NEWS

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bmj.com
Woman is given eight years in prison for procuring her own miscarriage

Routine screening for ovarian cancer harms more than it helps, says US preventive health authority

Bob Roehr WASHINGTON, DC

A US medical advisory body has reaffirmed its opposition to broad population screening for ovarian cancer.[1] It said that existing screening measures are insensitive, do not reduce mortality, and result in unnecessary surgery that puts women at increased risk of injury and death.

The US Preventive Services Task Force acknowledged the high mortality associated with ovarian cancer, as the fifth leading cause of cancer death among women in the nation.

The positive predictive value of the screening test is low, however. "Most women with a positive screening test will have a false-positive result."

The screening method that the committee considered was annual screening with transvaginal ultrasonography and testing for a serum tumour marker, cancer antigen 125.

"Evidence shows that screening for ovarian cancer can lead to important harms, including major surgical interventions in women who do not have cancer. The harms of screening for ovarian cancer outweigh the benefits," it said.

It took pains to explain that the recommendation does not apply to women who carry a genetic mutation, such as the BRCA genes, that is associated with increased risk for other types of cancer or to women with symptoms that might be suggestive of ovarian cancer.

Currently available data suggest that women with a family history of ovarian cancer, but who are asymptomatic, do not benefit from screening, though the UK Family Ovarian Cancer Screening Study, now under way, might help to answer that question.

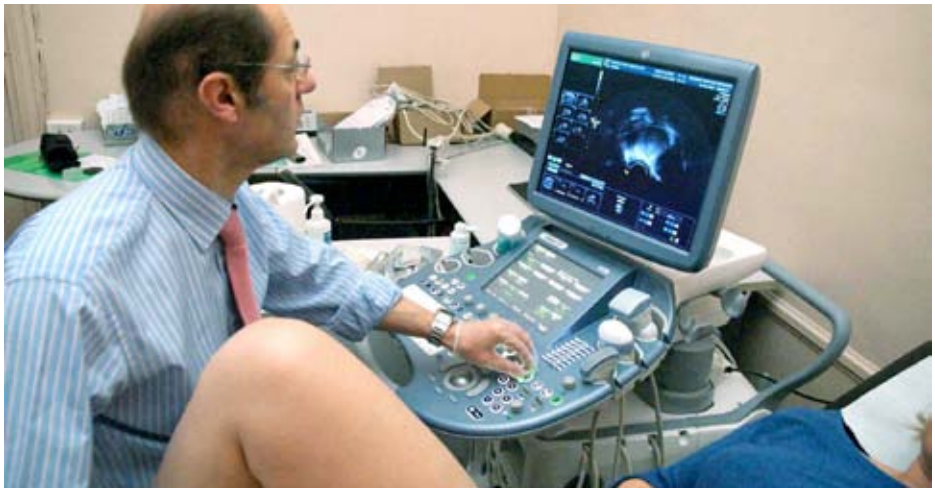
The task force last addressed the question in 2004. In reaffirming its earlier guidance it drew heavily upon a large, ongoing prevention study[2] published last year that randomized 78 216 women aged 55 to 74 to either annual screening or usual care and followed them for 11 to 13 years from the time of their enrollment to either death or the point of analysis.

That study found a higher rate of diagnosis of ovarian cancer in the intervention group compared with those receiving usual care (5.7 versus 4.7 per 10 000 person years), but that difference was not statistically significant.

As the task force noted, "No difference was found in either stage at diagnosis or ovarian cancer death rate" between the two groups (3.1 versus 2.6 per 10 000 person years).

Importantly, 3285 women received false positive test results from the screening, and 1080 underwent surgery before it was determined that the screening result was a false positive.

Cite this as: *BMJ* 2012;345:e6203



HUMBERT/BSIP/SA/ALAMY

The screening assessed was transvaginal ultrasonography (above) and testing for a serum tumour marker

Serious complaints against doctors, suspensions, and erasures all fell in 2011

Matthew Billingsley BMJ

Fewer doctors are being referred to fitness to practise panels, despite a continuing rise in the number of complaints against doctors in the United Kingdom, which reached a record high last year, the GMC has said.

