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A court ruling has upheld the validity of a requirement that member companies of Australia’s leading lobby group for the drug industry disclose details of hospitality provided at “educational” events for doctors. In July 2006 the Australian Competition and Consumer Commission approved a revised self regulatory code of conduct developed by Medicines Australia, with the proviso that member companies submit details of hospitality provided and that the data be made publicly available on the group’s website (BMJ 2006;333:278, doi: 10.1136/bmj.333.7562.278-b). Subsequently, Medicines Australia lodged an appeal with the Australian Competition Tribunal, disputing that the additional requirements would be of public benefit and proposing that the code be approved for five years rather than three.


Half of all money donated to poor countries should be spent on public services to enable recipient countries to pay healthcare workers, the United Kingdom’s international development minister Gareth Thomas has said. His comments came at the first meeting of the all party parliamentary group on AIDS, tuberculosis, and malaria and soon after the launch of a report from the African Medical and Research Foundation that sets out recommendations for the UK and other donor and African countries to tackle the serious shortage of health workers. The report cites estimates of a worldwide shortage of 4.2 million health workers. This is most severe in sub-Saharan Africa, where HIV, malaria, and tuberculosis are most prevalent. The shortage has been made worse because of migration and decades of underinvestment in health systems and healthcare workers, . . .


NHS Employers, the organisation responsible for employment procedures in the NHS, defended its vetting practices this week after seven doctors and medical students—six in the United Kingdom and one in Australia—were held by police in connection with the failed car bombings in London and Glasgow. One doctor, Iraqi born Bilal Abdullah, who worked
as a locum doctor at the Royal Alexandra Hospital, in Paisley, near Glasgow, was arrested at the scene of Saturday’s attempt to blow up a jeep packed with gas cylinders at a Glasgow airport. Another man detained at the scene with 90% burns is thought to be a junior hospital doctor. He is in the Royal Alexandra Hospital. Later that day, the 26 year old Jordanian born doctor Mohammed Asha and a 27 year old woman, thought to be his wife, were arrested in Sandbach, Cheshire, northwest England. Dr Asha, whose family comes originally from Palestine, had . . .


The UK government has announced a review of the NHS in a bid to ensure that clinical priorities and local accountability are paramount in the health service’s day to day operations. The health secretary, Alan Johnson, has asked the junior health minister and surgeon Sir Ara Darzi to lead the review and to consult widely with patients and staff. The move is widely seen as a bid to mend relationships with health professionals, many of whom feel aggrieved by a decade of non-stop NHS reforms. Mr Johnson said that providing more accessible and convenient care for patients; achieving better value for money; and ensuring that people with long term illness were “treated with dignity in safe, clean environments” were all key areas that the review would look at. He also announced an extra £50m to fight hospital acquired infections.


GP supersurgeries that stay open till 10 pm and provide facilities for radiography and trauma care have been called for by the surgeon and newly appointed health minister Sir Ara Darzi, in a report. Healthcare for London: A Framework for Action, commissioned by NHS London, the capital’s strategic health authority, calls for a radical overhaul of the capital’s health services, which it says are “not meeting Londoners’ expectations.” Topping the list of proposals—and immediately prompting fears of hospital closures—is a network of supersurgeries or “polyclinics,” which would massively expand the role of primary care. The polyclinics would include GPs’ surgeries; diagnostics such as radiography and pathology; outpatient clinics; facilities for urgent care and minor procedures; and associated services, such as pharmacies. Professor Darzi said, “Londoners face a stark divide between primary care and hospital care, and we believe the polyclinic will fill that gap.”Most GPs provide an excellent . . .

Day, M. (2007). Orthopaedic departments will have more difficulty meeting 18 week waiting target. British Medical Journal, 335(7610),64.

Experts have highlighted considerable hurdles facing the NHS as it prepares to meet the government’s 2008 deadline for eliminating waiting times of more than 18 weeks. Last month, the then health minister Andy Burnham said that long delays between referral by a GP and hospital treatment would be banished for good, with no one waiting more than 18 weeks, by December next year. He said, “This is in my view the end of waiting. I think this represents the culmination of our 10 year programme.” At a meeting of clinicians and Department of Health civil servants last week, however, warnings were sounded about poor progress in several areas. Sue Hill, the department’s chief scientific officer, admitted that the situation for audiology services was “pretty dire,” with some patients waiting more than 50 weeks.


