abstract of

British Medical Journal

Volume 336, Number 7638 & 7639 - 2 & 9 February 2008
### NEWS

**Scotland tries to contain costs of free personal care for older people.**
Christie, B.

**Cancer centre in Glasgow crowns transformation of services.**
Christie, B.

**Government obesity strategy criticised as “feeble fantasy”.**
Creagh, H.

**Fewer than one in 10 people will die at home by 2030, study predicts.**
Dobson, R.

**European agencies find 14% of flu isolates are resistant to oseltamivir.**
Dyer, O.

**Doctors do not recognise that carbon is public health matter.**
Glusker, A.

**England launches scheme to encourage use of “care bundles”**
Hitchen, L.

**Most doctors still don’t report adverse reactions to drugs.**
Hitchen, L.

**Double dipping: the new challenge for health and safety.**
Kavalier, F.

**Double blind peer reviews are fairer and more objective, say academics.**
Kmietowicz, Z.

**Breaking up foundation programme offers no advantages, says leading dean.**
Kmietowicz, Z.

**Fight over extended hours reaches deadlock.**
Kmietowicz, Z.

**Make patient safety part of everyday routines, says watchdog.**
Kmietowicz, Z.

**5.4 million people have died in Democratic Republic of Congo since 1998 because of conflict, report says.**
Moszynski, P.

**A fifth of maternity services in England are inadequate, review says.**
Mayor, S.

**Three more general practices in England to be run by private company.**
Mayor, S.

**Registries needed to track cancer deaths in poor countries, says report.**
Mayor, S.

**Doctors urged to take up challenge of climate change.**
Morisson, L.

**Killings prompt charity to withdraw from Somalia.**
Moszynski, P.

**Employer representatives oppose Tooke proposals for new body for medical education and training.**
O’Dowd, A.

**Devolution in health policy is threatening unity of the NHS.**
O’Dowd, A.

**Pressure mounts to cut US spending on health care.**
Roehr, B.

**Circumcision of men did not cut HIV transmission to their wives.**
Roehr, B.

**Obstetric care must change if Netherlands is to regain reputation for safe childbirth.**
Sheldon, T.

**Dutch trial of probiotics in acute pancreatitis is to be investigated after deaths.**
Sheldon, T.

**German scientists campaign for liberalisation of stem cell law ahead of crucial parliamentary vote.**
Stafford, N.

**Karolinska Institute expels student after discovering murder conviction.**
Stafford, N.

**Germans urged to have flu vaccination as supplies reach all time high.**
Stafford, N.

**NIH needs to raise oversight of conflicts of interest among researchers, report says.**
Tanne, J.H.

**US Institute of Medicine recommends new body to assess what works in health care.**
Tanne, J.H.

**FDA is failing to inspect drug and device makers, government reports say.**
Tanne, J. H.

**Spain must tackle uneven distribution of its doctors, report says.**
Villanueva, T.
European Commission opts against traffic light system for food labeling.
Watson, R.

Government to press trusts to meet screening targets for Chlamydia.
White, C.

Consortium hopes to sequence genome of 1000 volunteers.
Wise, J.

WHO report warns deaths from tobacco could rise beyond eight million a year by 2030.
Zarocostas, J.

ANALYSIS

Value based pricing for NHS drugs: an opportunity not to be missed?

Looking to Europe: Can France keep its patients happy?
Degos, L., François Romaneix, Philippe Michel, and Jean Bacou.

Payment for performance in health care.
Mannion, R., and Huw T O Davies.

RESEARCH

Vascular events in healthy older women receiving calcium supplementation: randomised controlled trial.
Bolland, M.J., P Alan Barber, Robert N Doughty, associate professor1, Barbara Mason, research officer1, Anne Horne, research fellow1, Ruth Ames, research officer1, Gregory D Gamble, research fellow1, Andrew Grey, associate professor1, Ian R Reid.

Choi, H.K., and Gary Curhan.

Survival times in people with dementia: analysis from population based cohort study with 14 year follow-up.
Xie, J., Carol Brayne, Fiona E Matthews, and the Medical Research Council Cognitive Function and Ageing Study collaborators.

