trust is following the example of Mid Staffordshire Foundation NHS Trust, where two army doctors at consultant level and five nurses from the army and air force spent two months in the accident and emergency unit at Stafford Hospital from October to December last year (*BMJ* 2011;343:d7566).

The Mid Yorkshire trust's accident and emergency unit at Pontefract Hospital has been closed from 10 pm to 8 am since last November. Tim Hendra, the trust's medical director, said the decision to close the department at night had been taken as a temporary measure because the trust had been unable to recruit enough middle grade doctors to staff all three of its emergency departments safely.

He said an external review in December "confirmed that the trust had fully considered all the options but suggested that it would be appropriate to approach the army for doctors who could temporarily help. These doctors would be trained medical staff that are not currently on military service who could provide temporary support with our staffing rotas.

"We understand that this is offered only in exceptional circumstances. So far we have only had some very early exploratory conversations with the army." He added that the trust remained committed to recruiting enough doctors to reopen the department at night.

In Mid Staffordshire the military doctors helped fill rotas while the trust mounted a recruitment campaign for permanent staff. The unit has been closed overnight since 1 December, and a trust spokeswoman said that it was not expected to open around the clock before March.

In the meantime the trust has appointed three new consultants, making a total of six. Two are joining the trust later this month and the starting date for the third has still to be confirmed.

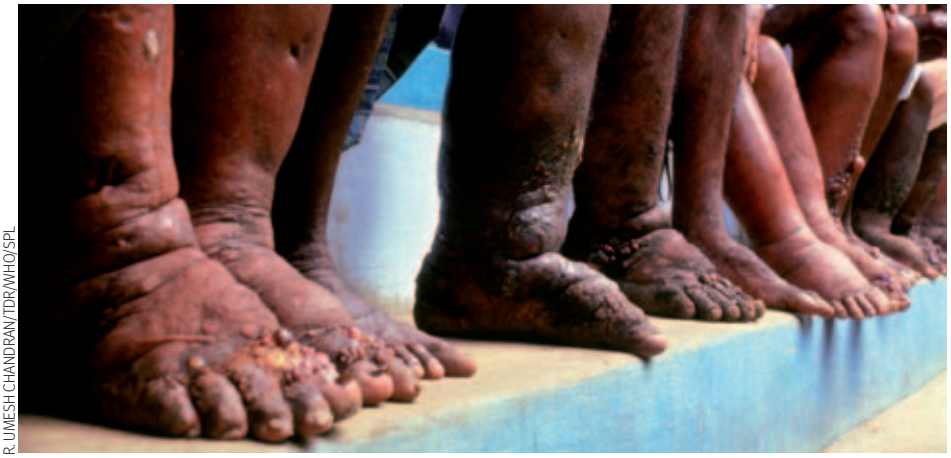
It also aims to recruit five new middle grade doctors, of whom one has so far been appointed. The chief executive of the Mid Staffordshire trust, Lyn Hill-Tout, said, "Our concerns remain about being able to recruit sufficient middle grade doctors of the right calibre."

The College of Emergency Medicine said it was aware of shortages of middle grade doctors in emergency departments nationally. A census it carried out in June 2011 found that 29% of middle grade posts were either vacant or filled by locum staff.

Taj Hassan, the college's vice president, said that the college was working with the Department of Health and others to identify short and medium term solutions to the shortage. The taskforce hoped to provide interim guidance in the spring and a final report in the autumn, he added.

Cite this as: *BMJ* 2012;344:e580

UK launches new initiative against neglected tropical diseases



R. UMESH CHANDRAN/TDR/WHO/SPL

Lymphatic filariasis: one of four diseases that will be the focus of increased aid

Peter Moszynski LONDON

The UK government has announced a fivefold increase in spending on combating neglected tropical diseases as part of an international effort to help rid the world of a group of infectious diseases that currently affect one billion people and kill more than half a million every year.

The move comes ahead of a conference hosted by the Bill and Melinda Gates Foundation in London on 30 January, when governments, charities, global organisations, and the private sector will unite "to help consign the diseases to history."