In 2011 the GMC received 8781 complaints—a 23% rise from the 7153 in 2010, says the regulator's second annual report.[1] The likelihood that the GMC will investigate a doctor has also risen, from one complaint in 68 in 2010 to one in 64 in 2011.

However, most complaints (4914 (56%)) in 2011 were closed without further action, a rise from 2010, when half of complaints ended this way. Cases that required with no further action after the GMC obtained more details from the doctor's employer also rose in 2011; 622 cases ended at this point and 736 doctors being given advice from the GMC.

Serious complaints that led to fitness to practise hearings fell from 314 in 2010 to 212 in 2011. And despite a rise in complaints overall, the number of doctors suspended fell from 106 in 2010 to 93 last year. Fewer doctors were also struck off, down from 73 in 2010 to 65 in 2011.

Almost three quarters of complaints (73%) concerned male doctors, although men make up only 57% of doctors registered with the GMC. GPs make up the largest proportion of doctors registered with the GMC (24%), and they received the most complaints (47%), followed by psychiatrists (5% of registered doctors and 11% of complaints), and surgeons (3.5% of registered doctors and 8% of complaints).

Niall Dickson, chief executive, of the GMC, said, "While we do need to develop a better understanding of why complaints to us are rising, we do not believe it reflects falling standards of medical practice.

Cite this as: *BMJ* 2012;345:e6286

HFEA asks the public about methods to stop transmission of disease

Toby Pitts-Tucker BMJ

The UK Human Fertilisation and Embryology Authority (HFEA) has launched a public consultation on the ethical and social implications of new in vitro fertilisation (IVF) techniques designed to avoid the maternal transmission of mitochondrial disease.

Mitochondrial disease affects around one in 200 births each year in the United Kingdom, the HFEA says, and can affect a number of different organs with varying severity.

Two new techniques, maternal spindle transfer and pro-nuclear transfer, could enable women to avoid passing these diseases on to their offspring. Both use a donor's mitochondria to create a healthy embryo that would then be used in normal IVF treatment. Offspring would thereby share DNA with three people and have an altered germ line such that healthy mitochondrial DNA would be passed on to subsequent generations.

Lisa Jardine, chairwoman of the HFEA, said it was "uncharted territory"

Under the amended Human Fertilisation and Embryology (HFE) Act 1990, mitochondrial replacement is lawful in scientific research, but the embryos cannot be used in treatment.[1 2] The government has asked the HFEA, an expert independent regulator, to seek public views on whether these techniques should be made available.

The consultation, which will run until Friday 7 December, invites the public to express their views on the implications of mitochondrial replacement techniques. "We want to develop an informed debate surrounding the social and ethical issues of mitochondrial replacement," Hannah Darby, senior policy manager at the HFEA, told a news briefing on Friday 14 September. "This is a unique opportunity for the public to influence government decisions."

The results of the consultation will be presented to government for consideration in early 2013. If taken forward, parliament would have to pass regulations to the amended HFE Act before the new mitochondrial replacement techniques could enter clinical practice.

Last year the HFEA carried out a scientific review of the safety and effectiveness of methods to avoid mitochondrial disease.

Cite this as: *BMJ* 2012;345:e6259

Too frequent use of painkillers can cause rather than cure headaches

Nigel Hawkes LONDON

Headaches, though common, are not always correctly diagnosed or well treated, says new guidance from the UK National Institute for Health and Clinical Excellence (NICE).[1] In a significant minority of cases, painkillers taken to reduce the pain could actually be causing it.

One in every 25 GP consultations is about headache, the guidance says. Sometimes patients who have persistent pain are seeking reassurance that they do not have a brain tumour, but the great majority of headaches are not caused by tumours or by other serious health problems, said Manjit Matharu, honorary consultant neurologist at the National Hospital for Neurology and Neurosurgery in London and a member of the guideline development group.

