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Prime minister promises a more personal NHS

Zosia Kmietowicz LONDON

Prime Minister Gordon Brown pledged to make the NHS more personal this week, promising quicker test results and better access to GPs, “because we know that being unwell is not just a nine to five problem.”

In his first speech to the Labour party conference as prime minister, Mr Brown promised an expansion of the screening services for breast and bowel cancer, quicker access to cancer treatment for more people, and £15bn (€21bn; \$30bn) for research over the next 10 years. His long term plans include a regular health check for every adult in Britain.

“Our great achievement of the 1940s was a service universal to all. In 2007 we need a service that is accessible to all and personal to all,” said Mr Brown in an impassioned speech, during which he expressed his gratitude to the NHS for saving the sight in one of his eyes.

He added, “I want an NHS [that is] personal to you because you are seen by a consultant in a matter of days, not months; personal to you because there is a right to be given

x ray results quickly and time to discuss your treatment; personal to you because we know that being unwell is not just a nine to five problem.

“And so we will make GP hours more friendly to families, open up opportunities to see a GP near your place of work as well as your home, expand walk-in centres [and] medical services at pharmacies, and ensure a better service from NHS Direct.”

“We will make GP hours more friendly to families”

The latest proposals mean that breast cancer screening will be available to all women between the ages of 47 and 73, an expansion from the current age range of 50 to 70. And from 2010 bowel screening will be extended from the present 60 to 69 age range to include men and women up to the age of 75.

The Department of Health has guaranteed that all patients with breast problems, not just those with suspected cancer, would get an appointment with a specialist within two weeks of being referred. Results from smear tests would be available within 14 days instead of the six weeks that more than half of women who are screened currently have to wait.



MARK HAKANSSON/IMOUSETRAP/MEDIA LTD

Prime Minister Gordon Brown announced a “deep clean” of wards and a doubling of matron numbers

In addition, women who are referred for further investigation through the breast cancer screening programme—who are currently excluded from the 62 day referral to treatment guarantee given to women referred urgently by their GP—will

be fast tracked and put on the same priority level, to ensure that they too get prompt treatment.

To tackle the problems of methicillin resistant *Staphylococcus aureus* and *Clostridium difficile*, Mr Brown promised extra funds for a “deep clean” of hospital wards. The number of matrons on wards will be doubled to 5000.

Alan Johnson, the health secretary, told BBC Radio 4’s *Today* programme ahead of his own speech to the conference that he intended to work with GPs and the BMA to develop a “much more convenient service” and that he did not want a “confrontational approach.”

He said, “The NHS was developed as a kind of monolithic organisation; it was a creature of its time, very centrally driven. That has changed. What we are trying to do . . . is to get local practitioners looking out towards their patients rather than up towards Whitehall for their tablet of stone.”

Commenting on Mr Johnson’s speech, Hamish Meldrum, the chairman of the BMA, said, “Mr Johnson’s words sound good, but we now have to see if they are followed by action.”

Annual check-ups aren’t needed, US study says

Janice Hopkins Tanne NEW YORK

Annual physical examinations, a staple of medical care in the United States for decades, cost too much and are not necessary for conveying messages on preventing illness, says a new study.

Patients get most messages on prevention through other visits, explains the study, published in the *Archives of Internal Medicine* (2007;167:1876-83). But gynaecological exams

each year may be helpful for women, it says.

Ateev Mehrotra and colleagues from the University of Pittsburgh Medical Center examined data from 2002, 2003, and 2004 from the US national ambulatory medical care survey and the national hospital ambulatory medical care survey, which record visits made by patients with health insurance to office based physicians and to hospital outpatient departments for annual check-ups and gynaecological examinations.

During 2002-4 about 44 million US adults had an annual preventive physical check-up and about 19 million women had a preventive gynaecological examination each year.