CLINICAL REVIEW

Inguinal hernias.
Jenkins, J.T., and Patrick J O’Dwyer.

Assessing mental capacity: the Mental Capacity Act.

NEWS

Evidence shows that rationing is being introduced in Scotland to control rising demand for free personal care for older people. Three quarters of Scottish local authorities have introduced eligibility criteria or set priority levels for access to the service. Scotland is the only part of the United Kingdom that provides people older than 65 with free personal care, which includes help with washing, dressing, and feeding. A review by Audit Scotland has found that central funding for the policy now fails to meet the costs borne by councils, with the shortfall estimated at £46m - £63m in 2005-6. The report warns that costs will rise further as the proportion of elderly people in the population rises. The provision of free personal and nursing care was one of the main recommendations of a royal commission that was set up by the UK government in 1997 to examine options for .

A £115m cancer centre, serving a population of 2.6 million in the west of Scotland and hosting a new clinical trials and research unit, was officially opened in Glasgow this week. The Beatson Oncology Centre is the culmination of years of work to improve cancer services in the west of Scotland after they reached crisis point in 2001. At that time complaints about underfunding, delays for treatment, and compromised outcomes for patients led to resignations among consultants (BMJ 2001;323:1148 doi: 10.1136/bmj.323.7322.1148). The centre’s medical director, Alan Rodger, said, “I am delighted that our staff of more than 700 are now able to work in a modern, purpose built cancer centre, with state of the art equipment and facilities.”

The UK government has launched a new strategy to encourage exercise and healthy eating in an effort to tackle the obesity “time bomb.” The strategy report, published by the health secretary, Alan Johnson, and the secretary of state for schools, children and families, Ed Balls, has pledged £372m between 2008 and 2011 as part of a package to encourage healthy lifestyles in all age groups in the UK. Measures include making cookery lessons compulsory in schools by 2011 and reviewing the restrictions on advertising of unhealthy foods. There will be investment in the cycling infrastructure, as well as efforts to get the food industry to reduce sugar, salt, and saturated fat in its products. The strategy report suggests introducing a single approach to food labelling for use throughout the

The number of people dying at home in England and Wales has nearly halved in three decades, and now less than a fifth of people die at home. By 2030, if this trend continues, fewer than one in 10 men and women will die at home, a new study has calculated (Palliative Medicine 2008;22:33-41). To cope with such a decline, inpatient facilities will need to increase by more than 20%, say the researchers, from King’s College London. “The projections underline the urgent need for planning end of life care to accommodate a large increase of ageing and deaths,” said Barbara Gomes, one of the coauthors. “Either inpatient facilities must increase substantially, or many more people will need community end of life care from 2012 onwards.”


European laboratories have detected an unusually high rate of resistance to the antiviral drug oseltamivir (Tamiflu) in random samples of seasonal influenza virus taken from around the continent. The European Centre for Disease Prevention and Control and other agencies reported last week that oseltamivir resistance had been detected in 59 of 437 influenza A (H1N1) isolates from around Europe, a rate of 14%. In previous years, resistance has generally been found in about 1% of isolates. The highest rate of resistance was found in samples from Norway, with 12 out of 16 tested isolates resistant to oseltamivir. Austria and Italy reported no resistant strains, whereas in Germany, the Netherlands and Sweden, the rate of resistance was less than 10%. Resistance was found in 17% of French samples tested.


The impact of climate change on currently recognised health risks and on public health in general should be emphasised to help the public and policy makers better understand the link between climate and health, a global group of health and science editors recommended at a meeting last week. The World Health Editors Network (WHEN) met in Geneva to discuss how best to communicate the effect of climate change on health, which is the theme for the World Health Organization’s world health day, on 7 April. Several speakers warned that it was difficult to raise the problem of climate change within the medical community. Robin Stott, chairman of MedAct, a global health charity that is concerned about the health implications of conflict, development, and environmental change, said, “Understanding that carbon is a public health issue—we simply haven’t wrapped our heads around it.” Nigel Duncan, public relations consultant to the World Medical . . .