Brain scans should not be offered to patients simply to reassure them, he told a press conference in London at which the report was launched.

The NICE guideline divides headaches into three classes: tension, migraine, and cluster headaches. All present in a slightly different way and have different intensity, location, and duration of pain. Common treatments bought over the counter are effective for occasional headaches, but in about 2% of cases the headaches may actually be caused by the remedies. These occur when patients take painkillers or triptan

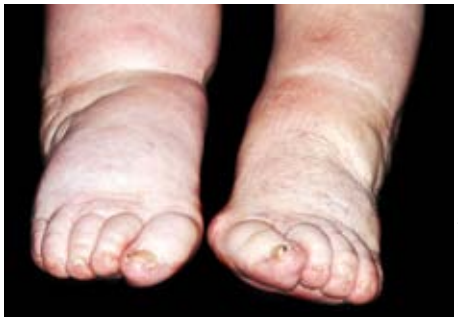
Cochrane review says telephone follow-up of heart failure patients is effective

Jacqui Wise LONDON

A Cochrane systematic review has concluded that patients with chronic heart failure are less likely to die a year after discharge if they are offered case management—intense monitoring usually involving telephone follow-up by a specialist nurse and home visits. Such patients are also less likely to be readmitted to hospital in the six months after discharge.[1]

Chronic heart failure is becoming increasingly common as the population ages and carries high risks of emergency hospitalisation and death. In 2000 around 1.9% of the total budget of the NHS was spent on patients with heart failure and most of this cost was incurred by hospital admissions.

Researchers from the UK and Australia examined 25 randomised controlled trials involving 5942 people. All the patients had been previously admitted to hospital with chronic heart failure and were at high risk of readmission. The researchers classified the trials into three models: case management interventions where patients were intensively monitored by telephone calls and home visits, usually by a specialist nurse; clinic interventions involving follow-up in a specialist clinic; and multidisciplinary interventions.



DR P. MARAZZI/SPL

In 2000 about 1.9% of the NHS budget was spent on patients with chronic heart failure

The study found that case management interventions are associated with a significant reduction in all cause mortality at 12 months (odds ratio 0.66 (95% confidence interval 0.47 to 0.91)). No reductions were seen for deaths from chronic heart failure or cardiovascular causes. However, case management interventions reduced readmissions related to chronic heart failure at six month (OR 0.64 (0.46 to 0.88)) and 12 months (OR 0.47 (0.30 to 0.76)) follow-up.

Stephanie Taylor, professor in public health and primary care at Barts and the London School of Medicine and one of the study authors, told the *BMJ*: "I think there is now enough evidence to say that case management is effective. We now need more research on implementation and cost effectiveness. It may be that less intensive versions of case management can work well, so we need to carefully examine the different components."

The study authors say it is not possible to say what the optimal components of case management type interventions are but that telephone follow-up by a nurse specialist was a common component.

Cite this as: *BMJ* 2012;345:e6187

drugs for tension or migraine headaches more often than about 10-15 days a month.

"People with frequent tension-type headaches or migraines can get themselves into a vicious cycle, where their headaches are getting increasingly worse, so they take more medication, which makes their pain even worse" said Martin Underwood, a GP and professor of primary care research at Warwick Medical School.

He admitted that explaining to patients that they should abruptly stop their treatment, knowing that the headache will get much worse for several weeks before it will improve, was not an easy task.

NICE advises the NHS to be alert to the possibility of drug induced headaches in patients whose headache developed or worsened while they were taking triptans, opioids, ergots, and combination analgesic treatments for 10 days a month or paracetamol, aspirin, and non-steroidal anti-inflammatories such as ibuprofen either alone or in combination for15 or more days a month. Drug induced headaches are five times as common in women as in men.

Matharu said, "By clearly outlining the common features associated with primary headaches, the guideline will improve recognition."

