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bmj.com EU proposals could mean inactive time spent on call is excluded from 48 hour week

NHS reforms have produced “only limited benefits so far”

Zosia Kmietowicz LONDON

The government’s ambitious programme of reform for the NHS has delivered only limited benefits for patients, says a report from two healthcare watchdogs.

Unless GPs are given the support to take forward commissioning in the community “the reform programme will not provide the necessary balance of power between primary and secondary care” to succeed, says the report from the Healthcare Commission and the Audit Commission.

In 2000 the then prime minister, Tony Blair, announced a range of sweeping reforms in the NHS plan for England to deliver a more devolved health service with improved services for patients (*BMJ* 2000;321:317). The reforms were accompanied by the largest ever investment in the NHS, with spending for England doubling from £43.7bn (€55bn; \$86bn) in 2000-1 to £90.7bn in 2007-8.

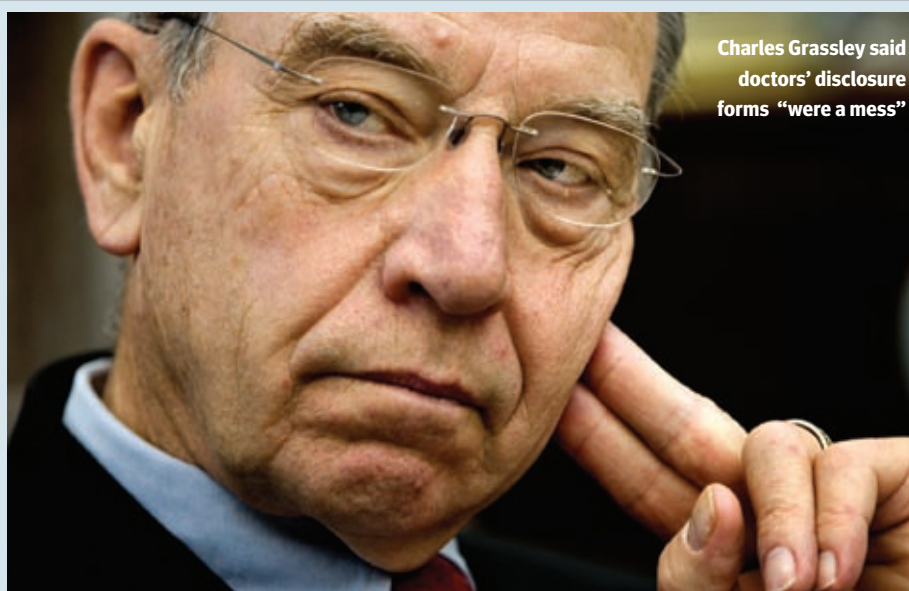
The report, which is based on work carried out between May and November 2007, examines the impact on improving care for patients of foundation trusts, the system of payment by results, practice based commissioning, the choice agenda, and new workforce contracts for hospital and community staff.

It says that several factors have hampered implementation of the reforms. These include two structural reorganisations in the NHS, underdeveloped commissioning capacity, and a lack of support to implement and monitor the reforms.

In addition, many people involved in implementing the reforms did not fully understand the aims of the reform programme, how the individual elements contributed, and how they could best be made to work.

Some positive effects were evident although these were limited, says the report. Competition is improving services in some areas and payment by results and foundation trust status has led to better financial management.

The report, *Is the Treatment Working? Progress with the NHS System Reform Programme*, is at www.audit-commission.gov.uk.



Review is set up after doctors fail to disclose industry funding

Jeanne Lenzer NEW YORK

Findings that a leading Harvard professor of psychiatry failed to report substantial payments that he received from drug companies has caused Harvard Medical School, one of its affiliated hospitals, and the US National Institutes of Health (NIH) to come under fire.

An investigation by the US senator Charles Grassley showed that the psychiatrist, Joseph Biederman, and two of his colleagues, Thomas Spencer and Timothy Wilens, had altogether received more than \$4.2m (£2.1m; €2.7m) from drug companies since 2000.