New research shows that when obstetricians and gynaecologists are away at national conferences the number of births drops (Social Science and Medicine 2007 Jun 27 doi: 10.1016/j.socscimed.2007.05.034). Researchers found that the number of births dropped by up to 4% during five day key annual conferences in the United States and Australia, with nearly 1000 births affected. “Since it is unlikely that parents take these conferences into account when conceiving their child, this suggests that medical professionals are timing births to suit their conference schedule,” say Joshua Gans from the University of Melbourne and coauthors from the Australian National University, in Canberra. They say that although medical conferences have become a normal part of the career of many doctors, little has been written about how hospitals and others manage the effects on the supply of available staff.


An English primary care trust (PCT) that refused to fund sight saving treatment for an 84 year old war veteran agreed to reconsider its decision this week after it was threatened with legal action. Oxfordshire Primary Care Trust said it would look again at the case of Dennis Devier, whose legal challenge is being funded by the charity the Royal National Institute of Blind People (RNIB). The charity accuses the trust of operating an illegal blanket ban on providing the drugs despite its own stated policy of treating “exceptional” cases, pending full guidance
from the National Institute for Health and Clinical Excellence (NICE). Mr Devier, from Henley, Oxfordshire, who is the main carer for his disabled wife, has wet, age related macular degeneration; Paget’s disease; and diabetes, and he is already blind in one eye.

The British Fertility Society is asking the Department of Health to investigate a legal situation that forced the United Kingdom regulator of infertility treatment into a High Court climb down that could cost it more than £1m. The society, which represents professionals who practise reproductive medicine, called for a full investigation into the collapse of a case brought against the Human Fertilisation and Embryology Authority (HFEA) by the high profile infertility specialist Mohammed Taranissi. Mr Taranissi launched the High Court action after police raided his two London clinics under search warrants obtained by the authority. Last week the court quashed the warrants as unlawful, with the authority’s agreement after it admitted that a statement its chairwoman, Angela McNab, gave to magistrates when applying for the warrants was “not legally watertight because . . .

NHS doctors have the discretion to prescribe dementia drugs for patients whose cognitive function scores indicate mild Alzheimer’s disease, despite guidance apparently restricting their use to patients with moderate disease, a lawyer for the National Institute for Health and Clinical Excellence (NICE) told the High Court last week. Lawyers for the Alzheimer’s Society, which is fighting NICE guidance that limits the use of acetylcholinesterase inhibitors to patients with moderate disease, hailed the statement as a “dramatic concession.” But NICE said it was not a concession, but simply an explanation of how its guidance works. “Healthcare professionals are expected to take NICE guidance fully into account when exercising their clinical judgment, but our guidance does not override their individual responsibility to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient or guardian . . .

The UK General Medical Council will this week hear charges of serious professional misconduct against three authors of a study published in 1998 in the Lancet that triggered a public health scare by suggesting a link between autism and the combined measles, mumps, and rubella (MMR) vaccine (1998;351:637-41 doi: 10.1016/S0140-6736(97)11096-0). Andrew Wakefield, John Walker-Smith, and Simon Murch are accused of carrying out research in 1996-8 without proper ethical approval and of failing to carry out the research as described in the application to the ethics committee. The formal charges will not be released until the case starts on 16 July, but in a statement the GMC said that the three researchers will also be accused of carrying out potentially harmful tests on the children that were not clinically indicated, including colonoscopies and lumbar punctures.

The trade body representing the drug industry is taking the UK government to court over its attempt to encourage doctors to switch patients to cheaper generic medicines. The Association of the British Pharmaceutical Industry (ABPI) has won permission to challenge the legality of the Department of Health’s drive to persuade doctors to prescribe generic statins in place of the more costly branded versions. With nearly two million Britons taking statins to help lower their cholesterol, the Department of Health estimates that at least £84m a year could be saved if doctors prescribed generic statins. But a spokesman for the association said that although it supports the government’s desire to get the best value for money, it has “serious concerns” about the methods adopted to persuade doctors to switch their patients to . . .

The UK government’s controversial mental health bill was finally passed into law last week. Months of confrontation with the House of Lords and lobbying by pressure groups had ended in substantial concessions by ministers. The Mental Health Alliance, an umbrella group for 77 organisations, accused ministers of missing “a historic opportunity to achieve a modern and humane act” but welcomed “important concessions to protect patients and their families from abuse and neglect.” Andy Bell, the alliance’s chairman, called on the government to “start listening to the people who are affected by the act when it writes the new regulations and to ensure that sufficient resources are made available to mental health services to implement the changes fairly.” He also urged ministers to “take seriously the warnings made by the Commission for Racial Equality about the impact of the act on black communities and to take action before it is too . . .

