

## Authorities named for failing to investigate charges for care of elderly

The UK government has named health authorities that have failed to make progress in assessing whether older people were unlawfully charged for NHS care.

The health minister Dr Stephen Ladyman reported to the House of Commons last week on the progress made with investigations into cases where elderly people may have been inappropriately denied fully funded NHS care. He said that most strategic health authorities had made good progress on this issue, with the investigations into more than 85% of cases being completed by July this year. However, he added: "Approximately 1600 cases remain outstanding, which is unacceptable."

The statement showed that one strategic health authority, Surrey and Sussex, had failed to complete nearly two thirds of the claims that it should have settled by the end of March this year.

The right to financial redress for people who had been inappropriately charged for NHS care was established 18 months ago by the health ombudsman, Ann Abraham (*BMJ* 2003;326:466).

Susan Mayor *London*

## Study suggests hepatitis B vaccine increases risk of multiple sclerosis

People vaccinated against hepatitis B triple their risk of developing multiple sclerosis over the following three years, a new study has found (*Neurology* 2004;63:838-42).

Researchers led by Dr Miguel Hernán of Harvard School of Public Health analysed the United Kingdom's general practice research database, which follows a representative sample of over three million British patients.

They found 163 cases of multiple sclerosis that had first been diagnosed in the period 1993-

2001 and which met the study's criteria on record keeping. Also analysed were 1604 matched controls who did not have multiple sclerosis.

The report's key finding was: "The proportion of cases that received at least one hepatitis B immunisation during the 3 years before the date of first symptoms was 6.7%, compared with 2.4% of controls. The odds ratio of MS [multiple sclerosis] for vaccination vs no vaccination was 3.1 (95% CI 1.5, 6.3)."

The *Neurology* article was accompanied by an editorial by Dr Robert Naismith and Dr Anne Cross of Washington University (pp 772-3) pointing out weaknesses in the study. Most notably, the number of subjects with both multiple sclerosis and hepatitis B vaccination was only 11.

Owen Dyer *London*

## US House passes bill to protect health providers who won't provide abortions

A "conscience" clause attached to the House of Representatives' 2005 appropriations bill for the Departments of Labor, Health and Human Services, and Education protects healthcare providers that will not provide abortions or refer patients for abortions.

The broad amendment, introduced by Dr Dave Weldon, a Florida Republican, says that funds in the bill may not be made available to a federal, state, or local programme that "subjects any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions."

The bill's effect would be to immunise individual health workers and institutions from any penalty if they refused to provide abortions or refer patients, even in cases of rape or need for emergency care.

The bill was passed by the House. To become law, it must be passed by the Senate and signed by the president.

Janice Hopkins Tanne *New York*

## Automatic defibrillator approved for sale without prescription

Jeanne Lenzer *New York*

The US Food and Drug Administration granted "over the counter" status to Phillips Medical's automatic external defibrillator (AED), on 16 September.

This is the first time that an AED has been approved for sale without a prescription. It can be used for adults and for children aged 8 years or older or who weigh at least 3 stone 13 pounds (25 kg).

About 95% of the 340 000 annual US adult deaths from sudden cardiac arrest occur outside hospital, says the American Heart Association. "Many of these events occur in the home," said Dr Graham Nichol, chairman of the association's AED task force. "Out of hospital sudden cardiac arrest is common, lethal, debilitating, and costly."

Dr John Billi, chairman of the association's emergency cardiovascular care committee, told the *BMJ* that the association had "supported widespread use of AEDs, along with cardiopulmonary resuscitation training as part of a comprehensive programme and one of the links in the chain of survival."

The association has received funding from Philips Medical Systems and other makers of AEDs.

However, Dr Arthur Kellermann, chairman of the department of emergency medicine at Emory School of Medicine, Atlanta, Georgia, submitted a dissenting view during FDA hearings in July. He told the *BMJ*, "Although it is true that ventricular fibrillation is a major cause of death due to heart disease and it is true that AEDs allow rescuers with minimal training to deliver shocks, there is no scientific evidence to support the claim that widespread deployment of AEDs in homes will save thousands of lives following cardiac arrest."

Dr Billi agreed with Dr Kellermann that risk assessments need to be made about where to place defibrillators. "We support a thoughtful approach to the deployment of defibrillators... Some people will buy them for their homes, and for people who are at high risk that would be appropriate, but we encourage family members to learn cardiopulmonary

resuscitation. We would agree that for a family at low risk for heart disease purchasing an AED would probably not be the best investment."

The lack of studies on home use of AEDs concerns Dr Kellermann: "There is only one study to date of defibrillator use in the home. That study was of high risk patients—and the outcome was negative." He said that without scientific evidence of benefit it was irresponsible to promote the use of AEDs in homes.

"There is too much we don't know," he said. "Will a high risk individual opt for an AED when what they really need is an implantable defibrillator? Will there be worse outcomes because family members will run around looking for the device instead of calling 911 [the emergency services]? Will adolescents use them to pull a prank on friends and find a way to shock someone? Until these questions are answered, we don't know if the widespread placement of AEDs could cause more harm than good."

Dr Kellermann added that the best way to prevent sudden cardiac death is to prevent it. "If families have \$2000 [£1120; €1644] burning a hole in their pockets, they might do a lot better to spend it on a membership at the gym and on a good diet or on smoking cessation than on an AED." □



US families will now be able to buy defibrillators, which are usually only available in public places (above) for use in the home