Cite this as: *BMJ* 2012;345:e6281

One in every 25 GP consultations is about headache, the guidance says. Sometimes patients who have persistent pain are seeking reassurance that they do not have a brain tumour, but brain scans should not be offered to patients simply to reassure them

SCIEPRO/SPL

UCL issues new research standards but says it won't investigate Wakefield any further

Zosia Kmietowicz LONDON

University College London has updated its mechanisms for safeguarding research participants and ensuring the quality and ethical standards of its research. In doing so it has taken account of lessons learnt from the case of Andrew Wakefield, whose research into a possible link between the measles, mumps, and rubella (MMR) vaccine and autism led to him being struck off the UK medical register. But it says it will not investigate the Wakefield case further, despite calls from the *BMJ* to do so.

John Tooke, UCL's vice provost (health), described the university's updated research governance framework as "robust and fit for purpose."

However, the college stopped short of commissioning an independent investigation into the case, which articles in the *BMJ* suggested amounted to research fraud that warranted further scrutiny.

CHARLES REX ARBOGAST/AP/PA

Andrew Wakefield: articles in the *BMJ* said that his work on MMR was "an elaborate fraud"

In a paper on the development of its new framework, UCL said that after taking advice from the UK Research Integrity Office and "a senior legal figure" it concluded that "the net result [from an investigation] would likely be an incomplete set of evidence and an inconclusive process costing a substantial sum of money."[1]

In a press statement it said, "Given the passage of time, the fact that the majority of the main figures involved no longer work for UCL, and the fact that UCL lacks any legal powers of compulsion, UCL has decided it will not now be carrying out an investigation into this specific case."

Fiona Godlee, editor in chief of the *BMJ*, said, "This report falls well short of a full investigation, and it leaves many questions unanswered. But it does at least acknowledge that the Wakefield case exposed failings at UCL. And it's good to see the new mechanisms for research governance being set up and stress tested. I hope other institutions will do the same."

Wakefield was struck off the UK medical register in 2010 after the GMC found him guilty of serious professional misconduct.[2] The fitness to practise panel held that Wakefield abused his position, subjected children to procedures that were not clinically indicated, flouted ethics approval, and brought the profession into disrepute.[3] At the time of his research Wakefield worked at the Royal Free Hospital Medical School, which merged with UCL in 1998, the year his research on MMR and autism was published in the *Lancet*.[4]

After the GMC's verdict the *Lancet* retracted the paper that sparked the crisis in confidence in the safety of the MMR vaccine.[5]

The next year a series of articles in the *BMJ* on Wakefield's work by the journalist Brian Deer revealed the true extent of the scam behind the scare and called the MMR study "an elaborate fraud."[6-8] In an accompanying editorial Godlee questioned the veracity of Wakefield's other publications and called for an investigation "to decide whether any others should be retracted."[9]

Wakefield launched a libel action against the *BMJ* for publishing "false and defamatory statements" about him in a district court in Texas, where he now lives. The court threw out the case on jurisdictional grounds,[10] but Wakefield is appealing the decision.

After the Wakefield case UCL set up a committee to oversee research governance and the procedures for investigating and resolving allegations of research misconduct. In a press release it said that it was "confident the failings the [Wakefield] case exposed in UCL's governance structure have been fully addressed and that the rigorous procedure now in place to address alleged research would be more effective in investigating any similar allegations that might arise in the future."

Tooke said, "The test now for UCL—and for the sector more widely—is twofold. First, to ensure that research governance processes and procedures are properly embedded into the management infrastructure of the organisation. Secondly, to test and retest those procedures to ensure that they are robust and workable and reflect best practice from other organisations.

"To that end, institutions should be encouraged to think self critically about their own framework, to review processes and procedures annually, and to share anonymised cases with other related organisations. Only by consciously and actively raising the profile of research governance issues across—as well as within—institutions will the UK biomedical sector develop a framework that is truly fit for purpose."