England will launch a campaign this summer to promote the use of specific groups of evidence based interventions for hospital treatments that carry risk. The idea of using groups of interventions, known as care bundles, was developed by the US Institute for Healthcare Improvement, which found that patients benefited more when interventions were grouped rather than carried out as individual procedures. The campaign in England will coincide with celebrations to commemorate the 60th anniversary of the NHS, say the three organisers of the campaign, the National Patient Safety Agency, the Health Foundation, and the NHS Institute for Innovation and Improvement. Stephen Ramsden, chief executive of Luton and Dunstable Hospital NHS Foundation Trust, told a conference organised by Healthcare Events last week that the campaign will encourage trusts to commit themselves to three particular care bundles.


Almost two thirds of GPs don’t report adverse reactions to drugs under the yellow card scheme, a Welsh survey has shown. Data from 22 local health boards from 2004 to 2007 show that 63% of 1700 GPs did not submit a yellow card, said Robert Bracchi, a GP and honorary medical officer for the Yellow Card Centre in Wales, at the Medicines and Healthcare Products Regulatory Agency conference in Birmingham this week. But compared with other health professionals in Wales, GPs were still the scheme’s top users with just over a third of reports (34%) in 2005 (British Journal of Clinical Pharmacology 2005;60:221-3). The next highest reporters were hospital doctors, who were responsible for 22% of reports, followed by hospital pharmacists (21%) and nurses (17%). From a sample of 224 GPs, half of whom submitted four or more yellow cards and half of whom made no reports, Dr Bracchi . . .


The pervasive influence of evidence based medicine is about to invade tapas bars and cocktail parties. Scientists from Clemson University in South Carolina have discovered that double dipping, the practice of dipping a single tortilla chip into the guacamole more than once, is a good way to transfer bacteria from one person to another. Double dipping first came to prominence in the 1990s in the US television series Seinfeld. A character in the series is confronted with the accusa-
tion, “Did you just double dip that chip?” after he was spotted dipping the same chip twice. Timmy, the accuser, then says, “That’s like putting your whole mouth right in the dip.” Paul Dawson, a food microbiologist at Clemson University, decided to test the hypothesis that double dipping might be a true microbiological or health hazard. He encouraged a group of students to design an experiment to see whether bacteria were . . .


A large survey of academics from around the world has found strong support for the double blind system of peer review of research papers, where the reviewers and authors are unaware of each other’s identity. The survey, which resulted in 3040 responses to a questionnaire sent to more than 40 000 authors and editors (a response rate of 7.7%), found that 71% of respondents rated double blind reviewing as effective. In comparison, 52% rated single blind review, where only the reviewer is anonymous, as effective; and 37% considered post-publication review effective, in which anyone can review and rate a paper once it has been peer reviewed and published. Open review, where the author and reviewer know each other’s name, was the least popular method of peer review, with just 26% of respondents rating it as effective.


Breaking up the two year foundation programme for trainee doctors in the United Kingdom will destroy what is seen by many as a ground breaking scheme and which has cost the nation millions of pounds to establish, says a leading postgraduate dean. Elisabeth Paice, dean director of the London deanery and chairwoman of the UK Conference of Postgraduate Medical Deans, said that splitting up the two years of the programme would put extra strain on trainees who would have to think about applying for specialist jobs just six months after graduating rather than at 18 months under the current system. Sir John Tooke, dean of the Peninsula Medical School in Plymouth, recommended splitting up the two year programme in his interim report into the Modernising Medical Careers programme that was published in October (BMJ 2007;335:737; doi: 10.1136/bmj.39363.596273.59). The best elements of the second year should be integrated into . . .


The secretary of state for health in England took the unusual step this week of writing to all GPs in the country to try to convince them to accept the latest offer from the government for extending surgery opening hours. The letter goes out a week before a poll of GP members of the BMA on how to proceed over negotiations that have reached deadlock. In the letter Alan Johnson, the health secretary, reiterated the government’s offer over extended hours, which he has previously said was misrepresented by the BMA. The deal is for practices to provide 30 minutes of extended opening per week for every 1000 of their registered patients—or three hours for an average sized practice. It will be funded by rerouting £158m from access incentive schemes (the Access and Choice “Directed Enhanced Services”) that come to an end this year, not from the Quality . . .