Many tests are unnecessary and in total

cost more than \$350m a year, the authors say. A complete blood count, serum electrolytes test, urinalysis, and an electrocardiogram are often ordered as part of an annual check-up but are not necessary unless there is a reason to request them, Dr Mehrotra said. However, during gynaecological examinations women were likely to receive or be sent for evidence based tests such as mammography or cervical smear tests.

Although advice on prevention is sometimes given as a reason for annual check-ups, the researchers found that almost 80% of preventive messages were given when a patient visited for another problem during the same year.

Ten per cent of girls in England have HPV by age of 16

Owen Dyer LONDON

By the age of 16 at least 10% of girls in England have become infected with one or more strains of the human papillomavirus (HPV), a major study of HPV prevalence in girls and young women has shown.

Researchers from the Health Protection Agency tested 1483 women and girls aged 10 to 29 years from across England for four strains of the virus: types 6, 11, 16, and 18. Types 6 and 11 are associated with genital warts in particular, while types 16 and 18 are thought to be causative agents in an estimated 70% of cervical cancers. Their findings are reported in the *British Journal of Cancer* (doi: 10.1038/sj.bjc.6603955).

Health service needs to engage more

Zosia Kmietowicz LONDON
Reform of health and social services in England needs to slow down to allow the full engagement of staff and the public in the process, says a report from the independent health research organisation the Nuffield Trust.

The report, which examines the health and care needs of people in England in the next 15 years, says that reform of health and care services in England "is in danger of stalling." But although further change is needed, this should proceed with a "re-engagement with

consumers, health workers and citizens, in re-imagining and co-creating a shared vision of their future health and care services."

Sandra Dawson, one of the

"We can hope to replace a health and care system led from the centre with one based around a focus on patients and communities"

report's authors and professor of management studies at Judge Business School in Cambridge, said that morale among health and care staff was particularly

low and they needed to feel involved in designing future services.

She welcomed the review of the NHS currently being conducted by the health minister Ara Darzi, which last week involved consultations with staff and the public. "It [the review] should be strongly supported, but we should not expect instant answers," she added.

The Nuffield report echoes two other publications issued last week—by Derek Wanless and by the Institute for Public Policy Research—in calling for

Doctors rank myocardial infarction as most "prestigious" disease and fibromyalgia as least

Paul O'Grady (creator of Lily Savage) had a heart attack at 46



TIM ROOKE/REX



US vice president Dick Cheney has had four heart attacks

Roger Dobson ABERGAVENNY
Fibromyalgia and anxiety neurosis are the illnesses with the lowest prestige among doctors, according to a survey of Norwegian doctors.

The survey found that heart attacks top the prestige league, closely followed by leukaemia, and that neurosurgery is regarded as the most prestigious specialty (*Social Science & Medicine* doi: 10.1016/j.socscimed.2007.07.003).

"Results show that there exists a prestige rank order of diseases as well as of specialties in the medical community," write the authors. "Our interpretation of the data is that diseases and specialties associated with technologically sophisticated, immediate and invasive procedures in vital organs located in the upper parts of the body

are given high prestige scores, especially where the typical patient is young or middle-aged."

They say that any such ranking among doctors could have effects on practice.

In the study, the authors, from the University of Oslo and the University of Science and Technology, Oslo, sent questionnaires to 305 senior doctors, 500 general practitioners, and 490 final year medical students.

Respondents were asked to rank 38 diseases as well as 23 specialties on a scale of one to nine. The item concerning the prestige of diseases said, "Please give each disease a number based on the prestige you imagine it has among health personnel."

The authors say that the prestige scores for diseases and for specialties were remarkably consistent across the three samples.

Myocardial infarction, leukaemia, spleen rupture, brain tumour, and testicular cancer were given the highest

scores by all three groups. Prestige scores for fibromyalgia, anxiety neurosis, hepatic cirrhosis, depressive neurosis, schizophrenia, and anorexia were at the other end of the range.

"The existence of a prestige rank order of medical specialties has been known for a long time," write the authors.

