

In brief

Pakistani doctors boycott European drugs: Pakistani doctors have declared a boycott on drugs from firms based in Europe after the publication in Denmark of controversial cartoons featuring the prophet Mohammed. Shahid Rao of the Pakistan Medical Association said the association's doctors had come to a "unanimous" decision to back the boycott.

Polio is eradicated in two African countries: Indigenous polio has been eradicated in Egypt and Niger, the World Health Organization announced last week. It remains endemic in Nigeria, India, Pakistan, and Afghanistan and has re-emerged in Angola, Chad, Ethiopia, Indonesia, Nepal, Niger, Somalia, and Yemen. In 2005, WHO's original target year for eradication, the world had 1831 infections, up from 1189 in 2004.

Two European countries face legal action over tobacco advertisements: Germany and Luxembourg face legal action for failing to implement European Union legislation banning tobacco advertising in the media. The European Commission has given both governments two months to comply with the new rules, which came into force on 1 July 2005. If they do not they will be taken before the European Court of Justice in Luxembourg.

Bikers risk erectile dysfunction: New research shows that motorcycle riding may be a risk factor for erectile dysfunction. A preliminary study in the *International Journal of Impotence Research* of 234 motorcyclists and 752 healthy controls found that the bikers were more likely to have erectile problems (doi: 10.1038/sj.ijir.3901445). The condition was diagnosed in 161 (69%) of the bikers.

Height is linked to risk of amputation in diabetic patients: A Taiwanese study of more than 93 000 diabetic patients shows a strong association between height and risk of lower extremity amputation (*CMAJ* 2006;174:319-23). Every additional 10 cm of height was associated with a 16% increase in risk of amputation.

Patient takes her fight for trastuzumab to the High Court

Clare Dyer *legal correspondent, BMJ*

A 53 year old woman with early stage breast cancer this week became the first patient to go to court in Britain to try to force the NHS to pay for her treatment with the humanised monoclonal antibody trastuzumab (Herceptin).



Ann Marie Rogers is claiming violation of her human rights

Ann Marie Rogers, of Swindon, Wiltshire, claims that Swindon Primary Care Trust is breaching her human rights in refusing to fund the treatment, which would cost £21 800 (\$38 100; €31 800) a year.

The drug is so far licensed by the regulatory authorities and assessed as cost effective by the National Institute for Health and Clinical Excellence (NICE) only for advanced breast cancer. If Ms Rogers's case succeeds, primary care trusts could be forced to fund treatment for hundreds of women in the early stages of the disease.

The health secretary, Patricia Hewitt, has told primary care trusts in England and Wales not to refuse treatment on cost grounds alone and has asked NICE to fast track treatment guidelines. Some trusts have backed down and paid for the drug after threats of legal action.

At the High Court in London Ms Rogers's counsel, Ian Wise, told Mr Justice Bean that Swindon Primary Care Trust operated

an "arbitrary, irrational, and unlawful" policy that went against Ms Hewitt's direction and was in breach of Ms Rogers's right to life under the European Convention on Human Rights. He said the health secretary had made it clear that trastuzumab could be refused only if there were "clinical concerns" relating to side effects.

The trust says it concluded that there were no "exceptional clinical or personal circumstances" entitling Ms Rogers to have the treatment on the NHS. She borrowed £5000 to fund the treatment privately but ran out of money after two courses. Last December a High Court judge ordered the trust to pay for the drug, pending the outcome of this week's hearing.

Philip Havers QC, for the trust, told the court that the decision taken in Ms Rogers's case was "wholly in line with the guidance issued by the secretary of state."

The drug's manufacturer, Roche, is applying for a licence for early stage cancer, and a decision is expected in June or July. As the *BMJ* went to press the judge was expected to reserve his decision until a later date. (See Reviews, p 368.) □

US primary care is on verge of collapse, says doctors' body

Janice Hopkins Tanne *New York*

The American College of Physicians believes the US primary care system is nearing collapse, blaming problems with payments to doctors and the fact that young doctors are choosing more lucrative specialties over internal medicine.

The college released proposals on 30 January for sweeping reforms. It warned that, if they were not enacted, "within a few years there will not be enough primary care physicians to take care of an ageing population with increasing incidences of chronic diseases."

The college called for policy makers to evaluate a new way of financing and delivering primary care, which they have called the "advanced medical home" model.

This new approach would use health information technology and other innovations to provide comprehensive and coordinated preventive care. The emphasis would be on working with patients to manage chronic conditions successfully, rather than merely intervening during an acute episode, something which the current method of reimbursement tends to encourage. Such practices would be accountable and would be evaluated for quality, efficiency, and patients' satisfaction and would be subject to a new model of reimbursement.

In its proposals the college also called on policy makers to make fundamental changes in the way that Medicare—the federal health insurance scheme covering elderly patients—determines the value of doctors' services. It says that Congress and the Center for Medicare Services (which runs Medicare) should provide financial incentives to doctors to participate in programmes to continuously improve, measure, and report

on the quality and efficiency of the care they provide. Finally, it says that Congress should change the "sustainable growth rate" formula, which cuts Medicare payments to all doctors when total Medicare spending exceeds economic growth.

The proposals say that college members take care of more patients covered by Medicare than any other specialty group. However, neither Medicare nor private insurers pay their members appropriately, especially for their preventive services, the proposals say. Medicare is the single largest purchaser of health care in the United States.

Medicare greatly undervalues primary care doctors' services, the college says. For example, the scheme pays doctors relatively little for consultations in which they help guide diabetic people to control their blood sugar concentrations and nothing for telephone or email advice, but it pays hospitals \$30 000 (£17 000; €25 000) for amputating a diabetic patient's limb. (See editorial, p 314.) □