The financial disclosure forms filed by the three doctors, according to Mr Grassley, “were a mess” and made it seem that they had received only “a couple of hundred thousand dollars” in the past seven years.

Mr Grassley said that the

failure of the researchers to report their full income could place Harvard and Massachusetts General Hospital “in jeopardy of violating NIH regulations on conflicts of interest.” Such violations could also jeopardise funding from the institutes to these institutions.

Officials at Harvard Medical School issued a statement in response to Mr Grassley’s charges stating, “The conflict of interest policies of Harvard Medical School are rigorous and comprehensive and set some of the highest standards among medical colleges.” The school officials added, “We take this issue seriously,” and that the school will “participate in a university-wide review of its conflict of interest policies” and “conduct in-depth interviews with randomly selected faculty members to review their

disclosure forms.”

Mr Grassley pointed the finger at other high profile researchers who concealed or failed to report financial conflicts of interest while receiving funding from the National Institutes of Health. In a letter to the institutes’ director, Elias Zerhouni, dated 4 June, Mr Grassley wrote, “I have become increasingly concerned about the lack of oversight regarding conflicts of interest relating to the almost \$24bn in annual extramural funds that are distributed by the NIH.”

Mr Grassley asked Dr Zerhouni to “explain what actions the NIH has or will initiate to provide better oversight and transparency for its extramural funding programme.”

Professor Biederman is a leading proponent of the diagnosis of paediatric bipolar disorder.

IN BRIEF

Europe promotes use of 112 as emergency number:

The European Commission has launched a website to improve public awareness and use of 112 as the single medical, police, and fire emergency telephone number throughout Europe. The website includes a report detailing levels of 112 use in the European Union, including the ability of operators to speak foreign languages for tourists in distress. UK 112 operators answered 98% of calls within 20 seconds. See www.ec.europa.eu/112.

Rupture of earthquake lakes poses health risk:

Although measures to prevent epidemics of disease in the area affected by the Sichuan earthquake on 12 May seem to have been successful so far, the possible rupture of lakes by the quake still presents a public health threat, says the official news agency, Xinhua. The current death toll from the quake stands at 69 130, and 374 031 people were injured. See http://news.xinhuanet.com/english/2008-06/09/content_8334962.htm.

Bird flu detected in Hong Kong chickens:

H5N1 bird flu has been detected in poultry in a Hong Kong market, leading to a cull of 2700 birds. Another case would lead to a cull of chickens in the retail market. The Hong Kong Department of Health and the Hospital Authority have increased prevention work. See www.news.gov.hk/en/category/healthandcommunity/080607/html/080607en05003.htm.

Scotland's life expectancy lowest in UK:

Figures from the Office for National Statistics show that Scotland has the highest health spending in the UK and the poorest life expectancy. Health and social care spending per head in Scotland was £2313 (€2918; \$4543) in 2006-7, compared with £1915 in England (the lowest). Life expectancy at birth in Scotland was 74.6 years for men and 79.6 years for women, compared with 77.2 years for men and 81.5 years for women in England.

Carers receive extra £150m:

The Department of Health has announced an extra £150m (€190m; \$290m) for Britain's carers to double the amount of respite time available over two years. The announcement is part of a 10 year drive to improve the lives of Britain's six million carers.



Money will go to programmes for disadvantaged communities in places such as Bradford (above)

Government pledges extra £34m to tackle health inequalities in England

Deborah Cohen *BMJ*

Inequalities in health persist and, in some cases, have widened, a government report launched this week has said. This is despite record spending in the NHS in England, which will further increase from just over £90bn (€113, \$176) in 2007-8 to £100bn in 2010-11.

The report sets out the government's plans to tackle health inequalities and help the most deprived communities. The report renewed the government's pledge to reduce inequalities in health outcomes by 10% as measured by infant mortality and life expectancy at birth by 2010.

Speaking at the launch health secretary, Alan Johnson, said the government's strategy for tackling health inequality "involves action on three fronts"—acting on the wider social determinants of health, promoting healthy lifestyles, and improving access to services.