Weak leadership, ineffective management, and poor use of systematic information are the key reasons that patient safety is put seriously at risk in English NHS trusts, says a report from the health service watchdog. NHS trust boards in England also fail on patient safety because it is unclear who is responsible for maintaining safety, and staff feel unable to speak out when problems occur, says the Healthcare Commission. The report looks at 13 investigations carried out by the commission between August 2004 and April 2007. A common trend in failing trusts has been that NHS boards concentrate on some of their activities, such as the delivery of targets or mergers, at the expense of others, says the report. The commission says all organisations need to deliver both on objectives and on the basics of quality of care and safety, not either or. Anna Walker—the commission’s chief executive—said, “Good leadership means . . .


As years of violence hopefully come to an end with the signing of a new peace agreement in the Democratic Republic of Congo, a survey of mortality estimates that the ongoing humanitarian crisis has claimed some 5.4 million lives since 1998. According to figures released last week by the International Rescue Committee, the legacy of conflict continues to result in as many as 45 000 deaths every month. “The conflict and its aftermath, in terms of fatalities, surpass any other since the second world war,” said the relief agency’s president, George Rupp. “Congo’s loss is equivalent to the entire population of Denmark or the state of Colorado perishing within a decade. Although Congo’s war formally ended five years ago, ongoing strife and poverty continue to take a staggering toll. We hope this week’s peace agreement in North Kivu will mean an end to the hostilities and a restart of reconciliation . . .

One in five maternity services in England—mainly in London—are failing to provide adequate quality of care and will have to produce action plans for improvement, warns a comprehensive review of maternity services published last week. Some obstetricians countered that lack of a central information system and clearly defined quality indicators had prevented maternity services from being able to report data on clinical care requested by the review, resulting in their being labelled as “under-performing, despite other indicators demonstrating high quality care.” The Healthcare Commission, the watchdog that monitors quality of care in the NHS, carried out the assessment after concerns that this area of care currently accounts for one in every 14 of cases referred on safety grounds to its investigation unit. The review set performance benchmarks for maternity for the first time. It assessed all 148 trusts that provide maternity services in England in three main areas: clinical focus, . . .


GPs in England say that they cannot compete with private companies in bidding to take over the running of general practices that come up for tender. It was announced last week that a London primary care trust had awarded to a US private healthcare company a contract to run three practices. The US company won the contract despite competition from a consortium of local GPs who had previously been managing one of the practices successfully. Camden Primary Care Trust awarded the tender to UnitedHealth Primary Care. The company will start running three general practices at King’s Cross Road Practice, Camden Road Practice, and Brunswick Medical Centre over the next few months. Four local GPs who bid for Brunswick Medical Centre, which they had been managing successfully for the previous six months, allege that the primary care trust had “not provided an equal playing field for all bidders.” Since taking over . . .


The “unprecedented and shocking” killings of three aid workers from Medécins Sans Frontières (MSF) in Somalia on 28 January has left humanitarian organisations “baffled and concerned” and led to an exodus of aid workers, including all the agency’s international staff. Those killed were a Kenyan surgeon, Victor Okumu, 51, French logistician Damien Lehalle, 27, and their local driver, Mohamed Abdi Ali, 28. They all worked for the recently established Kismayo emergency surgical project. Dr Okumu and Mr Lehalle had been there for less than a month. An initial assessment by UN security personnel said that the men were killed “by a remote controlled landmine explosion in a car they were travelling only a short distance from the hospital.” The use of such a device indicates that they were deliberately targeted rather than the accidental victims of abandoned ordnance. A fourth person, Hassankaafi Hared Ahmed, a passing journalist, was also killed . . .


