

*In brief***Development agency gives \$3.4m to fight tuberculosis in Russia:**

The US Agency for International Development has given a \$3.4m (£2.4m) grant to the International Federation of Red Cross and Red Crescent Societies to fight tuberculosis in Russia.

NHS to use privately run surgery centre: Discussions were underway this week to form a partnership between BUPA, one of Britain's biggest private insurance companies, and the Surrey and Sussex Healthcare NHS Trust which would mean the BUPA Redwood hospital, at Redhill in Surrey, would be transformed into a fast track surgery centre for NHS patients.

Government publishes advice on deep vein thrombosis: New advice on deep vein thrombosis has been sent to airlines and will be made available to the public through NHS Direct. It can be accessed on www.nhsdirect.nhs.uk.

Ireland loses case against Sellafield: The International Tribunal for the Law of the Sea in Hamburg this week ruled against an Irish attempt to block Britain from opening a mixed-oxide (MOX) nuclear fuel production plant at Sellafield.

Doctor who linked jabs to autism quits: Dr Andrew Wakefield, who linked the measles, mumps, and rubella vaccine to bowel disease and autism, has quit his job at the Royal Free and University College Medical School, London, after being told that his research was "no longer in line with the department of medicine's research strategy."

Employer of HIV positive health worker can be named: A High Court judge this week lifted a ban preventing a newspaper from identifying the health authority that employed an HIV-positive healthcare worker (24 November, p 1207). The *Mail on Sunday*, which does not want to identify the employee, successfully argued that the public had a right to know the name of his employers. The ban remains in force pending an appeal.

Reform of NICE needed to boost its credibility

Zosia Kmietowicz *London*

The National Institute for Clinical Excellence risks losing further public confidence unless it becomes more explicit and open about how it arrives at decisions on whether drugs should be funded by the health service, the Consumers' Association has said.

An inquiry carried out by the Consumers' Association found that many patient groups, some of which spend as much as £40 000 (\$56 000) preparing their evidence for a drug appraisal, are frustrated because they have no idea whether the materials they presented made the slightest difference to the institute's final decision.

"They [NICE] are in danger of losing credibility, and they need to take steps to address that," said Clara Mackay, principal policy adviser at the Consumers' Association. "They could themselves immediately change their approach and some of their practices to be more transparent, which could enhance their credibility. There is a need for greater clarity, openness, and transparency all round."

The association's public inquiry took written and oral evidence from over 40 patient groups, as well as from medical professionals and research organisations on their experiences in dealing with the institute. Even groups that achieved their desired outcome complained of the "terrible" process used at the institute, said Ms Mackay.

But patients' representatives also accused the institute of rely-

ing too heavily on information that was readily available, such as clinical trial data, while other information needed to make the decision about whether a drug was beneficial was overlooked. The impact of treatments on quality of life was typically ignored, they said.

They were also concerned that decision makers set a threshold beyond which a treatment may be considered no longer cost effective (thought to be £30 000 per life year gained), but patient groups were not told about it.

"It is clear to us that there is a huge gaping hole in some of the logic [at the institute] in that patients and the public have as much interest and a stake in the outcome of NICE's decisions, and it is extremely important not to ignore that perspective. Indeed it is important to facilitate that perspective," said Ms Mackay. □

Poorest women 20 times more likely to die in childbirth

Susan Mayor *London*

Women in the most disadvantaged groups of society are nearly 20 times more likely to die from causes related to pregnancy and childbirth than women in the two highest social classes, the latest Confidential Enquiry into Maternal Deaths for the United Kingdom published this week has shown.

The report is the first in a series to evaluate social and economic factors in maternal deaths. In addition to showing a greatly increased risk of maternal death in disadvantaged women, results showed that women from ethnic groups other than white were on average twice as likely to die. Most of these women spoke little English. A disproportionate number of women from the traditional travelling community were also likely to die.

Access to care was an issue for many of the groups of women at increased risk of maternal death. Twenty per cent of the women who died had booked for maternity care after 24 weeks of gestation or had missed more than four routine antenatal visits. The stark reality of women falling outside maternity services was illus-

trated by the case of a homeless woman whose body was found wrapped in an eiderdown in a front garden, after she had died from pregnancy related causes.

A total of 378 deaths were reported to or identified by the inquiry—similar to the 376 cases reported in the previous report for 1994-6. For the first time, the number of deaths indirectly related to pregnancy (136)—owing to pre-existing disease aggravated by pregnancy—exceeded those directly related (106). Thrombosis and thromboembolism remained the major direct causes of maternal death, although the rate, 16.5 per million maternities, had fallen from the all-time high of 21.8 per million maternities in the last report.

The report showed significant decreases in deaths from pulmonary embolism and sepsis after caesarean section. Professor James Drife, professor of obstetrics and gynaecology at the University of Leeds and medical director of the confidential inquiries, considered that this was likely to have been due to implementation of Royal College of Obstetricians and



The fall in deaths from thromboembolism is "encouraging"

Gynaecologists' guidelines for thromboprophylaxis. "Thromboembolism has always been a heartsink issue in previous reports. It was encouraging to see that cases had fallen after the introduction of guidelines."

He noted, however, that women were still dying of potentially treatable conditions in which the use of simple diagnostic guidelines may help to identify conditions such as ectopic pregnancy. □

Copies of the report, *Why Mothers Die 1997-1999*, can be obtained from the RCOG bookshop (tel 020 7772 6275, or www.rcog.org.uk).