He also pledged an extra £34m for the coming year to fund programmes that improve life expectancy, reduce infant mortality, and those that work with disadvantaged communities.

Although life expectancy has improved overall, the gap in life expectancy has risen for women in some places, and the government plans to open up 112 more GP surgeries in these areas.

"People in poorer areas, with lower life expectancy, have always had the least access to primary care. Cambridgeshire has more than twice as many doctors as Manchester, and men in Cambridgeshire will live six years longer," Johnson said.

"Life chances are determined in the early years," Mr Johnson said. The report outlined plans to increase support for families facing multiple problems, expand access to early years' education, improve access to maternity care for vulnerable young women, and provide more support and promotion of breast feeding. The government will also do more to improve support of people with mental health conditions.

Health inequalities: progress and next steps is at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085307

UK health secretary accuses BMA of distorting government proposals for polyclinics

Deborah Cohen *BMJ*

Alan Johnson this week attacked the BMA for its "ludicrous misrepresentation" of UK government proposals for polyclinics, in a speech at the launch of a government report about health inequalities.

At the event, organised by the Institute for Public Policy Research, he described the opposition by the BMA and the Conservative party to the government plans as "a faint echo of their infamous double act 60 years ago, when

they opposed the creation of the NHS itself."

The speech followed a week of growing tension between the Department of Health and the BMA about polyclinics, including an article in the *Observer* newspaper by Alan Johnson accusing the BMA of speaking in "lurid and inaccurate terms" (8 June, p 19).

Mr Johnson said that he didn't want to "pick a fight with the BMA" but accused it of putting its own interests first. "Those who oppose longer opening hours and additional

Health board is found guilty of maladministration by ombudsman for not providing free care

Roger Dobson ABERGAVENNY

A health board has been found guilty of maladministration after it decided that an elderly woman with a history of Parkinson's disease who had had two strokes, was partially sighted, had insulin dependent diabetes, high blood pressure, and thyroid abnormalities, was not eligible for NHS funded continuing care in a residential home.

The public services ombudsman for Wales, Peter Tyndall, described the decision by Cardiff Local Health Board as seriously flawed.

"The board's own assessment has recognised that she needs registered nursing care to meet a variety of circumstances and this is described in the multidisciplinary team assessment as unpredictable, unstable, complex, and presenting risk of harm," he says.

"On the face of it, its approach to the decision not to award NHS funded continuing care appears to have been seriously flawed."

Lawyers acting for the brother in law of the 73 year old woman in the Cardiff case, whose house was sold to pay private nursing home fees, say it is one of 650 similar cases that they are pursuing.

They say that so far they have already recovered more than £3m (€3.7m; \$5.9m) from the NHS in respect of money spent on nursing home fees for private care after decisions were wrongly made that people were not eligible for NHS funded care.

The woman in the Cardiff case became resident in a nursing home in 2005 and nine months later the board was asked to undertake a multidisciplinary assessment of her entitlement to NHS funded care both at the time and when she had been transferred to the home.

Eligibility for continuing NHS funded care in a residential home is based on whether the health needs of an individual are more than ancillary to the provision of accommodation, and are beyond that which a local authority could be expected to provide.

The board decided that the woman's needs were not of a nature that required regular input by one or more member of an NHS multidisciplinary team. The decision was upheld by the board's independent continuing care panel.

But lawyers argued that she was eligible for continuing health care because her nursing care needs could not be described as ancillary or incidental to the provision of accommodation.

"An individual who required constant monitoring, supervision and had a 24 hour nursing need, which is continuous and intense, clearly has a health care need and

should be eligible for continuing health care," lawyers told the ombudsman.

The ombudsman said that the board had not taken the right approach when assessing her needs. "The board has appeared to have used the interventions required to provide her with her health needs in order to determine eligibility instead of focusing on the whole of her health needs," he said. "I have concluded that the processes followed by the board and panel were maladministration."