Britain's increased aid—raised from £50m to £245m (€290m; $390m) between 2011 and 2015—focuses largely on four diseases: lymphatic filariasis (elephantiasis), onchocerciasis (river blindness), schistosomiasis (bilharzia), and dracunculiasis (guinea worm disease).

The UK minister for international development, Stephen O'Brien, told the *BMJ* that the initiative was intended to take the "'neglected' out of 'neglected tropical diseases'" and to "not just save lives but transform them."

He said, "By preventing the spread of these diseases and treating their victims, we will enable them to go to school and work so that they can help themselves out of poverty."

He added that the initiative will "help make guinea worm the second human disease ever to be eradicated in history by 2015, help secure the elimination of elephantiasis and river blindness, and protect millions more from bilharzia."

He said it was a "tragedy" that the lives of millions of the world's poorest people are still being destroyed by "these ancient and avoidable tropical diseases," which "thrive on poverty and have horrendous consequences for sufferers."

Daniel Berman, deputy director of Médecins Sans Frontières' access campaign, said that he was "very encouraged that Britain is taking a global leadership among donors" and that this increased financial support was "significant."

However, he noted that the plan will "primarily focus on worm diseases that can be mostly controlled by preventive chemotherapy through mass drug administration campaigns at community level."

He said that such diseases are increasingly recognised as a priority, but there was concern that this "underplayed the importance of other diseases that the World Health Organization has prioritised as neglected." These life threatening vectorborne diseases include human African trypanosomiasis (sleeping sickness) and visceral leishmaniasis (kala-azar), "which require further development of drugs and diagnostics better suited to resource poor environments."

More information is at www.dfid.gov.uk/ntd-jan2012.

Cite this as: *BMJ* 2012;344:e581

Editorial sparks debate over when Canadian parents should be told the sex of an unborn child

Barbara Kermode-Scott CALGARY

An editorial published in the journal of the Canadian Medical Association on 16 January entitled "'It's a girl!'—could be a death sentence" has sparked debate in Canada about when it is appropriate to reveal the sex of an unborn child to prospective parents.

In the editorial (*CMAJ*, doi:10.1503/cmaj.120021) the journal's interim editor in chief, Rajendra Kale, suggests that disclosure of the sex of an unborn child should be withheld until late pregnancy to prevent selective abortion of female fetuses.

Dr Kale explains that he believes female feticide in Canada to be "a small problem localised to certain minority ethnic groups" (people from India, China, Korea, Vietnam, and the Philippines). Aborting a female fetus is the "most extreme" form of discrimination against women and "an evil that devalues women" that cannot be ignored, argues Dr Kale, a neurology specialist in Ottawa, Ontario. He urges Canada's regulatory bodies to provide clear direction to healthcare professionals not to disclose the sex of a fetus until about 30 weeks of pregnancy.

The Society of Obstetricians and Gynaecologists of Canada responded in a media statement that it in no way condones termination of a pregnancy for non-medical reasons, such as the fetus's sex. It believes strongly that it is the cultural values and norms in specific sections of the Canadian population that must change to ensure that females are not confronted with procedures and intolerant environments before or after they are born.

The society does not believe that the low value that some families place on a female child can be dealt with by withholding information and states that a patient's request for disclosure should be respected, either directly or in a report to the referring health professional.

Cite this as: *BMJ* 2012;344:e539

US to require disclosure of industry's ties to doctors

Keith Epstein WASHINGTON, DC

Later this year, the US government will probably require drug and medical device companies to start disclosing almost all financial relationships with doctors, including payments for research, consulting, speaking engagements, and meals, under procedures published on 17 January.

Doctors who develop or assess a drug, receive royalty payments—or receive little more than breakfast or lunch during a visit from a device manufacturer's representative—will have to file reports, subject to government auditing and inspections, that will be posted on a publicly searchable website in 2013.

Obama administration officials, health policy specialists, and some members of Congress, which in 2010 passed the Patient Protection and Affordable Care Act requiring such disclosure, say it will bring transparency and accountability to commonplace conflicts of interest.

Cite this as: *BMJ* 2012;344:e515