The creation of a new independent body to organise medical education and training would damage the NHS, MPs have been told. Expert witnesses warned against setting up a new body when they appeared last week.
before the parliamentary health select committee inquiry into the Modernising Medical Careers (MMC) programme, which created the recruitment system for junior doctors that caused problems last year. A key recommendation of the Tooke report—an independent report commissioned by the government into MMC problems—was to create an independent body called NHS Medical Education England to oversee postgraduate medical education and training (with equivalent bodies throughout the United Kingdom), to control a ringfenced training budget, and to set principles (BMJ 2008;336:61, 12 Jan doi: 10.1136/bmj.39455.498600.4E). Representatives of the workforce and employers were asked their opinion of such a body by the committee.


Conflict between the four devolved governments in the United Kingdom is increasingly likely and will affect the NHS, according to an influential report. The report about devolution by the health policy think tank The Nuffield Trust says that differences in health policy in the UK could become a growing tension that tears at medical training, puts pressure on representative organisations, and leads to educational divergence. The report is based on a series of high level seminars held with government officials, profession leaders, advisers, academics, and other health policy makers in the four countries. It says, “Having repeatedly reformed its health services since it came to power in 1997, the New Labour government in the UK is looking to values to provide the glue or story-line holding together the various changes, many of them hotly contested by professionals and public alike.” The UK could be facing a problem because it has . . .


Growth in spending on health care will determine the future economic policy of the US government, a financial adviser to the government has predicted. Spending on health care is rising in the United States: the current cost of 16% of the gross domestic product is projected to reach 20% by 2016. “In order to avoid an explosion of government debt, you have to cut spending by a third or raise revenue by a third, or some combination thereof,” Peter Orszag told a Capitol Hill briefing this week. Dr Orszag is the director of the Congressional Budget Office, which provides analysis of existing programmes and proposed legislation for Congress. It would be possible to save $1500bn over the next 10 years by implementing a series of changes, said Cathy Schoen, coauthor of a report on healthcare reform from the charity the Commonwealth Fund. The report, released in December, offered . . .


Voluntary circumcision of men reduced their acquisition of herpes simplex virus by about 25% and cut in half the rate of ulcerative genital diseases, primarily herpes, among their wives. But disappointingly, among those men who were HIV positive, circumcision did not seem to affect the rate of transmission of HIV to their wives. The study was part of broad ongoing population research being conducted in the rural Rakai region of Uganda as part of an almost 20 year collaboration between local and US investigators. It was presented this week at the 15th Conference on Retroviruses and Opportunistic Infections. Three earlier studies conducted in Uganda, Kenya, and South Africa had shown that men who became circumcised reduced their risk of acquiring HIV infection by more than half. “For us, it stands right up with prevention of mother to child transmission as an intervention that really can work,” said the Johns Hopkins . . .


The number of deaths of babies during childbirth in Dutch hospitals is considerably higher at night than during daytime, claim two leading clinicians writing in the journal of the Dutch Medical Association (Medisch Contact 2008;63:96-9). A lack of 24 hour cover by gynaecologists could be to blame, say the authors, Gerard Visser and Eric Steegers, heads of the obstetric departments of, respectively, the Utrecht university medical centre and the Erasmus university medical centre in Rotterdam. They write that the figures elicit a “strong suspicion” that obstetric departments are less safe outside normal working hours. However, they argue that the whole chain of obstetric care, including the Netherlands’ strong tradition of home births, needs to be scrutinised. Dutch obstetric care must “dare to make choices” and challenge “conservatism” if the country is to regain its leading position on perinatal deaths. The number of perinatal deaths in the Netherlands is 3.5 . . .


A Dutch trial of probiotics in acute pancreatitis that resulted in 15 unexpected deaths is being investigated by the Dutch Healthcare Inspectorate and the Central Committee on Research involving Human Subjects. The multicentre, double blind, randomised controlled trial was designed to see whether probiotics could reduce the incidence of infectious complications in patients with severe acute pancreatitis. Previous small scale studies had indicated that probiotic treatment might be effective (British Journal of Surgery 2002;89:1103-7). The Dutch trial involved nearly 300
Patients in 15 hospitals, including all of the Netherlands’ eight university medical centres. The protocol had been approved by ethics committees, and the participants had all given informed written consent. The study compared the use of a multispecies probiotic preparation with a placebo. The results showed that infectious complications occurred in 30% of the participants who were treated with the probiotic preparation and in 29% in the placebo group. . .