Hundreds of thousands of people are living in the open as large tracts of India, Pakistan, and China have been struck by lethal floods after weeks of torrential monsoon weather and a direct hit from a tropical cyclone on Pakistan's southern coast. Hardest hit is Pakistan. Cyclone Yemyin narrowly missed Karachi on 26 June, just three days after the city was struck by another storm that caused widespread damage and killed 228 people. The cyclone instead hit land in the province of Balochistan, one of Pakistan's most deprived areas. The Balochistan relief commissioner, Khuda Bakhsh Baloch, says that roughly 200 000 houses in the province have been destroyed by flooding, and confirmed 130 people were dead. Estimates of the number of people affected by the floods in the province swiftly grew to more than 800 000, of whom more than 100 000 lack shelter. Hundreds of thousands more people are . . .


The authorities of Guinea-Bissau are requesting the extradition of a Guinean anaesthetist and former director general of public health in Guinea-Bissau, who is based in Portugal. Guinea-Bissau is a former Portuguese colony in western Africa. Luis Nambanca, aged 45 years and born in Guinea-Bissau, later acquired Czech nationality through marriage. He was working as an anaesthetist in a hospital in the city of Beja, southern Portugal, when he was arrested by Portuguese police. An international arrest warrant had been issued by the military judiciary police of Guinea-Bissau, based on the decision of the regional court of Bissau, the capital of the country. The request was issued on the basis of an agreement between Portugal and Guinea-Bissau that was established in 1989. Dr Nambanca has been detained at Portugal's Beja penitentiary since 26 April. A Portuguese regional court is currently analysing the extradition request from the Guinean authorities.


Hamish Meldrum, the new chairman of the council of the BMA, is a Scot born and bred. That he works as a GP in Bridlington, Yorkshire, is an accident of history that has echoes in today's confusion over junior doctors' appointments. When Meldrum graduated from Edinburgh in the early 1970s, he expected to start work in the Royal Infirmary there. But a muddle over the appointment found him desperately looking around for a job. Fortunately the consultant involved met a colleague from Torbay, in Devon, who was looking for a trainee. So Meldrum spent three years as a medical senior house officer and medical registrar at Torbay Hospital, about as far south of the Scottish border as geography allows. He had intended to become a hospital doctor, but his time on the wards was not very enjoyable. “The hospital was not a particularly happy place at the time,” he recalled . . .


Surgical options should be considered before clinicians offer women in vitro fertilisation (IVF), experts recommended at a conference last week on obstetrics and gynaecology. In vitro fertilisation is not a “universal panacea” for all fertility problems, said William Ledger, professor of obstetrics and gynaecology at the University of Sheffield. He showed data from York University Health Economic Consortium on the most cost effective preferred solution for infertility. Out of tubal disease and endometriosis, anovulation, male factor, and unexplained infertility, in vitro fertilisation came out top for only severe tubal disease and endometriosis. “The media’s fascination with IVF is as if there is no other option,” he said. “Many patients pick that up, and you have to try to convince them to try something else because they think, ‘I’m infertile, I have to do IVF.’


Services for people with dementia in England lag 50 years behind other specialities, such as cancer and stroke services, with early diagnoses and interventions too scarce, says a report from the NHS spending watchdog. The report, from the National Audit Office, calls for a strong and transparent leadership from the Department of Health to champion and coordinate improvements in dementia services, in the same way that national targets and national services frameworks have helped to modernise services for people with cancer and heart disease. The report says that dementia care in England is similar to cancer care in the 1950s, when there were few effective treatments, and the diagnosis was withheld from patients to avoid distress. “Services for dementia are not very adequate and have been given too low a priority within the department of health,” said Karen Taylor, director of health and value for money at the National Audit . . .


BMA representatives at their annual meeting in Torquay rejected a request for the BMJ to boycott on advertisements of reformulated drugs.
advertisements for drugs which are remarkedet and reformulated by pharmaceutical companies because they are due to lose their patent. Stuart Blake, from Lothian, who proposed the motion, said he had no objections to the marketing strategy by some companies to replace drugs that are about to lose their patents with new formulations or enantiomers, but he did object to the fact that the old version of the drug was often withdrawn. He called this a "reprehensible activity." "It [remarking old drugs] is not in the best interests of doctors, patients, or the NHS," he said. The only purpose of the activity was to maintain the profits of the pharmaceutical companies involved. Supporting the motion, Gerard Millen, a student BMA representative, complained that the . . .