Cite this as: *BMJ* 2012;345:e6220

IN BRIEF

China investigates whether GM rice was tested on children: China's health ministry has ordered an investigation into allegations by the environmental group Greenpeace that children were used in tests of genetically modified rice in a 2008 Sino-US research study, state media report. The rice was modified to be rich in β carotene, and the study looked at vitamin A levels in children who were fed the modified rice.

Support for people with mental health problems needs to be better: A survey by England's Care Quality Commission of 15 000 people who use community mental health services found that in 2012 a third (36%) of respondents who needed help for their physical health needs said that they had not received support but would have liked it, up from 31% in 2011.[1] About a third of respondents on the care programme approach (CPA) said that they would have liked more support from the NHS with work, accommodation, and benefits issues.

US health premiums rise by 4%: Annual health insurance premiums for employer sponsored family health coverage in the United States rose 4% last year to reach $15 745 (£9700) a year, with workers on average paying $4316 towards the cost of coverage, reports the Kaiser Family Foundation Health Research and Educational Trust. Since 2002 premiums have risen by 97%, three times as fast as wages (33%).

Ebola cases rise in DR Congo: The number of people who have been killed by the Ebola virus in the Democratic Republic of Congo has risen to 31, with 65 probable or suspected cases, the WHO has said. The outbreak could spread to major cities if it is not brought under control, it warned. The country's health ministry is working with several partners to try to contain the virus. The outbreak is unrelated to the one in Uganda that killed 16 people in August, said WHO.

Europe needs to do more to prevent tickborne encephalitis: The European Centre for Disease Prevention and Control has said that governments should do more to prevent tickborne encephalitis by providing information about high risk areas and how to avoid tick bites and by vaccinating people at risk. New figures show that the number of cases remained relatively stable from 2000 to 2010, ranging from 1900 to 2630 cases a year in the 16 countries reporting data.[2]

Cite this as: *BMJ* 2012;345:e6238

Colleges call for action to cut toll from venous thromboembolism

Jacqui Wise LONDON

Royal colleges have backed the current UK National Institute for Health and Clinical Excellence (NICE) guidelines on preventing venous thromboembolism, saying that every hospital patient must be screened.

The Royal College of Physicians, Academy of Medical Royal Colleges, Royal College of Midwives, Royal College of Nursing, and the Royal Pharmaceutical Society have reviewed the evidence and put out a joint position statement backing the current NICE guidelines on preventing hospital acquired venous thromboembolism.

The Royal College of Physicians said that 94% of hospital patients are now being screened for venous thromboembolism, which is encouraging, but it would like to get the figure to 100%. Its president, Richard Thompson, said, "Screening should be a routine part of practice, and robust systems [should be] put into place at every hospital so that patients at risk of VTE do not slip through the net."

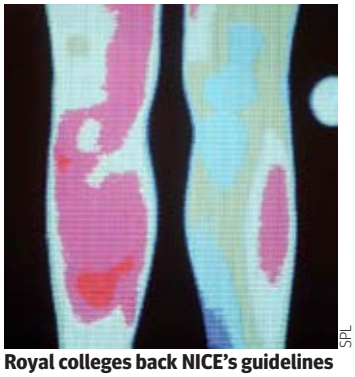
NICE's clinical guideline on venous thromboembolism, published in January 2010, recommended that all patients be assessed on admission to identify those who are at increased risk of venous thromboembolism.[1] Patients identified as being at risk should be given pharmacological prophylaxis such as low molecular weight heparin or mechanical prophylaxis.

In 2005 a report by the House of Commons health select committee estimated that 25 000 avoidable deaths occur every year in the United Kingdom from hospital acquired venous thromboembolism. However, this figure has never been substantiated. The NICE guidance was criticised in an article in the *BMJ* for not being based on evidence and for inflating the scale of the problem.[2] And in December 2011 the guidance came under further scrutiny after the publication of the LIFENOX trial.[3] This study, published in the *New England Journal of Medicine*, compared a low molecular weight heparin (enoxaparin) with placebo in 8307 acutely ill medical patients who were all given graded compression stockings. The study did not find any significant differences in mortality from all causes at 30 and 90 days.