Tensions are growing in Berlin ahead of a parliamentary vote that medical scientists say will determine whether or not Germany can continue to participate effectively in embryonic stem cell research. The German parliament, the Bundestag, is scheduled to vote on proposals to liberalise the law on 14 February. The present law does not allow scientists in Germany to grow stem cells from human embryos, and allows them only to import stem cell lines derived from embryos before 2002. German scientists say that they need access to newer stem cell lines to compete and collaborate internationally. Oliver Brüstle, a neuropathologist at the University of Bonn, told the BMJ that he and other stem cell scientists have visited Berlin to plead their case with MPs. Opponents of embryonic stem cell research also are active. “A lot is happening in Berlin behind the scenes,” Dr Brüstle said. All German political parties have called . . .


The Karolinska Institute, in Stockholm, has expelled a first year medical student who it admitted last year without knowing that he had served time in prison for murder with a firearm. The story has ignited parliamentary discussion in Sweden about the need to better screen medical students. The Karolinska Institute first learnt of the student’s violent past in early autumn through anonymous tips. Tipsters, who also notified news organisations, alleged that the 31 year old medical student Karl Svennson had been a Nazi sympathiser convicted of a murder in 1999 under his former name, Hampus Hellkant. The university and news organisations confirmed that Mr Svennson had been released from prison in early 2007 after serving six and a half years of an 11 year murder sentence. Despite widespread, but not universal, sentiment in the medical community that a murderer should not be admitted to medical school, the university could not . . .


German based production of influenza vaccines for the 2007-8 season totalled 30.2 million doses, up almost 30% from 23.5 million a year ago. But demand from patients in Germany for flu vaccines has not kept pace with increased production. This has left an oversupply of unused doses on pharmacy shelves—and possibly triggered a spate of news stories based on press releases that urge people to be vaccinated. Susanne Stöcker, spokeswoman for the Paul Ehrlich Institute in Langen, which records vaccine production for Germany, told the BMJ that the institute does not know what percentage of the record 30.2 million doses have been used so far this season. However, she said that in past years spot shortages had developed by January, and she normally receives many telephone calls from pharmacies and patients who are seeking flu vaccines. This year she has received no such telephone calls. “I don’t think there is . . .


The US National Institutes of Health (NIH) is lax in checking for conflicts of interest among the researchers who receive billions of dollars in its grants, says a report by the Office of the Inspector General of the Department of Health and Human Services, the institutes’ parent agency. It has recommended that grantee institutions report the nature of financial conflicts of interest and how they are managed to the NIH. The NIH has objected to that recommendation, however, saying that it should not have to take on that responsibility. During the fiscal year 2007, the 24 institutes and centres gave more than $29.2bn in research grants, 80% of which was distributed through about 50 000 competitive grants to more than 325 000 researchers at more than 3000 universities, medical schools, and other research institutions in the United States and abroad, the report says. Although NIH policies require grantees . . .
systematic reviews is variable and findings are often unreliable even when published in peer-reviewed scientific journals,” the report says. Hundreds, even thousands, of competing guidelines exist, and there is uncertainty about which are reliable and objective. Guidelines that are paid for by manufacturers or vendors, as many are, are more likely to show effectiveness. “Unfortunately, the current processes underlying guideline development . . .


The US Food and Drug Administration has not met its legal requirements to inspect US and foreign medical drug and device manufacturers, and it has not provided effective oversight of domestic and imported food, according to two reports by the General Accountability Office, the independent investigative arm of Congress. The reports, both released on 29 January, said that the FDA’s science base, scientific workforce, and information technology infrastructure were weak and inadequate. In November the FDA’s subcommittee on science and technology found “substantial weaknesses across the agency.” At a hearing of the subcommittee on oversight and investigations of the committee on energy and commerce of the House of Representatives on 29 January, Peter Barton Hutt, the FDA’s former chief counsel, said that the FDA’s annual budget of $2bn should be doubled and its staff increased by 50% over the next two years.

Andrew von Eschenbach, the FDA’s head, . . .