"Our results show that two different samples of physicians scored diseases according to prestige with only minor differences, and a sample of medical students in their final year scored them in much the same way. This is remarkable, as the prestige order of diseases is not openly debated, but must arise as a result of the numerous talks and actions going on in connection with the daily practice of medicine."

"A widespread, and at the same time tacit, prestige ordering of diseases may influence many... decisions in the medical community, possibly without the awareness of the decision makers."

with patients, says Nuffield Trust

the devolution of power from Whitehall and greater support for individuals, families, and communities to take control of their health and wellbeing by shaping local health policies.

The report says, "We can hope to replace a health and care system led from the centre with one based around a focus on patients and communities, connections—professional and organisational—rather than boundaries, and an emphasis on local rather than national solutions."

It calls for policy makers to define a basic insurance

package for health and social care, with information on which services are freely available and which can be bought through top-up insurance schemes or by paying for them.

Pam Garside, a management consultant who helped write the report, said that people know that certain services, such as infertility treatment and dentistry, have to be paid for to some extent. She took the view that other treatments able to be bought in this way needed to be clearly defined.

The report concludes: "While engagement at all levels may

slow reforms, it is the only way to achieve lasting change. This does not mean that reform must move at the pace of the slowest; it demands bold vision and leadership, beyond the time-limits or political constraints of governments. Such visionary leadership must provide the motivation for the reformulation of professional values and public re-imagining of health, care and wellbeing in the 21st century."

Engaging with Care: A Vision for the Health and Care Workforce of England is available at www.nuffieldtrust.org.uk.

Doctors get advice on rights of children and young people

Zosia Kmietowicz LONDON

Doctors in the United Kingdom have for the first time been given guidance on their roles and responsibilities when treating children and young people.

The General Medical Council, which regulates doctors in the UK, developed the standards after a three month consultation with children and adolescents aged under 18 years, doctors, parents, organisations, and the general public. The GMC received more than 950 individual responses. Young people have also taken part in workshops around the UK and been involved in drafting the guidance.

Graeme Catto, president of the GMC, said, "This is the first time the GMC has set standards for doctors specifically about children and young people. Previously our advice has only referred to children and

young people where their position is different from that of adults; this document recognises that children are individuals with rights that should be respected."

He continued: "Young people told the GMC that doctors don't always listen to them or take them seriously. We hope our new guidance will remind doctors of their ongoing duty to make an effort to communicate effectively with all their patients, including those who are under 18.

"The principles outlined in the guidance will provide a useful framework for doctors when they are faced with difficult situations—for example, respecting the rights of a young person to confidential treatment whilst being aware of the need to inform others if there is any indication of serious harm."

The guidance says that the patient is the doctor's primary concern but that doctors must also consider young patients' parents and others close to them when they consult.

The booklet *0-18 Years: Guidance for All Doctors* has been sent to all doctors in the UK and is available at www.gmc-uk.org.



DOCTORS' RESPONSIBILITY TO CHILD PATIENTS: CASE HISTORY

Your patient is a 2 year old boy whose parents are divorced. He lives with his mother, who says she doesn't want the father to know about her medical care or that of her son. If the father asks to see his son's medical records, what should you do?

You should let those with parental responsibility have reasonable access to their children's records if the child or young person lacks capacity or he or she consents, and such access is not against their interests. Divorce does not affect parental responsibility, and you should usually allow both parents reasonable access.

Advice on avoiding peanuts in pregnancy should be withdrawn

Zosia Kmietowicz LONDON

Department of Health advice to pregnant women with a family history of atopic diseases to avoid eating peanuts and food that contains peanuts and not to give such food to their children until the age of 3 years is out of date and should be immediately withdrawn, says a report from the House of Lords.

The health department advice, which was first issued in 1998 and is repeated in government booklets given to pregnant women and new parents, is totally without evidence, the House of Lords Science and Technology Select Committee heard during its inquiry into allergy in the United Kingdom.