However, the four professions' position statement says that this study was underpowered to show a between-group difference in mortality. The statement says that the mortality figures at 90 days showed an absolute risk reduction of 0.2%, which still supports the premise of a small reduction in mortality, albeit very weakly. The statement says: "It is clear that recent evidence, once quality assessed, will not change existing recommendations for VTE risk assessment of medical patients."

NICE is to undertake a formal review of the evidence to date in early 2013.

Terence Stephenson, chairman of the Academy of Medical Royal Colleges, said, "It is vital that all clinical staff are following the most up to date and effective clinical practice to tackle VTE."



SPL

Royal colleges back NICE's guidelines on thromboembolism

Cite this as: *BMJ* 2012;345:e6269

Europe plans to tighten regulation of devices

Rebecca Coombes BMJ

Plans to tighten Europe's regulation of medical devices in the wake of the recent breast implant scandal will not go as far as the stricter controls in operation in the United States, it emerged last week.

Instead, proposals to be put before the European parliament only partially tighten the regulatory grip on device manufacturers. The recent Poly Implant Prosthèse (PIP) scandal, when an estimated 40 000 women were given breast implants filled with non-medical grade silicone, exposed key weaknesses in the European system.[1] By contrast, the implants were never approved for use in the US.

Jacqueline Minor, director for consumer policy at the European Commission, said, "The PIP scandal was very salutary for us. It was a fraud, quite deliberate criminality, which you can never legislate against. But it did allow us to stress test the existing legislation."

She acknowledged that the commission needed to improve standards of patient safety. But at the same time it did not want to stifle the devices industry with heavy regulation. "Unlike with pharmaceuticals, the devices industry

Private firms are told that NHS in England is open for £20bn worth of business

Zosia Kmietowicz LONDON

Changes to the NHS in England are providing private companies with business opportunities worth £20bn, a report to potential investors in the healthcare sector has said.

The report by Catalyst Corporate Finance, which advises companies on investments, says that there is a "significant opportunity for the private sector in primary and secondary care."[1]

The report points to recent contracts awarded to Circle and Virgin Care to run NHS services as evidence that the government needs the private sector to reduce the cost of healthcare.

The report says that operators such as The Practice and Virgin Care are generating an estimated £185m a year from running general practices, 2.2% of the primary care market.

Moving services from hospitals to the community presents other opportunities. Of the £8.5bn budget for community health services, "we believe the private sector could deliver up to 20%, or around £2bn by 2020," says the report.

Providing support to clinical commissioning groups, which take over £60bn of the NHS budget next April, could be worth an additional £1.3bn.

Richard Vautrey, deputy chairman of the BMA's General Practitioners Committee, told the *BMJ* that it has been suggested for some years that private companies would be moving into the business of running general practices. "The reality is that many companies have looked at general practice and realised that there is no profit to be made," he said.

However, the move to run secondary care services in the community could pose real threats, he said. Private companies "cherry picking" patients could lead to fragmentation of the NHS.

Cite this as: *BMJ* 2012;345:e6305

STEVE SCHOFIELD/DEMOTIX/PA

Neil Wells, who lost his daughter seven years ago, demonstrates in support of the unit in July

Charity challenges closure of children's heart surgery unit at Leeds hospital

Clare Dyer BMJ

Campaigners have taken the first step towards a legal challenge to the decision to close the children's heart surgery unit at Leeds General Infirmary as part of a move to concentrate services in fewer, larger, and more specialised units in England.

A charity based at the infirmary, the Children's Heart Surgery Fund, has sent a letter threatening judicial review proceedings in the High Court over the proposed closure.