Although Spain has a higher proportion of doctors per head of population than most other European countries, the distribution is uneven, and some specialties have shortages, a report from the Organización Médica Colegial says. Juan José Rodriguez Sendín, secretary general of the college, which represents all Spain’s registered doctors, said, “The problem is not one of supply, but of unregulated, unforeseen, or unplanned demand influenced by the intervention of many factors of variable importance, such as population, human resource policies of the Spanish Ministry of Health, and planning. “There is only an occasional lack of doctors in Spain in certain specialties, provinces, and departments. It is more correct to talk about maldistribution rather than a real lack of doctors. The professionals we have in Spain are not well distributed according to the needs of each community.” According to the report, which compared data throughout member countries of the Organisation for . . .


The European Commission has tabled EU-wide legislation that will require all prepacked food to display key health and nutritional information clearly on the front of the package. However, a “traffic light” system of red, amber, or green labelling will not be adopted. The proposal, which must now be approved by European Union governments and the European parliament, is part of the commission’s antiobesity strategy. It is also designed to update rules on food labelling first introduced 30 years ago. Presenting the initiative, Markos Kyprianou, the European commissioner for health, said that food labels could have a big influence on consumers’ purchasing decisions. The proposal, he said, “aims to ensure that food labels carry the essential information in a clear and legible way, so that EU citizens are empowered to make balanced dietary choices.” Mr Kyprianou said he had rejected the traffic light method of labelling, used by some UK retailers . . .


The Department of Health is to increase pressure on trusts that are not on course to meet the target of screening 15% of 15-24 year olds for chlamydia by the end of March this year. Figures released by the Health Protection Agency last November showed that the best performing strategic health authority had only managed 2.5% by September 2007 (BMJ 2007;335:1010; doi: 10.1136/bmj.39398.715324.DB). The latest figures, which are due to be released next week, are expected to show an improvement, but not sufficient to allay concerns about the target being missed. Simon Barton, immediate past president of the British Association for Sexual Health and HIV, warned that non-compliant trusts would be put under considerable pressure to perform. Speaking at a conference of the Royal College of General Practitioners in Birmingham last week, Sex in the Surgery, he said uptake for chlamydia testing was “appalling.” “Commissioners blame us, and we . . .


A thousand people are to have their genomes sequenced in an ambitious three year project that will create the most comprehensive catalogue so far of human genetic variation. The 1000 Genomes Project is to be carried out by an international consortium including the Wellcome Trust’s Sanger Institute in the United Kingdom, the US National Human Genome Research Institute, and the Beijing Genomics Institute in China. The estimated cost is between $30m and $50m. A thousand volunteers have already been recruited from Africa, Asia, America, and Europe. They have given informed consent for their DNA to be analysed and placed in public databases. The donors are anonymous and
will not have any of their medical information collected because the project is developing a basic resource to provide information on genetic variation.


Unless efforts are increased to stem the global tobacco epidemic, which currently kills 5.4 million people a year from lung cancer, heart disease, and other illnesses, the toll will rise to more than eight million by 2030, with most deaths occurring in poor countries, a World Health Organization report warns. “Tragically, with more than 80% of those deaths occurring in the developing world, the epidemic will strike hardest in countries whose rapidly growing economies offer their citizens the hope of a better life,” said Margaret Chan, WHO director general. But Dr Chan in a preface to the report argues that “prompt action is crucial” now to prevent this dire scenario. “We cannot let this happen,” the WHO chief says, and she calls on governments around the globe to take “urgent action” to implement six key tobacco control policies.

ANALYSIS


The NHS spends about £11bn (annually on pharmaceuticals, of which £8bn is on branded drugs, representing about 13% and 10% respectively of available resources. As growth in NHS funding is expected to slow, access to innovative technologies will depend on savings found elsewhere. The UK Department of Health uses the pharmaceutical price regulation scheme to control expenditure on branded drugs. This 50 year old scheme is intended to control the profits companies can earn through periodic and general price cuts. A report by the Office of Fair Trading recommended reform, basing a drug’s price on its health benefits. The government has confirmed its intention to renegotiate the existing scheme, and a recent House of Commons Health Committee report has also welcomed reform. The policy debate about price, value, and innovation is at a critical stage for the NHS.