Avoiding food that contains peanuts in early life could in fact be helping to fuel the rise in peanut allergy seen in the UK, says the report. The prevalence of peanut allergy in England increased by 117% between 2001 and 2005, and an estimated 25 700 people are affected. But similar increases in prevalence have not been found in developing countries.

Gideon Lack, head of paediatric allergy at Evelina Children's Hospital in London, told the committee that a number of recent epidemiological studies had indicated that early peanut consumption in countries such as Israel was associated with a low incidence of peanut allergy in the population. These observations had led many academics to say that exposing a child's immune system to peanut allergen at an early age might result in tolerance.

Baroness Finlay of Llandaff, chairwoman of the committee, said, "We have serious doubts about the advice given to some pregnant women to avoid eating peanuts. A growing body of evidence suggests that in countries where peanuts form a major part of the diet of pregnant women and young children there is actually a lower incidence of peanut allergy in later life. The government should withdraw this advice with immediate effect."

The select committee's report, *Allergy*, can be seen at www.parliament.uk.



Media claim allocation of organs to Saudi patients was unfair

Annette Tuffs HEIDELBERG

The University Hospital of Kiel, in northern Germany, has been criticised for transplanting livers from cadavers to two Saudi patients, ahead of other, native German patients who had been on the waiting list longer.

The Saudi patients had been meant to receive a transplant from relatives, but they benefited from a recent change in the rules of Eurotransplant, the body that coordinates transplant allocation across seven European countries, propelling them to the top of the waiting list, even though they had only recently arrived in Germany and had a donor relative lined up.

Under the rule change, patients are given scores as to the urgency of their case that are based solely on laboratory blood test results (creatinine and bilirubin concentrations and prothrombin time). The score is given higher priority than the length of time the patient

Under the new rule patients are given scores on the basis of blood values

has been waiting for a transplant. The system, known as the model for end stage liver disease (MELD), is used in

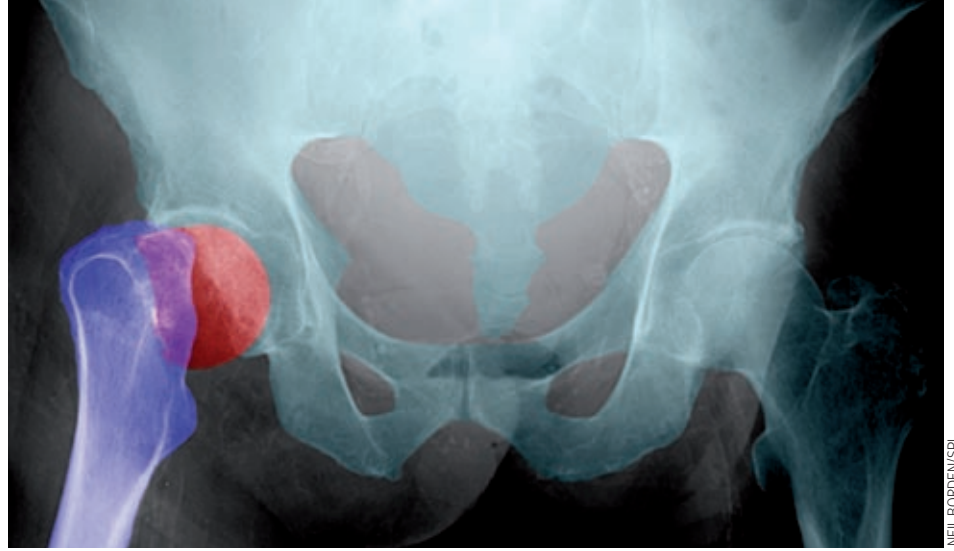
the United States by the United Network for Organ Sharing.

Eurotransplant, which coordinates transplantations in Germany, Austria, Belgium, Netherlands, Luxembourg, Slovenia, and Croatia, also does not distinguish between patients who are long term residents of its member countries and patients who have recently arrived. It has a rule that no more than 5% of organs should go to non-residents but has no means to enforce it.