Cambodia is facing an epidemic of haemorrhagic dengue fever, aid agencies have warned. The Cambodian Red Cross says that there have been 16 986 unconfirmed cases of dengue haemorrhagic fever and 174 deaths throughout the country since the start of the outbreak. In June alone there were 132 deaths from dengue fever, a fivefold increase compared with the previous month. Dengue fever is transmitted by the Aedes mosquito and causes a severe flu-like illness. No vaccine or specific drug treatment exists, although intravenous fluids are given to maintain fluid volume. Although dengue fever itself rarely causes death it can lead to dengue haemorrhagic fever, which can be fatal. This complication can cause a rash, high fever, headache, muscle and joint pain, fits, and haemorrhagic shock. The Cambodian authorities have been spraying insecticide in the streets to try to control the Aedes mosquito, which breeds primarily in manmade containers where water . . .


Some people in the United Kingdom are struggling to access routine medical care, including consultations with GPs and antenatal care, because they are wrongly being labelled as “health tourists,” says a report. The report, from the charity Médecins du Monde UK, analyses the first year’s activity of the charity in London, where it set up a clinic in the east end to improve access to health care for vulnerable people in and around the capital. The group says that regulations introduced in April 2004 to charge “overseas visitors” for NHS hospital treatment is making it difficult for some people who have legitimate rights to NHS treatment to get routine care. In 2006 a total of 349 people came to the Médecins du Monde clinic for 435 consultations. The most common request was for help to register with a GP. But worryingly, 39 pregnant women came to the clinic, half of . . .


Preimplantation genetic screening of embryos for chromosome abnormalities reduces the success rate of in vitro fertilisation (IVF) by nearly a third in older women, according to a European study (New England Journal of Medicine 2007;356:9-17). The
study looked at the rates of ongoing pregnancies and live births in a total of 408 women aged 35 to 41 years undergoing a total of 862 cycles of in vitro fertilisation. Half of the women (206) were randomised to undergo preimplantation genetic screening, and the other half were a control group and were not screened. Screening involved taking a biopsy of one cell at three days and testing chromosomes to detect trisomies or other abnormalities in chromosome number. Sebastiaan Mastenbroek, from the Center for Reproductive Medicine at the University of Amsterdam, the Netherlands, and lead author of the study, explained the rationale, "Pregnancy rates in women of advanced maternal age undergoing IVF . . ."


Egypt has announced that it is imposing a complete ban on female genital mutilation. The ban was imposed last week by the Ministry of Health after a public outcry over the death of a 12 year old girl, Budour Ahmad Shaker, who died from an overdose of anaesthetic while being circumcised. After the much publicised death of the girl, the Egyptian Center for Women’s Rights appealed to the government for a law that would criminalise the practice and that would “punish doctors who commit this crime, and close clinics and hospital that continue to practise it.” The doctor who had carried out the circumcision on the girl has been arrested, and the clinic where it took place has been closed down. In Egypt 75% of female genital mutilation is carried out by doctors and nurses, and 25% are carried out by birth attendants, or “dayas,” most of whom are poorly . . .


Next year, for the first time in history, more than half of the world’s people will be living in towns and cities. By 2030 the urban population is expected to reach almost five billion—60% of humanity—a new report says. Most of the growth will be in poor countries and among poor people, setting challenges for local authorities to provide adequate health, sanitation, and services ahead of the expected influx. Speaking in London last week at the launch of the latest world population report, Thoraya Ahmed Obaid, executive director of the United Nations Population Fund, warned, “Within a single generation the urban population in Africa and Asia is set to double.” Between 2000 and 2030 Asia’s urban population will grow from 1.4 to 2.6 billion, Africa’s from almost 300 to 740 million, and that of Latin America and the Caribbean from almost 400 to more than 600 million. Globally, all future . . .