Solicitor Lisa Morgan, of the firm Hugh James, who represented the family, said: "The basis of the board's decision was that even though she needed total 24 hour care, her needs were well managed in a nursing home. That is a flawed decision because you must look at the needs of the individual not who is providing the care."



Eligibility for NHS care depends on whether someone's health needs are more than ancillary to the provision of accommodation and go beyond what a local authority could be expected to provide.

investment in primary care reveal with alarming clarity their willingness to defend the narrow vested interest of the more reactionary elements of the profession at the expense of better services for patients and, in particular, better services for patients living in poorer areas."

Outlining the plans he said that the £250m (€310m; \$490m) to be invested would go to providing 112 new general practices open from 8 am until 8 pm in parts of England with the fewest doctors.

"This will not lead to the closure of existing GPs' practices; neither will we herd GPs into



Health secretary Alan Johnson

supersurgeries," Mr Johnson said. "GP led health centres are funded by additional investment and will provide greater capacity, particularly in areas where there are insufficient primary care facilities."

But Keith Brent, deputy chairman of the BMA's consultants committee, questioned the role of polyclinics in reducing inequalities in health. Polyclinics would actually increase them, he said, because people would have further to travel to reach the services. By increasing general practices' opening hours the government is actually targeting wealthier working

people—key voters—rather than the socially disenfranchised, he argued.

Mr Johnson also said that he disagreed with the BMA's view that GPs should be paid more money to work in deprived areas, saying that Brazilian doctors don't get paid more to work in the favelas.

The *Guardian* columnist Polly Toynbee said that the BMA was "behaving disgracefully" and "embarrasses good GPs." She said that she couldn't understand why the BMA had chosen to campaign on this particular matter because the new health centres would be led by GPs, and people would have their own GPs.

Too few joint patients get clot busting drugs after discharge

David Spurgeon QUEBEC

Fewer than one in five elderly patients received anticoagulants after discharge from hospital after undergoing hip or knee replacement, a study has shown (*CMAJ* 2008;178:1545-54). Such patients are at high risk of developing venous thromboembolism.

Patients who were prescribed these drugs had a lower risk of short term mortality, but the benefits of and barriers to thromboprophylaxis after discharge in this population need further study, say the researchers.

The authors of a related commentary say that the study highlights the need for greater awareness of the importance of evidence based prophylaxis in high risk surgical populations. But they note that the paper contains several limitations that reduce its impact and say that strategies are needed, such as standardised care plans, to ensure that appropriate care continues after discharge from hospital (*CMAJ* 2008;178:1571-2).

This retrospective cohort study used summary records of hospital discharges, doctors' billing information, reimbursement claims for drugs, and demographic records for 10 744 patients aged 65 years and older in Quebec, of whom 7058 received a hip replacement and 3686 a knee replacement. The mean age was 75.4

years, with standard deviation 6.8 years, and 38% were men. In total 2059 (19%) patients received thromboprophylaxis at discharge.

Patients discharged from university teaching hospitals were less likely than patients discharged from community hospitals to receive thromboprophylaxis after discharge (odds ratio 0.89, 95% confidence interval 0.80 to 1.00).

Patients were less likely to receive thromboprophylaxis after discharge if they had had a hospital stay of 15-30 days compared with 1-7 days (odds ratio 0.69, 95% confidence interval 0.59 to 0.81). They were more likely to receive anticoagulants if they had had hip rather than knee replacement, osteoarthritis, heart failure, atrial fibrillation, or hypertension and if they were richer or had been treated at medium volume hospitals (69-116 hip and knee replacements a year).

In total 223 patients (2%) died in the three months after discharge. The risk of short term mortality was lower among those who received thromboprophylaxis after discharge (hazard ratio 0.34, 0.20 to 0.57).

Guidelines based on experts' consensus recommend that patients receive thromboprophylaxis for at least 10 days after knee replacement surgery and for 10-35 days after hip replacement surgery.



Antithrombus drugs used too sparingly

Coinfection of tuberculosis and HIV poses global threat

Peter Moszynski LONDON

The interaction between the twin pandemics of HIV and tuberculosis could soon become a "threat to global health security," particularly with the emergence of almost untreatable strains of tuberculosis, said experts at this week's HIV and tuberculosis global leaders' forum at the United Nations.

