

*In brief***Breast feeding could save lives:**

Breast feeding could save the lives of 1.5 million of the 12 million children under 5 who die each year, according to findings presented to the annual meeting of the United Nations Commission on the Status of Women. Children who are not breast fed tend to have weaker immune systems and are at greater risk from infectious diseases.

UK withdraws oil based breast implants:

The UK government has announced that Trilucent breast implants, which have a filling derived from soya bean oil and have been available since 1995, will be withdrawn as a precautionary measure because not enough is known about their long term safety and rate of breakdown of the oil.

Triple drug treatment reduces AIDS mortality:

The Swiss HIV Cohort study, which has followed over 4,000 HIV patients treated with triple therapy since 1995, has found that the effect of this treatment on 2674 patients has been to lower the death rate to 1.3% a year (*Lancet* 1999;353:863). This is the lowest mortality ever recorded for such a large number of patients.

Guidelines set for UK dentistry:

The Royal College of Anaesthetists has issued guidelines on the use of general anaesthesia in dentistry. The college says that standards should be the same as in other clinical settings, its use should be limited to situations in which local anaesthesia is not an option, and only specialist paediatric anaesthetists should administer general anaesthesia to very young children.

Budget help for NHS: New capital plans worth almost £500m, mainly to upgrade accident and emergency units in the UK, were announced by the Chancellor of the Exchequer, Gordon Brown, in his budget this week.

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UK obstetricians face redundancy

Linda Beecham, *BMJ*

Over 350 obstetricians and gynaecologists could be made redundant by the NHS because of changes in hospital training and the lack of manpower planning. This would waste up to £35m (\$56m) spent on their training.

The BMA has warned that by May 2001 there will be an additional 500 specialists with the certificate of completion of specialist training in obstetrics and gynaecology to fill an estimated 50 consultant posts a year. At present these doctors are being given 18 months to find a consultant post before their contracts are terminated.

From the end of March these contracts will start to come to an end. The BMA wants them extended by a further 12

months, but the NHS Executive has refused. The doctors concerned now face unemployment or they will have to retrain in another speciality.

The problems stem from the introduction of time limited specialist training in 1995 and the failure of the government to increase the number of consultant posts. The BMA is calling on the government to establish new consultant posts to provide a more consultant based service.

The Department of Health says that it is up to individual trusts to fund posts as a quality initiative. The Speciality Workforce Advisory Group recommends solving the problem by reducing the number of training slots in the speciality by 293 for 2000-1.

The BMA points out that the reports of the confidential inquiry into stillbirths and deaths in infancy and of the confidential inquiry into maternal deaths have raised questions about the lack of consultant input into problem cases, and that both the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives recommend that a consultant should be on the labour ward throughout the normal working week to supervise care. About 500 new posts would be needed to reach this standard, but in 1998 only 28 new consultant posts in the speciality were established.

The chairman of the BMA council, Dr Ian Bogle, said, "This is a human tragedy for trained, experienced doctors who are being put on the scrapheap in their 30s, and for the women and children who are dying because of lack of care." □

Israel restricts fertility treatment

By Judy Siegel-Itzkovich, *Jerusalem*

Israel's health ministry has used new medical guidelines, drawn up by a committee of 10 doctors, to limit access to in vitro fertilisation treatments guaranteed under the country's national health insurance law. From now on, infertile women over age 45 will not be able to undergo treatment with their own ova, and those over 51 won't be given donated ova.

Under the 1995 universal health insurance law, which provides a basket of health services to all residents, infertile women—whether married or single—are entitled to fertility treatment to produce their first two children paid for by their public health insurer.

The part of the law dealing with in vitro fertilisation had been one of the most liberal in the world, reflecting the high value placed by the Jewish state on childbearing and the perceived need to increase the population to keep pace with Israel's more populous Arab neighbours.

In fact, Israel has the world's highest rate of hospital based in

vitro fertilisation centres—more than two dozen for a population of six million—which also perform a record number of fertility treatment cycles per patient. It costs from £9400 (\$15 000) to £12 500 to produce a baby in a younger infertile woman; in an older woman it can cost three to five times as much, with much lower chances of success.

Professor Neri Laufer, the new director of gynaecology and

obstetrics at Hadassah-University Hospital, Jerusalem, claimed that "the new limits are based solely on medical considerations—the chances for a pregnancy and delivery and the health of the mother and baby—and not on economic considerations."

Drugs to stimulate ovulation could be harmful, and other risks of in vitro fertilisation included the dangers associated with general anaesthesia, and the possibility of haemorrhage, pelvic infection, and damage to internal organs, he explained.

Professor Laufer, who was a member of the committee that drew up the guidelines, added that even with the new limitations, "No other country in the world, even in Scandinavia, has a health services basket so generous regarding in vitro fertilisation."

However, the fertility expert added that funds spent fruitlessly on trying to give older women babies should instead be channelled into giving those women who were under 51 another chance with donated ova.

Although a few hundred women in their 50s and 60s have managed to have children using donated ova, "the success rates are extremely low, and we don't know much about safety and long term results," Professor Laufer maintained. □



Israel tightens rules on fertility treatment

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