European donor governments are failing to provide the funding needed to improve health in poor countries to achieve the health millennium development goals (MDGs), according to a report from Action for Global Health launched this week at the House of Commons. Gordon Brown’s government was urged to show leadership by immediately doubling aid for health. Christine McCafferty MP, chairwoman of the all party parliamentary group on population, development, and reproductive health, said that recent research showed that at the current rate of progress the goals in sub-Saharan Africa will not be met until 2282—that is, 275 years from now—rather than the target date of 2015. Three of the eight goals relate specifically to improving the health of people in poor countries. They focus on reducing child mortality; improving maternal health; and combating HIV, malaria, tuberculosis, and other diseases. The report, based on a review of funding allocated to health aid . . .


India has lowered its estimate of people infected with HIV to 2.47 million for 2006, but health officials and public health experts have warned that the real reduction in HIV prevalence is only marginal. The revised figure is more reliable than the 5.2 million estimate for 2005 and results from new estimation methods using data from a population survey to complement sentinel surveillance, senior health officials said last week. India’s HIV counts have long been controversial, with projections ranging in recent years from 3.4 million to 9.4 million. Five years ago, a US agency predicted that India could have 20 million people infected with HIV by 2010 (BMJ 2002;325:1132 doi: 10.1136/bmj.325.7373.1132/b). The revised range—finalised by the National AIDS Control Organisation after taking into account a nationwide family health survey—is two million to 3.1 million. The revised figures show that although India has faced allegations of underestimating the epidemic, . . .


A doctor who gave alternative care to a Dutch actor and comedian, Sylvia Millecam, who was dying of cancer has seen his punishment increased from suspension from the medical register for six months to removal from the register for life. The judgment is seen as a clear warning to doctors that when
practising alternative care they must still adhere to their professional standards. The unnamed doctor is both a member of the Dutch Association of Internists and a practitioner of alternative medicine. He treated Ms Millecam, who died of breast cancer at 45 years of age, in 2001. The doctor was originally suspended from the medical register for six months by the Amsterdam regional medical tribunal (BMJ 2006;332:929 doi: 10.1136/bmj.332.7547.929-a). He appealed, but the central tribunal took a harsher view, saying that his treatment was “a serious threat for public health,” and removed him from the register for . . .


A High Court judge in South Africa granted an urgent interdict to the Treatment Action Campaign, the largest AIDS activist group in the country, compelling the government to rescind dismissal notices it had issued to striking nurses. The nurses would otherwise have been staffing several clinics in Cape Town’s poorest areas. These clinics, some operated and helped by the humanitarian group Médecins Sans Frontières, provide antiretroviral treatment for local people with HIV as well as treatment for tuberculosis. Any break in the treatment of these two conditions leads to resistance and consequent failure of the treatment. The clinics provide a full range of primary health care and also emergency treatment when needed. The public service strike has been a bitter fight, with nurses among the most angry (BMJ 2007;334:1240, 16 Jun doi: 10.1136/bmj.39245.485579.DB).


By the end of their five years of training in general surgery almost every US surgeon has received at least one needlestick injury. The average is about eight, according to an anonymous survey of 699 residents at 17 medical centres published in the New England Journal of Medicine (2007;356:2695-9). Surgeons in training have more needlestick injuries than attending surgeons, scrub nurses, anaesthetists, and other operating room personnel. They have six times as many needlestick injuries as medical residents. More than half of the injuries (53%) involved a high risk patient—one with HIV or hepatitis B or C infection or one with a history of injecting drugs. More than half of the residents (51%) did not report the injury to the employee health service at their institution. The coauthor, Mark Sulkowski, associate professor of medicine and medical director of the viral hepatitis centre at Johns Hopkins University School of Medicine, told . . .


A successful US programme to insure children in poor families is coming up for its five year renewal in Congress at the end of September, amid controversy between Democrats and Republicans. The situation is examined in a commentary in the New England Journal of Medicine by John Iglehart, the journal’s national correspondent (2007;357:70-6 doi: 10.1056/NEJMhp071840), and in a review by the not for profit Commonwealth Fund. The Democrats want to expand the programme to cover more families, but the Republican president, George Bush, wants to reduce it, giving families tax incentives to buy private insurance. The programme may, therefore, be renewed for only a year or two. An estimated seven or eight million US children don’t have health insurance. The number has dropped from about 11 million in the 10 years since the federal government set up the state children’s health insurance programme. The programme is about 70% funded . . .