"Today, tuberculosis is one of the top 10 leading causes of death globally, causing more than 4000 deaths every day," the UN secretary general, Ban Ki-moon, told the meeting. "This is shocking: no one should die of tuberculosis, a preventable and curable disease, in this prosperous and technology rich 21st century."

"Despite the fact that HIV and tuberculosis frequently occur in the same person, we continue to deal with the two diseases separately," Mr Ban said. "Fewer than one third of all people living with HIV and tuberculosis worldwide received appropriate treatment for both diseases in 2007."

He called for "more collaboration between sectors, better coordination between actors, greater investment in tuberculosis research and control, and strengthened health systems" to tackle the problem.

Tuberculosis accounts for an estimated 250 000 deaths a year among people with HIV and is the primary cause of death among people with HIV in Africa. Because HIV weakens the immune system, people with the virus are up to 50 times more likely

Drop in breast cancer cases in Australia follows fall in use

Melissa Sweet SYDNEY

A sudden fall in the use of hormone replacement therapy (HRT) in Australia has been associated with a drop in the incidence of breast cancer among older women, a study has shown (*Medical Journal of Australia* 2008;188:641-4).

A 40% decline in HRT prescribing between 2001 and 2003 was associated with a 6.7% fall in the incidence of breast cancer standardised for age in women aged 50 and older.

Women younger than 50 showed no significant change in incidence of

breast cancer, the researchers found.

The fall in sales of HRT followed negative publicity arising from the women's health initiative study, published in 2002 (*JAMA* 2002;288:321-33).

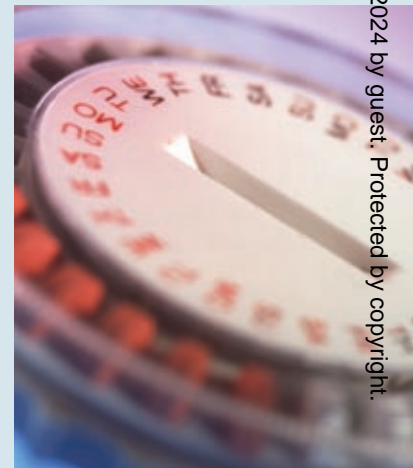
The authors of the new study, from the Cancer Council New South Wales, the Australian National University, and the University of Oxford, noted that the study did not prove a causal connection.

However, they were unable to find any evidence of other plausible explanations for the fall in breast cancer incidence in women over 50.

They cite suggestions that increased use of drugs, such as tamoxifen and raloxifene had caused the reduction, but say that prescribing data do not back this theory.

Changes in rates of screening for breast cancer (from 51.4% in 1996-7 to 56.9% in 2000-1, and 56.1% in 2002-3) are also unlikely to have accounted for the reduction.

The researchers conclude that although other unmeasured factors may also be contributing, it seemed that "much of the decrease in breast cancer incidence in older women in Australia since 2001 is due to the



SPL

SHEILA TERRY/SPL

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REUTERS/STR NEW

Patients with HIV need special treatment if they contract TB

to develop tuberculosis than people who are HIV negative. Without proper treatment with tuberculosis drugs, most people with HIV die within two to three months of becoming sick with tuberculosis.

The meeting heard that the “outdated” drugs, diagnostics, and vaccines available are not appropriate for people with HIV and tuberculosis coinfection and so new tools are needed that work in the presence of both diseases.

Kevin Decock, director of the World Health Organization’s HIV department, told the *BMJ* that the coinfection increasingly poses a threat to the HIV negative population as well, particularly as resistant and extensively resistant strains of tuberculosis become more widespread.

Dr Decock warned that the people most at risk were health workers, followed by inter-

national travellers, but the general population could also be exposed to resistant strains if they became more common. In parts of the former Soviet Union one in five patients with tuberculosis in the general population has a resistant strain.