Criticism of the Kiel hospital began in August, when the television programme *Monitor* reported that the Saudi patients had been given preference over German patients in return for substantial payments.

The hospital confirmed that two Saudi patients had received cadaver organs in 2007, although they were originally supposed to receive transplants from living relatives who had accompanied them to the hospital.

Bernd Kremer, the hospital's medical director, said, "According to German law we have to put all patients, including ones expecting organs from a living donor, on a waiting list for a cadaver organ, regardless of whether they are German or come from abroad."



UK hip fracture audit is launched to improve care and to cut costs

Susan Mayor LONDON

A new UK-wide audit has been launched to improve the care of patients with hip fracture. The audit aims to help reduce the currently low and variable rates of investigation and treatment of osteoporosis in elderly people who are admitted to hospital with fragility fractures.

The audit system, called the national hip fracture database, will gather data submitted voluntarily by hospitals around the United Kingdom. Its design is based on an audit of myocardial infarction care, the myocardial infarction national audit project (MINAP), which has had a major role in improving the management of heart attack.

The hip fracture database will audit hospi-

tals against six standards proposed in a guide to best practice, *The Blue Book on the Care of Patients with Fragility Fractures*, published last week by the British Orthopaedic Association and the British Geriatrics Society. The standards include admitting all patients with hip fracture to an acute orthopaedic ward within four hours of presentation and performing surgery within 48 hours of admission on all patients who are medically fit.

To prevent hip fractures, one of the audit standards is the assessment of all patients presenting with fragility fracture to determine their need for antiresorptive treatment to prevent future osteoporotic fractures.

The report warns that 75 000 hip fractures occur each year in the UK, costing the NHS

UK considers moving to new system to

Clare Dyer BMJ

The UK government is considering moving to a system where people will be presumed to have consented to the use of their organs for transplantation unless they have opted out.

The health secretary, Alan Johnson, has asked the organ donation task force to look at the ramifications of moving from the present "opt-in" system, in which organs can be used only if people have given their prior

consent, to the sort of opt-out regime currently operating in some other countries, including Sweden and Austria.

The task force, set up in 2006 to look at barriers to organ donation, will examine the legal, ethical, practical, and medical issues, including whether the family of somebody who has died should be given the final say on organ donation. At present the family's consent is required unless the potential donor has

signed up to the organ donor register or otherwise expressed a wish to donate organs.

Mr Johnson said, "We know that around 8000 people in the United Kingdom need an organ transplant, but only 3000 transplantations are carried out each year. With more than 400 people dying every year waiting for a new kidney, heart, lung, or liver, we need to do everything possible to increase organ donation."

Enter the circle, invites Seamus Heaney

Lynn Eaton LONDON

The Scottish sculptor David Annand stands with his statue the *Listening Lady*, which sits in a circular frame and acts as a resting place for patients and visitors at the Marie Curie Cancer Care Hospice in Belfast.

The seat is inscribed with the lines:
*Still yourself, take time, be at rest.
 Enter the circle, unalone, a guest.*

The lines were written specifically for the project by local poet and Nobel prize winner Seamus Heaney. The 40 year old hospice has just been redeveloped in a two year project funded by the National Lottery through the Arts Council of Northern Ireland. It has doubled the size of the hospice, which now includes an outpatient and day therapy area as well as a modern inpatient unit offering 17 new, fully serviced rooms.



MARIE CURIE CANCER CARE

about £1.4bn (€2bn; \$2.8bn). Given the UK's ageing population, the number of hip fractures is predicted to double by 2050.

Half to two thirds of patients who present with a hip fracture have had a previous fracture, the report notes, which could and should have served as a warning that patients were at risk of further fractures. "Preventive treatment is available but most patients miss out," it says.