Gordon Brown used the word “change” eight times in his first brief speech outside number 10 as prime minister, and for the Department of Health it has been almost “all change.” An almost completely new ministerial team enters the department, with Alan Johnson, the former education secretary, as secretary of state, and Sir Ara Darzi, professor of surgery at Imperial College and already the health department’s surgical adviser, joining the House of Lords to be a junior health minister as part of the prime minister’s “government of all the talents.” Dawn Primarolo, the only minister to have served as long as Gordon Brown at the Treasury—as financial secretary up to 1999 and since then as paymaster general, having worked closely in Mr Brown’s Treasury team in opposition before that—becomes minister of state. So does Ben Bradshaw, one of the first openly gay MPs, who at 36 years old has been . . .


The first official data on the effects of the restrictive Italian law on assisted reproduction, approved in 2004, have been made public by health minister Livia Turco, of the centre left coalition government led by the former president of the European Union Romano Prodi. According to Ms Turco’s report to parliament, the law has resulted in a decrease in
the success rate of the procedures and more multiple pregnancies and adverse outcomes. The law was approved during the previous centre right government by a cross party majority. It prohibits the use of donated eggs and sperm; limits to three the number of embryos that can be created in each cycle; and bans embryo freezing, making it mandatory to put all fertilised eggs back into the womb. Preimplantation genetic testing is also forbidden. Attempts to modify the law included a referendum in 2005, which did not reach the necessary quorum.


Cancer, diabetes, obesity, and heart disease: chronic illnesses in rich countries are also going to be the main cause of death in poor developing nations by 2015, a World Bank report has warned. The report says that 56% of all deaths in poor countries are currently caused by non-communicable diseases (NCD) but adds that they are projected to “increase rapidly” in the years ahead. Non-communicable diseases, it says, “account for 46 per cent of the disease burden in disability adjusted life years in low and middle income countries, and large increases in NCD-related adjusted years are projected for the future.” The report says that the appropriate policy response is to try to prevent as much of these diseases as possible, through public health interventions and improved medical care. “We find a compelling case for actions on both fronts: avoiding much of the chronic disease burden and preparing to deal . . .

**ANALYSIS**


Policymakers increasingly believe that encouraging patients to play a more active role in their health care could improve quality, efficiency, and health outcomes. But critics have dismissed talk about patient engagement and patient centred care as political correctness—a misplaced concern with the “touchy feely” aspects of health care, with no scientific basis and little relevance to the quest for excellence in clinical care. Who is right? To what extent is the planned shift towards greater patient engagement supported by robust research evidence? Engaging patients: Patient focused quality interventions recognise and try to support patients in actively securing appropriate, effective, safe, and responsive health care. Initiatives may aim to engage patients in their own or their family’s individual clinical care, or they may try to involve the public in improving the responsiveness of health services. This article focuses on the first of these two initiatives (box 1).


The effectiveness of antenatal corticosteroids to prevent neonatal lung disease in women at risk of preterm birth was established by systematic reviews. In addition, subgroup analyses suggested that treatment was most effective in babies born one to seven days after administration. This belief led to widespread use of repeated courses of corticosteroids in women who did not deliver within a week or two of initial treatment. However, the notion that effectiveness declines after seven days may be incorrect, as the analyses that it is based on are unreliable. Here, we discuss the methodological problems of these analyses and their relevance to current randomised controlled trials of repeated versus single courses.


A hookah—also known as hubble bubbly, shisha, or narghile—is a glass based waterpipe used for smoking. It operates by water filtration and indirect heat. Tobacco or molasses are placed in the bowl at the top of the apparatus, which is connected to the water filled base by a pipe. This bowl is then covered with perforated material, such as kitchen foil. Burning charcoal is then placed on top of the foil. During inhalation the smoke from the charcoal is pulled through the tobacco down the pipe and towards the water. After bubbling through the water, the cooled smoke surfaces and is drawn through the hose and inhaled. Some hookahs have a “choke” to control the amount of smoke inhaled. Electric burners are also available, which offer a quicker smoke than the original charcoal burners.

