disease and list the pitfalls in diagnosis, which include unocular presentation. They emphasise the need for specialist management by a thyroidologist and an ophthalmologist.

Many UN millennium goals are not on target

Many countries are falling behind the millennium development goals set by the UN in 2000, say Haines and Cassels (p 394), and they are unlikely to be reached by 2015. For example, for

mortality in children under 5 years, the developing world managed a reduction of only 2.5% in the average annual rate during the 1990s, well short of the target of 4.2%. Improved health outcomes will not be possible without major improvements in healthcare delivery systems, say the authors.

POEM*

Long term budesonide does not affect adrenal function in children

Question Does the use of chronic inhaled corticosteroids affect adrenal function in children?

Synopsis Uncontrolled (for example, cross sectional or retrospective) studies have found that chronic inhaled corticosteroid use in children may affect hypothalamic-pituitary-adrenal axis function. These authors evaluated this effect with a randomised controlled trial (non-blinded) in 63 children with mild to moderate asthma who received standard doses of budesonide (400 µg/day; n = 18) or either nedocromil (Tilade) or placebo (n = 45) for 36 months. At the time of enrolment the children were about 9 years old. Serum cortisol concentrations and response to stimulation with adrenocorticotrophic hormone (ACTH) were measured at baseline and at 12 and 36 months. At both measurements, response to ACTH stimulation was similar in the children receiving budesonide and those receiving nedocromil or placebo. Urinary excretion of cortisol over 24 hours was also not affected overall, although it was significantly lower ($P = 0.05$) if supplemental inhaled corticosteroid was used in the four months preceding the visit at 36 months. Two caveats: firstly, these 63 children may not be representative of all children with mild to moderate asthma; secondly, the analysis was by intention to treat, instead of by using only the children who had shown continuous use of budesonide. Non-compliance with treatment might also be responsible for the lack of effect.

Bottom line A nagging worry about using inhaled corticosteroids in children has been relieved. In a study over more than 3 years, continuous use of budesonide (Pulmicort) had no effect on serum cortisol concentrations or cortisol response to adrenocorticotrophic hormone.

Level of evidence 1b (see www.infoPOEMs.com/levels/html). Individual randomised controlled trials (with narrow confidence interval)

Bacharier LB, Raissy HH, Wilson L, et al. Long-term effect of budesonide on hypothalamic-pituitary-adrenal axis function in children with mild to moderate asthma. *Pediatrics* 2004;113:1693-9.

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* Patient-Oriented Evidence that Matters. See editorial (*BMJ* 2002;325:983)

Editor's choice

Failures of development

Will quiet diplomacy save the world? It is doing little for Sudan, described by the UN as the world's worst humanitarian crisis. Will goals and targets save the poor? I challenge *BMJ* readers to name the millennium development goals related to health. Many readers will not have heard of them. I had to remind myself by reading this week's analysis by Andy Haines and Andrew Cassels (p 394). Although these goals were agreed in 2000—at the largest ever gathering of heads of state—HIV/AIDS aside, they are unchanged from 1900: eradication of poverty, universal primary education, gender equality, reduction in child mortality, and improvements in maternal health are familiar development themes.

These goals should be viewed as a contract between rich and poor countries, recognising the role that rich countries must play through fair trade, development assistance, debt relief, access to essential drugs, and technology transfer. But one reason why progress is slow is revealed in a simple statistic presented by Haines and Cassels: development assistance dropped from \$57.6bn in 1990 to \$56.5bn in 2002. The war on Iraq has already cost over \$150bn.

An important failing of these and similar targets set by international agencies is scant awareness among health professionals beyond feverish interest in the international public health community. Why should it be otherwise? What does a surgery in a Cambridgeshire village have in common with a basic health unit in Rwanda? What hope that development issues will register when the media are obsessed with the loins of a 56 year old Swedish football manager and people search for profound meaning in reality television shows? In our integrated world, as Bill Clinton dubbed it, eradication of poverty and improvements in health must be a priority for both rich and poor.

Working in "humanitarian" medicine has always implied devoting time to poorer countries, but doctors everywhere must be humanitarian in their work, particularly now this integrated world brings greater challenges of health care for migrants and asylum seekers (p 398). And doctors need be vigilant. Deborah Harding-Pink argues that politicisation of migration may blind doctors to the "slippery slope of failing to perceive human rights abuses." She calls for a strong system of standards and ethical guidelines. Historically at times doctors have been ready political pawns and accomplices. Hitler's Germany and Stalin's Russia are extreme examples (p 408). Identifying with the cause of torturers, fear of refusing to comply, "bureaucratization" of the medical role, and inadequate understanding of ethics, are—according to Amnesty International—some reasons for medical participation in human rights abuses.

Ethical pitfalls can be hard to avoid, as doctors at Abu Ghraib prison and Guantanamo Bay will know. Political traps can be equally inescapable, as five Bulgarian nurses and a Palestinian doctor have discovered in Libya as they wait for a firing squad (p 409). Quiet diplomacy is failing them too.

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