The report and audit have been introduced after a recent UK audit showed that less than 5% of women with a history of fracture underwent a dual energy x ray absorptiometry (DXA) scan for bone density and less than 10% were treated with drugs to reduce the risk of further fractures. Also, care of patients with fracture varied greatly across hospitals.

Colin Currie, a consultant orthogeriatrician in NHS Lothian and senior lecturer in geriatric medicine at the University of Edinburgh, warned: "The current organisation of services for older patients with fractures is poor, with little recognition of osteoporosis as an essentially chronic condition, with flare ups when fractures occur.

The Blue Book on the Care of Patients with Fragility Fractures is available at www.boa.ac.uk.

Better access to drugs could save 10 million lives a year, says UN expert

John Zarocostas GENEVA

Better access to drugs, especially in poor countries, could save 10 million lives each year, four million of them in Africa and South East Asia, an independent UN expert said as he unveiled a set of draft guidelines for pharmaceutical companies on access to drugs.

The 50 draft provisions drew a mixed response from interested parties. They were welcomed by groups that advocate for access to affordable drugs but were strongly criticised by the industry.

Announcing the guidelines, Paul Hunt, the United Nations' special rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, said, "Almost two billion people lack access to essential medicines. Improving access to existing medicines could save 10 million lives each year.

Professor Hunt, who is professor at the department of law and the human rights cen-

tre at Essex University, continued: "Access to medicines is characterised by profound global inequity, as 15% of the world's population consumes over 90% of the world's pharmaceuticals."

The 12 pages of recommendations, which are available for public comment until the end of 2007, are likely to be finalised next year, he said. They were drafted "to help pharmaceutical companies enhance their contribution to these vital human rights issues" and "to assist those who wish to monitor the human rights performance of the pharmaceutical sector in relation to access to medicines."

Professor Hunt said, "It is time to identify what pharmaceutical companies should do to help realise the human right to medicine. How can we expect pharmaceutical companies to respect human rights if we fail to explain what they are to do?"

The draft guidelines are at www2.essex.ac.uk/human_rights_centre/rth/.

increase organ donation

"I want to see organ donation and transplant rates start to rise and match the rates seen in some other European countries, enabling us to save many more lives. This is a sensitive issue, but it is vital that all possible options for increasing the number of organs available for transplant are explored."

A recent survey by Ipsos MORI for the Human Tissue Authority found that although 68% of respondents said they were likely or certain

to donate their body, organs, or tissue, only 5% had taken the necessary steps to do so (*BMJ* 2007;335:533, 15 Sep).

The organ donation task force has a remit covering the whole of the UK. Last year, when legislation on organ donation was going through the Scottish parliament, members rejected a move to require people to opt out of becoming donors.

Vivienne Nathanson, the BMA's head of ethics and



MEHAU KULIK/SPL

Only one in 20 take steps to donate organs

science, said the association favoured a system of presumed consent, but with safeguards. "Before any changes go ahead, however, it is essential that a public information campaign is launched so that people are completely aware of the choices they can make."

The Liberal Democrats' science spokesman, Evan Harris, said he would re-table an amendment introducing an opt-out scheme when the Human Tissue and Embryo Bill comes before parliament next year.

IN BRIEF

US Congress reauthorises FDA for five years: President Bush is expected to sign a bill that raises by 25% the fees paid by drug companies for the Food and Drug Administration to review new drugs. It also sets up a computerised surveillance system for adverse events that uses data from pharmacies and insurance companies. The bill gives the FDA the power to make companies conduct trials of drugs that are already approved. (See *BMJ* 2007;335:471.)

HIV vaccine trial is ended: Merck has halted trials of its HIV vaccine, generally considered one of the most promising candidates. Company officials said that the adenovirus vaccine had conspicuously failed to prevent infection in a study of 3000 high risk volunteers in North and South America, the Caribbean, and Australia.