He said that if multidrug resistant tuberculosis merged with the HIV pandemic “the consequences could be disastrous.” He was concerned that this could lead to a shift in the treatment of HIV patients: “It’s one thing asking health workers to care for patients when the only danger is direct exposure to blood but quite another thing if they risk developing a potentially incurable disease that is infectious simply through inhalation.”

See “International conference calls for better prevention to contain spread of AIDS” on bmj.com, doi: 10.1136/bmj.39608.490440.DB.

Deaths from malaria in children fall sharply in 10 countries

Rory Watson BRUSSELS

Latest figures from the Global Fund to Fight AIDS, Tuberculosis, and Malaria show that considerable advances are being made in tackling all three diseases.

Released this week to coincide with the United Nations’ general assembly high level meeting on HIV/AIDS in New York, the figures show that the fund has delivered 59 million bed nets impregnated with insecticide to families at risk of catching malaria, almost double the number that were issued a year ago.

Michel Kazatchkine, the fund’s executive director, said there was now clear evidence that mortality rates from the disease among children younger than 5 years of age had fallen sharply in 10 sub-Saharan countries, and, in Zanzibar, malaria had been almost eradicated as a public health problem.

The fund also announced that 1.75 million people with HIV were benefiting from antiretroviral treatment through programmes supported by the fund—a 59% rise on figures a year ago. Currently three out of every five people worldwide receiving antiretrovirals do so through projects enjoying global fund donations.

Similar progress has been made over the past year in combating tuberculosis, the main cause of death among people infected with HIV. Finance from the fund provides more than 3.9 million people with tuberculosis drugs—a 40% rise on last year.

However, Dr Kazatchkine warned that more remained to be done if the global health targets set by countries are to be met.

“We are half way to 2015, which is the year the United Nations has set to reach the millennium development goals. We are far behind the targets in reducing mortality from AIDS, tuberculosis, and malaria. But the results coming in over the past years give hope that we can still catch up and reach them if we continue to scale up investments,” he said.

The Geneva based Global Fund, a public-private partnership, which started financing grants five years ago, now provides some 20% of all international resources to fight AIDS. Its contribution is even higher in tackling tuberculosis (66%) and malaria (75%).



of hormone replacement therapy

HRT use is declining

rapid fall in HRT use.”

The decline was equivalent to 600 fewer breast cancers being diagnosed in 2003 among women aged 50 and older compared with 2001, relative to about 9000 breast cancers occurring annually in this age group.

The researchers note that similar associations between reductions in use of HRT and rates of breast cancer in older women have been documented in the United States and New Zealand.

The increased risk of breast cancer associated with HRT was greatest for current users and fell quickly after

cessation of use, the researchers say.

Meanwhile, the International Menopause Society (IMS) has been engaged in a campaign to promote the use of HRT.

The society recently attracted international publicity for a review of the literature that arose from a meeting of specialists, a “global summit” on menopause. The meeting was funded by Wyeth, Bayer Schering Pharma, and Novo Nordisk Femcare.

It said that each menopause society should deliver a simple and clear message “stressing the benefits of HRT and relieving fears.”

Agencies denounce move by Zimbabwe to ban aid workers

Peter Moszynski LONDON

Zimbabwe's decision to suspend aid agencies from operating in rural areas, accusing them of political bias and interference, has caused international outrage and concerns that it may cause a nutritional disaster.

John Holmes, the United Nations under-secretary general for humanitarian affairs, said, "This is a deplorable decision that comes at a critical humanitarian juncture for the people of Zimbabwe."

"Much of the UN's own humanitarian aid in Zimbabwe, as elsewhere, is programmed through non-governmental organisations (NGOs). If voluntary organisations and NGOs are not able to work, humanitarian aid for at least two million of the most poor and vulnerable of Zimbabwe's people, particularly children, will be severely restricted."

He maintained, "The organisations concerned are engaged in vital humanitarian work fully respecting the principles of impartiality and neutrality, which are fun-



The ban on aid workers will have "catastrophic implications," according to Save the Children

damental to all they and we do. They need unrestricted access, and guarantees for their safety and security."

