

In brief

Dutch medical worker released:

Kidnapped Dutch medical relief worker Arjan Erkel has been released 20 months after being abducted by unknown gunmen in Makhachkala, capital of the Russian republic of Dagestan (*BMJ* 2002;325:406). Mr Erkel, head of Médecins Sans Frontières' Dagestan mission, has lost 18 kg but is in "good health considering." No ransom was paid.

GP jailed for morphine death:

An on-call locum GP in Liverpool was sentenced to 15 months in prison last week for the manslaughter of a patient. Narendra Sinha, aged 68, gave Maureen Lyth, who was in "excruciating" pain from arthritis, more than three times the safe level of the drug, a 30 mg injection of morphine sulphate. Dr Sinha had worked five days and four nights that week, but the prosecuting counsel said that Mrs Lyth, who had kidney problems, should not have been given more than 10 mg.

Poorer countries to be able to buy cheap AIDS drugs:

The Global Fund to Fight AIDS, Tuberculosis and Malaria announced last week that it had struck a deal with the World Bank, Unicef, and the Clinton Foundation to make it possible for poor countries to buy discounted AIDS drugs.

GMC set to abolish limited registration:

The General Medical Council is to abolish the current limited registration that it grants to international medical graduates. The new arrangement, to come into effect in April 2005, will see overseas doctors obtain full registration without necessarily having a job.

Primary care makes "huge improvement," says tsar:

A report from England's national clinical director for primary care, David Colin-Thome, shows that more specialist procedures are taking place in general practice surgeries and more than 99% of practices have signed up for the new contract.

HRT does not prevent chronic disease after menopause

Caroline White *London*

Hormone replacement therapy (HRT) should not be used to prevent chronic disease in women who have gone through the menopause. This is the conclusion from the latest trial in the US women's health initiative (WHI) study, published this week in *JAMA* (2004;291:1701-12).

But HRT does have a role in the short term relief of menopausal symptoms, concludes an accompanying editorial (*JAMA* 2004;291:1769-71).

The study, a randomised, double blind, placebo controlled trial of unopposed oestrogen—0.625 mg daily—involved almost 11 000 women aged 50 to 79 years, who were monitored

for almost seven years.

The trial was stopped earlier this year, a year before it was due to end, primarily because an increased risk of stroke and no protection against heart disease had been found (*BMJ* 2004;328:602).

The combined arm of the WHI trial was also terminated early—in July 2002—because of a small increased risk in breast cancer, cardiovascular disease, blood clots, and stroke.

The oestrogen-only trial has found that there were 376 cases of coronary heart disease and a 39% (276 cases) increased risk of stroke among the women taking oestrogen alone.

But the hormone also significantly cut the risk of hip fracture by 39% (102 cases). And it cut the risk of breast cancer (218 cases), although this was not significant.

Oestrogen alone had no significant impact on the risk of pulmonary embolism (85 cases) or bowel cancer (119 cases).

This translates into an absolute excess risk of 12 addi-

tional strokes and six fewer hip fractures per 10 000 person years, say the authors.

They say that women and healthcare professionals now have "usable risk estimates" to weigh up the pros and cons of taking oestrogen replacement therapy.

Women should be counselled about the increased risk of stroke "but can be reassured about no excess risk of heart disease or breast cancer for at least 6.8 years of use," the authors wrote.

But they concluded: "At present these data demonstrate no overall benefit of [unopposed oestrogen] for chronic disease prevention in postmenopausal women and thus argue against its use in this setting."

They say their data support the current recommendations of the US Food and Drug Administration that oestrogen should be used "at the smallest effective dose for the shortest possible time" to relieve menopausal symptoms. □

EU expansion will open patient floodgates, minister warns

Katka Krosnar *Prague*

The Irish health minister, Micheál Martin, has warned that migration of patients could become a major issue in an enlarged European Union.

The current 15 member union, of which Ireland currently holds the rotating six month presidency, expands on 1 May to take in 10 new members, most of them former communist countries.



Irish health minister, Micheál Martin, warns of EU migration

Mr Martin told the *BMJ* that two rulings by the European Court of Justice in favour of Belgium and Dutch patients—which said that when a person faces an undue delay in receiving care they can seek treatment abroad and must be reimbursed by their health system—could open the floodgates for large numbers of patients to seek treatment outside their own countries.

"That could begin happening on a large scale within an enlarged European Union when borders come down... That could jeopardise or undermine states' ability to develop their own health systems," Mr Martin warned. "There is a very serious issue about how the state funds that."

In an interview during a meeting of 15 health ministers from the current and future EU states in Prague, Mr Martin also said that many accession countries in central and eastern Europe were concerned about losing doctors to better paying western European countries.

Doctors' salaries in some new

member countries are around a tenth of those in western Europe and EU accession means automatic recognition for qualifications gained in a member country throughout the union. Doctors' leaders in the region have warned of an exodus to Britain and Germany particularly.

"Obviously we would not want to see a situation where joining the EU would be to the detriment of any new member country's national health service; it would not be good for them to lose vast numbers of their medical staff," Mr Martin said, adding that he did not expect a mass exodus and that Ireland would not be poaching doctors.

Mr Martin said that the European Working Time Directive would have a particular impact on countries' health services, not just on reducing hours but on definitions of what constituted work and rest times.

Joining the EU would bring substantial benefits for the new members on the public health front, he predicted, as, for example, the 10 countries would have to adopt stricter EU environmental health laws.

The expansion would also bring considerable benefits for all 25 countries' health services, he said. □