Racial disparity in infant mortality widens in the US: Disparity in mortality between black and white infants in the United States has widened (*American Journal of Obstetrics and Gynecology* doi: 10.1016/j.ajog.2007.06.006). The study, which looked at data from 1985-8 and 1995-2000, showed that white infants born before term had greater gains in survival over time than black infants. Each year in the US about 3300 more black infants die than would be expected.

Campaigning doctors suffer arrest and death: Doctors were among trade unionists who were killed, beaten, arrested, or dismissed last year for their involvement in activity to defend labour rights, says a global survey by the International Trade Union Confederation. This included the murder in Iraq of a health union campaigner and the injury by police of 22 striking doctors in Nicaragua. (See www.ituc-csi.org.)

Czech doctors strike over pay: GPs in the Czech Republic staged their third strike action this year over low pay, by closing surgeries for one day last week. GPs receive 36 koruny (£0.91; €1.30; \$1.80) monthly for each registered patient, and just 4.5% of the total healthcare budget is allocated to GPs.

Tackle health inequality as first step to "personal NHS": Any attempts to create a personalised health service should start by identifying the millions of people who are not accessing the services they need, says a report from the NHS Confederation, *In Sickness and in Health* (see www.nhsconfed.org).

Doctors should speak out on climate change, expert says

Bob Roehr CHICAGO

Doctors and health workers have a duty to draw attention to climate change and try to change people's behaviour to avert disaster, an expert on the issue told a conference in Chicago last week.

Anthony McMichael, director of the National Centre of Epidemiology and Population Health at the Australian National University, Canberra, said that doctors had a particular responsibility because they had influence and because the health sector would have to deal with some of the worst effects of climate change.

Addressing the annual interscience conference on antimicrobial agents and chemotherapy in Chicago, Dr McMichael acknowledged that 5-10 years ago the topic would not have been on the agenda, "but the evidence is accruing rather more rapidly than we would have anticipated."

Speaking to the *BMJ* he said that the medical profession was still held in high regard and had influence. He pointed to its leadership on the nuclear disarmament debate decades ago as an example of what could be done with that influence. "Planet [climate] change and its consequences to human health now loom probably orders of magnitude larger than the nuclear debate."

The health sector needs to understand that it will have to bear many of the repercussions

of global climate change. "We've got work to do to try to head off aggressive risks before adverse health occurs," he said.

He added, "We've got to get more imaginative about working with other sectors, other arms of government, making the argument that every ministry is a health ministry."

"The health sector has been much too separatist in the past. It has been thinking that all it has got to do is run a healthcare system and traditional public health. Climate change is telling us that no, that's not good enough. We're going to have to be more imaginative, more collaborative, and be prepared to look to a more distant future as well as deal with the problems that press on us in the here and now."

Giving the keynote speech to the conference, he reviewed projected patterns of how temperature and rainfall are likely to change throughout the world and how such change might directly affect the prevalence of human infectious diseases. There are likely to be indirect effects as well, he said, with shifting patterns of diseases that affect plants and livestock.

One example he cited was the fluctuation of what is called the El Niño or La Niña effect of warmer or cooler ocean currents, which in turn affects rainfall in Pacific rim countries. Rainfall has a major effect on the mosquito population and the incidence of dengue fever. Another example of the effect of climate on the incidence of diseases was apparent in China. "Over the last few decades the critical freezing zone that sets the limit on snails that are the intermediate host of schistosomiasis has been drifting northwards, and there has been a report of increased incidence of disease." The change could put an additional 21 million people at risk of the disease, Dr McMichael said.

In some areas certain diseases would decline. Modelling indicated that malaria would become less prevalent in east Africa as the region became more arid and less hospitable to mosquitoes. But although it was good that malaria would decline, the aridity would mean it was also less hospitable to humans.

Most examples of the effects of climate change on health came from the developing world, Dr McMichael said.