**RESEARCH**


Although manual checking of conventional cervical smears has been used for decades to screen for cervical cancer and precancerous cells, liquid based cytology is replacing conventional cytology in many
countries. The potential advantages of liquid based cytology are adjunctive testing, including testing for human papillomavirus; faster reading times; and cost saving of automation. Evidence is insufficient, however, to confirm that liquid based cytology is more accurate than conventional cytology,\(^1\) which continues to be widely used. Conventional cytology involves the transference of cervical material from a collection instrument onto a slide whereas liquid based cytology (for example, the ThinPrep Liquid-based Cytology Preparation system, Cytyc, Marlborough, MA) involves rinsing the collection instrument in liquid to produce a suspension, which is processed in a laboratory to produce a monolayer of cells. The ThinPrep Imager (Cytyc) system, a computerised system for reading slides, is a new technology applied to liquid based cytology. The imager identifies 22 fields of interest most likely to contain abnormal cells, which are then examined by a cytologist. As liquid based cytology has not been approved for government funding in Australia\(^2\) it is sometimes carried out as an additional test within a split sample specimen, whereby a conventional cytology slide is made first and then the collection instrument is rinsed in transport medium and the suspension used to make a liquid based cytology slide. In countries where liquid based cytology is used, samples are usually taken as “direct to vial” specimens, in which all cervical material collected is used to produce the slide. Liquid based cytology slides prepared as split samples might be at a disadvantage for quality and accuracy compared with direct to vial slides because residual material is used. The Douglass Hanly Moir pathology laboratory has offered manual reading of split sample liquid based cytology (ThinPrep) specimens for nine years. It recently introduced the ThinPrep Imager system. The laboratory provides services for about 200 000 women (age range 16-80 years) annually. These women are representative of the general population.


In recent years the importance of the effect of venous leg ulceration on healthcare expenses and patients’ quality of life has been recognised.\(^1\) \(^2\) \(^3\) \(^4\) \(^5\) \(^6\) \(^7\) European studies have reported a prevalence of 1% in the adult population, increasing dramatically in those aged more than 80.\(^5\) \(^6\) \(^7\) The precise pathophysiological mechanisms causing ulceration remain debatable, although chronic venous hypertension (usually as a result of venous reflux) is generally accepted to play a major part.\(^5\) \(^8\) Chronic venous hypertension may be countered by high elevation of the leg and multilayered compression bandaging, applied by trained staff within the setting of a specialist leg ulcer service. Excellent healing rates have been reported with this approach.\(^9\) \(^10\) \(^11\) Strategies to prevent ulcer recurrence include patient education and class 2 elastic compression stockings.\(^12\) Stockings are often difficult to put on and uncomfortable, however, resulting in poor patient compliance.\(^13\) Moreover, conservative approaches do little to correct the underlying problem of chronic venous hypertension. Anatomical studies using colour venous duplex ultrasonography have shown that incompetence in superficial veins (long or short saphenous) is present in most legs with chronic ulceration, sometimes in combination with deep venous reflux.\(^14\) \(^15\) \(^16\) Isolated reflux in deep or perforating veins is uncommon.\(^15\) \(^16\) Several surgical strategies to correct the underlying venous anatomical abnormalities have been attempted. Deep venous procedures may be associated with high complication rates, and studies have shown little clear benefit.\(^17\) However, several studies have suggested that corrective surgery for superficial venous reflux may have clinical benefits for ulcer healing and recurrence.


There is increasing evidence that probiotics are beneficial in a range of gastrointestinal conditions, including infectious diarrhoea and that related to antibiotic use.\(^1\) Probiotics are defined as “live microorganisms which when administered in adequate amounts confer a health benefit on the host”\(^2\) and include Streptococcus thermophilus, Enterococcus species, Saccharomyces species, and various species of lactobacilli and bifidobacteria. Diarrhoea associated with antibiotic use and caused by Clostridium difficile is a complication of treatment with antimicrobial agents and occurs in about 5-25% of patients.\(^3\) \(^C\) difficile is responsible for around 15-25% of all cases of diarrhoea associated with antibiotic use, most occurring in older patients, usually in the two to three weeks after cessation of antibiotic treatment.\(^4\) Lactobacilli, bifidobacteria, and Streptococcus species have all been evaluated for the prevention or treatment of diarrhoea.
associated with antibiotic use and found to be safe. Several reviews support benefit but still call for large placebo controlled trials to determine species and dose effectiveness for prevention, to show effectiveness in preventing diarrhoea caused by C difficile, and to establish effect on length of hospital stay and cost effectiveness.6 7 8 We undertook a randomised double blind, placebo controlled trial of a commercially available probiotic preparation in older patients in hospital who were receiving antibiotics.


