

In brief

Lords delay fines for bed blocking

Members of the House of Lords voted this week to delay government plans to fine local authorities that fail to find places for elderly patients who are ready to leave hospital. Tories and Liberal Democrats joined forces to ensure that the Community Care (Delayed Discharges) Bill would not come into force until April 2004. Ministers are expected to reverse the defeat when the bill comes back to the House of Commons.

Charities launch global war on tobacco

The world's two biggest cancer charities, Cancer Research UK and the American Cancer Society, this week announced a series of measures to help stem the rise of smoking in the developing world. The measures include \$0.25m (£0.16m; €0.23m) of grants to antismoking campaigners in 12 developing countries over two years.

Regulatory council announces chair

Jane Wesson, the former chairwoman of the National Clinical Assessment Authority, is to become the first chair of the Council for the Regulation of Health Care Professionals. Mrs Wesson will manage the council's coordination of the work of the regulators of all doctors, nurses, and other healthcare professionals, including the General Medical Council and the Nursing and Midwifery Council.

Hungary champions non-smokers' rights

Workplaces, including hospitals, and individual employees in Hungary were fined a total of \$33 000 (£20 600, €30 700) after a one day nationwide sweep by members of Hungary's National Public Health and Medical Officers Service to check whether non-smokers' rights were being protected.

Farthing appointed principal of St George's

Professor Michael Farthing, executive dean of the Faculty of Medicine at the University of Glasgow and chairman of the Committee on Publication Ethics, has been appointed principal of St George's Hospital Medical School, London.

WHO accused of watering down tobacco treaty

Fiona Fleck *Geneva*

Health activists urged the World Health Organization not to cave in to industry pressure as the final round of talks to conclude a landmark global treaty to reduce tobacco consumption got under way on 17 February.

The Framework Convention on Tobacco Control seeks to restrict advertising and marketing, make health warnings larger on cigarette packets, reduce passive smoking, increase awareness about the risks of smoking, and establish disclosure requirements for tobacco firms.

The final text, which is currently being negotiated by 192 WHO member states, should be completed on 28 February.

Health ministers are due to approve it at the World Health Assembly when it convenes in May. The convention, once it is signed and ratified, will be the first global public health agreement.

But 90 countries, many from Africa and Asia, are angry that the text, drawn up by negotiating chairman Luis Felipe de Seixas Correa of Brazil, falls short of demands by the majority of countries for a total ban on advertising. They fear it could fail to reduce smoking substantially, which is seen as a major killer.

The revised text still calls for an advertising and marketing ban, but this ban would no longer be comprehensive or legally binding. The draft treaty no longer includes a progressive ban on sponsorship of sports and cultural events, and drops proposals to phase out vending machines.

It introduces new requirements for health warnings to take up at least 30% of a cigarette packet and states that

labelling should not be misleading, but it removes prohibition of terms such as "mild," "low tar," and "light."

Health activists accused delegates of watering down the treaty under pressure from tobacco industry giants British and American Tobacco and Philip Morris and from the world's three largest economies: the United States, Japan, and Germany. "The way this is worded at present could do more harm than good," said Kathryn Mulvey, executive director of Infact, a US based corporate accountability group.

"Most countries have restrictions [on advertising and marketing]; it doesn't require them to go beyond what they are already doing," Ms Mulvey said. Infact was one of 150 non-governmental organisations invited to observe the talks.

Poorer countries were disappointed that the text did not provide additional rules on raising funds to help finance public awareness campaigns. □

NICE to start assessing diagnostic and treatment procedures

Zosia Kmietowicz *London*

Doctors and the public are being asked to take part in a groundbreaking new scheme to assess the safety and efficacy of all new procedures used for diagnosis or treatment in the health service.

The world's first system to register, codify, assess, and issue guidance on interventional procedures was launched last week by the National Institute for Clinical Excellence. The programme incorporates the previous voluntary system of the Safety and Efficacy Register for New Interventional Procedures (SERNIP), established in 1996, and makes registration of new procedures mandatory.

Under the new scheme clinicians will be responsible for informing the institute when they plan to use a procedure they have no experience with, or have only used outside the NHS. They will also need their hospital's approval to use the technique and will be obliged to tell patients that they are unsure about the procedure's safety and efficacy.

The institute plans to issue guidance on all new registered procedures as soon as it has scoured the literature and sought expert opinion. Where procedures are novel, patients will be asked to participate in the review process by allowing their results to be collected.

"Throughout the world there are systems in place for checking new drugs, but there is no country which has a system for checking interventional procedures," said Professor Bruce Campbell, chair of the institute's advisory committee on interventional procedures. "With this programme we are breaking new ground. But we have to make sure we are getting the balance right. We want to be sure that new procedures get to patients without delay and also that clinicians keep exploring new, innovative procedures. But we also want to reassure patients and families that the procedure is providing a benefit without due risks."

Professor Peter Morris, president of the Royal College of



Laser eye surgery is one of the procedures that NICE might assess

Surgeons of England, welcomed the "much needed" scheme. In the past, surgical and therapeutic techniques have been used in the NHS "willy nilly," he said, with varying degrees of success. It took more than 30 years for carotid endarterectomy, which was first introduced in 1954, to be tested in clinical trials and shown to be beneficial for stroke patients. The institute plans a much more prompt response, with brief guidance on a new technique within 18 months of registration. □