"The health sector has been much too separatist in the past"



NATIONAL CANCER INSTITUTE/SPL

Larger parts of China are now warm enough for the snail that spreads the schistosomiasis parasite



Democratic presidential candidate Hillary Clinton speaks in a debate in Davenport, Iowa

Hillary Clinton unveils plan for healthcare reform at a cost of \$111bn

Fred Charatan FLORIDA

Hillary Clinton, nominee for the Democratic party's presidential candidate and New York senator, last week announced her plan to reform health care. She would require insurers to provide coverage for anyone who applied and would bar companies from charging people who have greater health-care costs more for their premiums.

Speaking to the annual convention of the American Association of Retired Persons, in Boston, she said, "Health care should not be a privilege for a few, but a right for every single person. There are 47 million uninsured in this country, and covering them is a moral imperative."

Mrs Clinton told a story about a constituent who came to her after her son was diagnosed as having leukaemia. The insurance company had agreed to pay for a stem cell transplant but refused to pay for the search to find a suitable donor. But after Mrs Clinton took up the cause the insurer complied.

"It should not take a US senator for a parent to get the health care [that] their son or daughter needs," she said.

If elected, she vowed to accomplish her goal in her first term. The estimated cost would be \$111bn (£55bn; €80bn). She has replaced the complexities of her last effort 14 years ago in favour of simplicity, cost control, and individual consumer choice.

Bush vetoes increase in children's health insurance in US

Janice Hopkins Tanne NEW YORK

The US president, George Bush, opened his press conference last week by announcing that he would veto bills that would renew and expand the US state children's health insurance programme (SCHIP). The programme was passed earlier this year by the House of Representatives and the Senate, with wide support from Democrats and Republicans. The federal programme, which has been going for 10 years, was to expire on 30 September.

The House and the Senate passed different bills. As usual, they reached a compromise bill last weekend, on which they were expected to vote on Tuesday and Thursday.

A presidential veto can be over-ridden by a two thirds vote in both House and Senate, but it is not clear whether there are enough votes in the House to over-ride the veto.

Several health policy experts told the *BMJ* that Bush's veto and confrontation with Congress were part of a negotiating strategy in which Congress would come back with changed regulations, and Mr Bush might agree to a modified programme.

The American Public Health Association urged Mr Bush to sign the bill and said that "the reasons the president gives for his intended veto are unfounded." Many newspaper editorials supported expansion of the programme.

In Congress, the children's health insurance bill has bipartisan support.

Healthcare giant advertises to children in Australia's classrooms

Ray Moynihan BYRON BAY, AUSTRALIA

The multinational drug and medical device manufacturer Johnson & Johnson has been advertising its products in a resource book used by children in Australian classrooms.

The book, *BodyWhys*, is sponsored by Johnson & Johnson and contains several advertisements for Johnson & Johnson products, including tampons, sanitary pads, toothbrushes, and pimple cream.

Along with the advertisements,

BodyWhys, which was recently distributed to 10 year old children in a state school in Sydney's wealthy eastern suburbs, contains text about personal development.

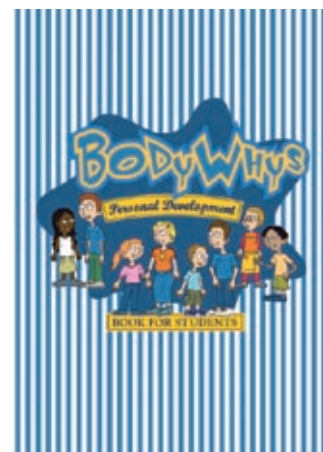
Johnson & Johnson says it has been sending copies of the book to schools on request for several years. This year more than 130 private and public schools across Australia have received copies.

In a section about skin care the book suggests that "you should try a preparation for your face that has been

specially formulated for teenage skin, for example, Clean & Clear," a Johnson & Johnson product. Similarly, the sections on teeth and gums include advertisements for Johnson & Johnson toothbrushes and dental floss.

A spokesperson for Johnson & Johnson Pacific said the *BodyWhys* book was made available to schools "to address the need for education and product information."

Miranda Burne provided research assistance.



The book has gone to 130 schools