The Leeds unit is one of three facing the axe after the Safe and Sustainable review by the joint committee of primary care trusts (JCPCT), which concluded that the number of units carrying out surgery for congenital heart defects should be cut from 11 to seven.[1] A fourth unit, at the John Radcliffe Hospital in Oxford, stopped doing operations for children's congenital heart defects in 2010 after a number of deaths.

The threat of legal action over the Leeds unit is the latest move in a hard-fought battle by the services facing closure. Another of the three, the Royal Brompton Hospital in London, initially won a legal challenge in the High Court, but the judgment was overturned by the Court of Appeal.[2]

The pre-action protocol for judicial review, a statement of good practice, states that a letter should be sent beforehand to the body or individual whose decision is to be challenged "to identify the issues in dispute and establish whether legal action can be avoided."

Court procedures require judicial reviews claims to be started "promptly or in any event within three months" of the decisions they are challenging. In this case the decision was taken on 4 July.

Bertie Leigh, of the law firm Hempsons, who represented the Royal Brompton, is also acting for the Leeds charity. But its director, Sharon Cheng, said lawyers had not yet been formally instructed to launch proceedings.

"It is with regret and reluctance we have had to consider judicial review," she added. "As time is not on our side, we have had to explore all the options available to us and we have been advised we have a compelling case which we may decide to pursue to secure the future of the unit for parents and families."

Neil McKay, chairman of the JCPCT, described the threat of legal action as "hugely disappointing." He said, "Legal action by the campaign group in Leeds to quash the entire decision means the views expressed during the public consultation would be ignored, as would the support for the model of care and the near unanimous agreement on new national quality standards.

"Legal action will be costly for both sides and is deeply regrettable. We will mount a robust defence of the decision making process to ensure these vital changes are implemented."

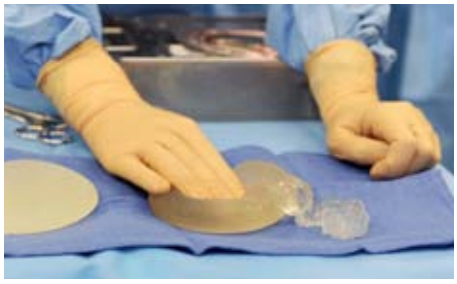
Cite this as: *BMJ* 2012;345:e6182

is dominated by small to medium sized companies, sometimes collaborations between surgeons and engineers at the periphery of hospitals. We want a regulatory framework which supports innovation."

Several proposals will be laid before members of the European parliament next week:

- A higher standard of evidence for devices for which market approval is sought—Currently, if a device is similar to another manufacturer's device on the market, then there is no need for clinical trials. Instead manufacturers can seek regulatory approval on the basis of a far lower level of data.
- Greater scrutiny of the notified bodies—Unlike in the US, Europe allows third party assessors (notified bodies) to judge whether a manufacturer has supplied enough evidence to prove that its device is safe and conforms to legal standards. There are more than 70 such bodies in the European Union, and manufacturers are free to seek certification from any.
- An implant card for patients with implantable devices—The card will provide basic details of a device to patients.

Yorkshire MEP Linda McAvan, who sits on the European Parliament's Committee on the Environment Public Health and Food Safety, said: "Patient safety must be top of the list."



DURAND FLORENCE/SIPA/REX

Problems with leaking PIP implants (above) led to calls for better regulation of devices in Europe

The proposed changes to the EU directives will not come into effect until 2014 at the earliest.

Cite this as: *BMJ* 2012;345:e6303

Child mortality falls, but 19 000 under 5s still die every day

Anne Gulland LONDON

The number of children dying before they reach their fifth birthday has fallen sharply since 2000, but this progress needs to accelerate if the United Nations' millennium development goal of reducing child mortality is to be reached, figures show.

A report released by the United Nations' Children's Fund (Unicef), the World Health Organization, the World Bank, and the UN Population Division says that an estimated 6.9 million children died before their fifth birthday in 2011, down from 12 million in 1990.[1] But 19 000 children still die every day.