Unicef's spokesman Patrick McCormick told the *BMJ* that it wasn't just charities that were affected because even UN agencies were currently not allowed to operate in the rural areas: "UN operations haven't been officially

suspended, but these are basically no go areas till after elections. There is already a critical situation for hundreds of thousands of children we cannot reach now. Every day people can't do their jobs will have an impact."

Specialist Doctors of Zimbabwe, a grouping of medical associations, said last week that widespread violence and intimidation

Obstetricians seek recognition for Chinese doctors

Rebecca Coombes LONDON

Chinese, Australian, and UK obstetricians have organised the translation of a pioneering research paper on abortion by vacuum aspiration, in an attempt to get recognition for its authors 50 years after it was first published.

The research ultimately led to the technique becoming the world's commonest and safest obstetric procedure. As a result it has probably been responsible for saving thousands of women's lives.

The first English translation of the classic paper is published online this week in the news section on *bmj.com*, in the hope of gaining recognition for the researchers, two Shanghai obstetricians called Yuntai Wu and Xianzhen Wu.

"There can be few, if any, surgical procedures that have alleviated more human suffering, morbidity, and mortality than vacuum aspiration abortion," said Roger Short, who, with Chinese colleagues, translated the 1958 paper, originally published in the *Chinese Journal of Obstetrics and Gynaecology*.

Although there is some dispute over whether Drs Wu and Wu were the first to come up with vacuum aspiration abortion,

there is no doubt that their paper brought the technique to the world's attention.

David Paintin, emeritus professor in obstetrics and gynaecology at St Mary's Hospital, London, and former chairman of the Birth Control Trust, said that the old curettage technique was "quickly abandoned" once clinicians tried suction termination in early pregnancy.

"Prior to suction termination, if you were pregnant and of less than 12 weeks' gestation, anaesthetic would be administered to the cervix, the cavity stretched, a series of metal rods introduced, and the cervix further stretched up to 12 mm. Using a metal loop, with an edge like a dinner knife [a curette], the doctor would scrape the pregnancy out through the vagina canal."

But there were flaws, said Professor Paintin. "The disadvantage was that you did not always get a complete abortion. Some product did not come through, so a pair of narrow forceps was inserted into the uterus, which was then opened and turned to take out the rest of the fetal tissue." Because the uterus is a soft organ, there was danger of puncturing it with the surgical instrument.

"In comparison, with the suction dilation procedure you use a cannula made of flexible plastic and with a blunt tip. You insert for limited distance, and then suction is applied. It is very quick. After curettage technique, suction was so much easier."

Global spread

Suction termination became established first in China, the Soviet Union, Japan, and Bulgaria, years before the idea reached the West. Professor Paintin said, "The communist

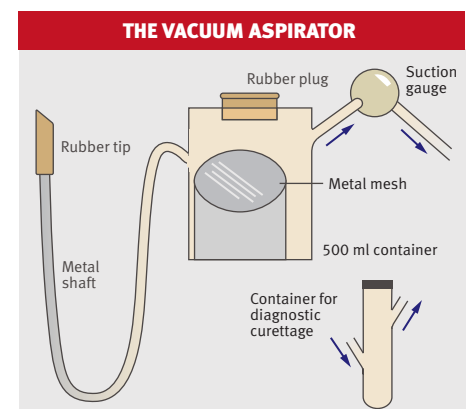


Diagram based on the 1958 Chinese paper

ahead of the disputed election had led to more than 3000 people receiving medical treatment and more than 200 deaths.

Food and fuel price rises have also had a negative effect on aid operations and on people's ability to feed themselves, as has Zimbabwe's hyperinflation, currently more than one million per cent.

According to Save the Children, "Last year four million people in Zimbabwe were in need of food aid to survive but because the recent harvest was so poor this year the number is likely to be much higher."

The charity says that Zimbabwe already has the lowest life expectancy in the world, with women only living on average to the age of 34 and one in 10 children dying before their 5th birthday. It warns of "catastrophic implications" for the health of the poorest communities.