Diabetic neuropathy is a common complication of diabetes. It usually progresses gradually and involves small and large sensory fibres. The symptoms, such as loss of ability to sense pain, loss of temperature sensation, and developing neuropathic pain, follow a “glove and stocking” distribution, beginning in the lower limbs, first affecting the toes, and then progressing upward. The primary cause of diabetic neuropathy is thought to be hyperglycaemia. Diabetic neuropathy represents a major health problem worldwide. An Australian population based survey of 2436 patients with known or newly diagnosed diabetes showed that 13.1% of them had peripheral neuropathy. Another multicentre study in the United Kingdom showed that 22-32% of 6363 diabetic patients had peripheral neuropathy. Similar results have been reported by an Italian multicentre study, which showed that 32.3% of 8757 diabetic patients had neuropathy. Symptoms of neuropathic pain are commonly reported in patients with diabetic neuropathy. Partanen and colleagues found that among 132 patients, 7-13% had pain and paraesthesias when they were diagnosed as having type 2 diabetes mellitus. The prevalences of pain and of paraesthesia were 20% and 33% 10 years after diagnosis.6 7 8 Sorensen and colleagues identified neuropathic pain in 11.7% of those who had insensate neuropathy and in 2.3% of those with sensate neuropathy among 2610 patients with type 2 diabetes. Liquid based cytology is used widely for primary screening of cervical cancer but high quality studies on its accuracy are limited. Indeed almost all published studies are based either on the comparison of non-randomly assigned populations or on double testing the same women. With the double testing design, cells used for diagnosis could be removed with the conventional sample, which is taken first, leading to an underestimation of the accuracy of liquid based cytology. In addition only some of the published studies, in a primary screening setting, considered histologically confirmed cervical intraepithelial neoplasia as the end point and only a few verified the diagnosis by colposcopy in the large majority of women with abnormal cytology results. A recent review identified one small randomised trial only and concluded that large randomised trials were needed. We carried out a randomised controlled trial in nine cervical cancer screening centres in Italy. These centres routinely invite women aged 25-64 for a smear test every three years. Methods of recruitment and randomisation have been described.2 3 Briefly, during 2002-3, after written informed consent had been obtained, women aged 25-60 attending for a new routine screening round were alternately randomised by smear takers to conventional cytology or to liquid based cytology and testing for human papillomavirus. Randomisation was generated by computer (two centres, unblocked) or by the opening of sequentially numbered sealed envelopes (blocks of eight in three centres, unblocked in four). Women who consented to receive the results were then told the outcome. We excluded women who were pregnant, had undergone hysterectomy, or had been treated for cervical intraepithelial neoplasia within five years. Overall, 22 466 women were randomised to conventional cytology and 22 708 to liquid based cytology for primary screening of cervical cancer. The median age was 41 in both arms (P=0.34 by median score test). In total, 49% of women in both arms (10 906 and 11 149) had a cervical smear test registered in a programme within the past four shows the trial profile. Three hundred and one women in the experimental arm (1.3%) had conventional cytology. At least one colposcopy was carried out in 93% (1998/2154 of women referred because of abnormal
cytology results: 91% (661/724) in the conventional arm and 93% (1337/1430) in the experimental arm). Among women attending for colposcopy the mean number of colposcopies and mean number of biopsies in the conventional arm were 1.33 (SD 0.53) and 0.76 (0.90) and in the experimental arm were 1.33 (0.52) and 0.74 (0.94). . .

CLINICAL REVIEW

The most common reasons smokers give for smoking are stress relief and enjoyment, but the main reason is nicotine dependence. Nicotine acts in the midbrain, creating impulses to smoke in the face of stimuli associated with smoking. Consequent changes in brain chemistry also produce “nicotine hunger” when a smoker goes without nicotine. A third mechanism underlying nicotine dependence is nicotine withdrawal: unpleasant mood and physical symptoms that occur on abstinence and are . . .

CLINICAL REVIEW

Schizophrenia is one of the most serious and frightening of all mental illnesses. No other disorder arouses as much anxiety in the general public, the media, and doctors. Effective treatments are available, yet patients and their families often find it hard to access good care. In the United Kingdom, as in many parts of the world, this is often due to poor service provision, but sometimes it is simply down to misinformation. In this review, we clarify the causes and presentation of schizophrenia, summarise the treatments that are available, and try to clear up a few myths. We searched the online electronic databases Web of Knowledge, the Cochrane Library, and the current National Institute for Health and Clinical Excellence (NICE) guidelines for suitable evidence based material. What is schizophrenia? The name schizophrenia derives from the early observation that the illness is typified by “the disconnection or splitting of the psychic functions.”