The figures also show that the annual rate of reduction in under 5 mortality has accelerated: from a decrease of 1.8% a year between 1990 and 2000 to 3.2% between 2000 and 2011.

The highest rates of child mortality are still in sub-Saharan Africa, where one in nine children die before their fifth birthday. Southern Asia also has a high rate, at one in 16. This compares with one in 152 in the developed world. However, these regions have made progress in reducing child mortality, with sub-Saharan Africa reducing its child mortality rate by 39% since 1990 and southern Asia by 47%.

About half of infant deaths occur in five countries: India, Nigeria, the Democratic Republic of the Congo, Pakistan, and China.

The leading causes of death are pneumonia (18% of all deaths), preterm birth complications (14%), diarrhoea (11%), intrapartum related complications (9%), and malaria (7%).

The report warns that the decline in neonatal mortality rates has been slower than the decline in mortality among children overall. It urges the introduction of "low cost solutions" to neonatal mortality such as giving antenatal steroid injections to women in preterm labour and encouraging "kangaroo care," in which the mother maintains skin to skin contact with the baby.[2]

Cite this as: *BMJ* 2012;345:e6229

SVEN TORFINN/PANOS

The UN report recommends "kangaroo care" whereby mothers provide skin to skin contact with their newborn babies (as seen above in Sierra Leone) to reduce neonatal deaths

Improvements in US healthcare "could save 75 000 lives a year"

Keith Epstein WASHINGTON, DC

If the quality of healthcare in every US state in 2005 was the same as that in the best performing state, 75 000 deaths would have been averted, a new report from the Institute of Medicine says.

The report, published on 6 September, says that although the system has seen an explosion in knowledge and technology and now expertly manages once deadly conditions, it is also beset by poor quality care, uneven outcomes, an unhealthy population, and runaway spending.[1] The institute, an independent adviser to the government, is part of the National Academy of Sciences.

Its report, drawn up by a group of 18 clinicians, policy experts, economists, and business leaders, also puts a figure on the money wasted in the United States each year through unnecessary services, lost opportunities to prevent illnesses, inefficiencies, and administrative waste: $765bn (£470bn; €580bn), or 30 cents in every dollar spent.

"The threats to Americans' health and economic security are clear and compelling, and it's time to get all hands on deck," said Mark Smith, the group's chairman, in a statement.

The report suggests numerous ways to curb costs and improve care.

Among the wasted billions the institute found in 2005 were:

- $210bn spent on unnecessary services such as repeated tests
- $130bn spent on inefficiently delivered services, such as scans performed in hospitals rather than less expensive settings
- $75bn a year in fraud
- $55bn on missed prevention opportunities
- $105bn on prices for products and services beyond competitive benchmarks.

Cite this as: *BMJ* 2012;345:e6258

French government "wastes €15bn a year on useless drugs"

Sophie Arie LONDON

Half of all drugs on the French market are useless, some can be harmful, and the state is wasting up to €15bn (£12bn; $20bn) a year paying for them, a book published by two leading French doctors claims.

Guide des 4000 Médicaments Utiles, Inutiles ou Dangereux (*A Guide to 4000 Useful, Useless and Dangerous Medicines*), published in France on 13 September, says that 50% of the drugs on the French market are useless and 5% are potentially dangerous and that, despite those facts, 75% are paid for by the social security system.[1]

Patients are being prescribed drugs that make no difference at all for conditions such as hypertension, diabetes, asthma, and cancer, the book says. One of its two coauthors, Philippe Even, a former health ministry employee and dean of the Necker medical school in Paris, said that the new guidebook is designed to offer objective advice to patients and doctors in a country where the drug industry has too much power.

France's drug industry is one of the largest in the world, said Even. It has around 200 small laboratories that do not create new, useful drugs and instead profit from selling ineffective treatments. The regulatory system is simply not working, he said.

"The pharmaceutical industry has infiltrated the decision making process at every level," said Even.

Cite this as: *BMJ* 2012;345:e6241