"With agencies like Save the Children unable to deliver health care, clean water, and basic sanitation supplies, such as soap, children are at increased risk of dying from diseases such as malaria, diarrhoea, and cholera."

The UK's development secretary, Douglas Alexander, said, "For Robert Mugabe to use the threat of hunger as a political weapon shows a callous contempt for human life."

Brazil adopts hard hitting images on cigarette packets in antismoking campaign

Klaus Morales BELO HORIZONTE, BRAZIL

Ten shocking images have been released by the Brazilian health ministry as part of its latest antismoking campaign. Cigarette packets with pictures and health warnings to deter people from lighting up have been in circulation since 2001.

The country was second only to Canada in adopting images as part of a strategy to lower the prevalence of tobacco use.

The adverts were chosen based on a joint study between the National Cancer Institute and five other institutions, in which 212 people aged 18-24, including smokers and non-smokers, measured the emotional impact caused by the images. The study found that the



illustrations were considered more aversive compared with the previous ones.

"The images are strong. They radicalise the scope that had been adopted by the health ministry but were

produced meeting evidence based criteria. There is a whole evaluation to strengthen this strategy," said José Gomes Temporão, minister of health, at the campaign's launch.

"The images are meant to cause repugnance in using a product that is associated with the injuries that are being shown," added Luiz Antônio Santini, director of the National Cancer Institute.

Recent data from the World Health Organization show that 16.2% of adults smoke in Brazil. Among 13-15 year olds prevalence is 17.2%.

See www.inca.gov.br/inca/Arquivos/Tabagismo/livroadvertenciascompleto.pdf for the images (text in Portuguese).

who pioneered safe abortion 50 years ago

regime was very keen to reduce population, so both contraception and abortion were widely used—there was considerable emphasis on women having an abortion."

Progress temporarily halted at eastern Europe, in part because travel between east and west Europe was far less common, and Western obstetricians were distrustful of evidence from behind the Iron Curtain.

In stark contrast to women living under communism, for UK women in the 1950s an unplanned pregnancy was often a disaster.



Thomas Rowlandson cartoon of an abortion, c1800

Professor Paintin explained, "In 1958 [the year the Wu and Wu paper was published] very few women had abortions done by doctors. In the NHS, abortion was limited to a very small number of women whose lives were threatened by their pregnancy.

"Consultants would perform only one or two abortions a year. Women who could afford it would pay a private doctor to perform an abortion. But then, generally speaking, they first had to see a psychiatrist, who would need to say that the pregnancy, if it continued, would threaten the patient's mental health. But for ordinary women this was not possible. These women had to resort to illegal abortionists, usually non-medically qualified nurses or midwives who had had some contact with that world."

Dorothea Kerslake, from the department of obstetrics in Newcastle, first introduced the idea of suction termination to the United Kingdom in 1967, publishing a study in the United States that further accelerated the technique's spread (*Obstetrics and Gynecology* NY 1967;30:35).

As late as the early 1970s, Roger Short was asked by the Department of Health to go

to Yugoslavia from the UK to look at the country's contraceptive services.

"In Skopje, I met a professor of obstetrics, and I asked what was the maximum number of abortions performed on one woman. [He said] about 60. I said, 'You can't do 60 on one woman very easily.' He said yes [you can], using the Chinese aspiration technique."

Refined technique

The vacuum aspiration technique was refined by the US lay psychiatrist Harvey Karnen, who developed a soft flexible tubing that was small enough to avoid the need for cervical dilatation and pliable so it tended to curl up inside the uterus and prevent damage to its wall or risk perforation, which a rigid instrument might cause. It allowed early abortion to be performed with only local anaesthesia or even none at all. The NHS was influenced by this work and moved on from rigid plastic cannulas.

The technique has allowed humane abortion services to develop, said Professor Short, such as one centre in Bangkok, which performs as many as 150 abortions a day, where every woman gets a fresh orchid on their pillow. See the translated original paper on bmj.com.