Less than a year ago, when Nicolas Sarkozy was running for president, health was not a priority. Indeed Le Monde, a leading French newspaper, carried the headline: “Health, the missing item in Nicolas Sarkozy’s reforms.” The reason for this omission may have been that the French health system is largely well perceived by citizens and users. However, the recent debate over the introduction of further non-reimbursable charges of (£0.37; $0.75) for each drug packet and paramedical services such as physiotherapy, which came into effect at the beginning of this year, suggests that this satisfaction could become eroded. This article outlines the structure of France’s health system, analyses patients’ perceptions of it, and comments on the challenges it faces, not least with containing the high costs. Overview of French health system. The French health system (box) is financed mainly by employers and employees through social contributions. It is characterised by ease of access . . .


Health service pay is top of the political and media agenda in many countries. In the UK, moral outrage over doctors’ pay - fuelled by the lay media - has contributed to a widespread belief that pay rises have soaked up much of the recent investment in the NHS. Doctors’ representatives respond that rising pay reflects rising quality and performance, but doubts remain and even the government has expressed alarm, threatening to cap future rises. Other countries are also grappling with how to pay healthcare professionals, particularly doctors. Many countries have linked the remuneration problem with concerns about quality and performance, focusing new attention on payment for performance programmes. Under these programmes a portion of payment is dependent on performance assessed against one or more defined measures.

RESEARCH

Bolland, M.J., P Alan Barber, Robert N Doughty, associate professor1, Barbara Mason, research officer1, Anne Horne, research fellow1, Ruth Ames, research officer1, Gregory D Gamble, research fellow1, Andrew Grey, associate professor1, Ian R Reid. (2008). Vascular events in healthy older women receiving calcium supplementation: randomised controlled trial. British Medical Journal, 336 (7638), 262-266.

Adverse cardiovascular events over five years: death, sudden death, myocardial infarction, angina, other chest pain, stroke, transient ischaemic attack, and a composite end point of myocardial infarction, stroke, or sudden death. Myocardial infarction was more commonly reported in the calcium group than in the placebo group (45 events in 31 women v 19 events in 14 women, P=0.01). The composite end point of myocardial infarction, stroke, or sudden death was also more common in the calcium group (101 events in 69 women v 54 events in 42 women, P=0.008). After adjudication myocardial infarction remained more com-
mon in the calcium group (24 events in 21 women v 10 events in 10 women, relative risk 2.12, 95% confidence interval 1.01 to 4.47). For the composite end point 61 events were verified in 51 women in the calcium group and 36 events in 35 women in the placebo group (relative risk 1.47, 0.97 to 2.23). When unreported events were added from the national database of hospital admissions in New Zealand the relative risk of myocardial infarction was 1.49 (0.86 to 2.57) and that of the composite end point was 1.21 (0.84 to 1.74). The respective rate ratios were 1.67 (95% confidence intervals 0.98 to 2.87) and 1.43 (1.01 to 2.04); event rates: placebo 16.3/1000 person years, calcium 23.3/1000 person years. For stroke (including unreported events) the relative risk was 1.37 (0.83 to 2.28) and the rate ratio was 1.45 (0.88 to 2.49).


During the 12 years of follow-up 755 confirmed incident cases of gout were reported. Increasing intake of sugar sweetened soft drinks was associated with an increasing risk of gout. Compared with consumption of less than one serving of sugar sweetened soft drinks a month the multivariate relative risk of gout for 5-6 servings a week was 1.29 (95% confidence interval 1.00 to 1.68), for one serving a day was 1.45 (1.02 to 2.08), and for two or more servings a day was 1.85 (1.08 to 3.16; P for trend=0.002). Diet soft drinks were not associated with risk of gout (P for trend=0.99). The multivariate relative risk of gout according to increasing fifths of fructose intake were 1.00, 1.29, 1.41, 1.84, and 2.02 (1.49 to 2.75; P for trend <0.001). Other major contributors to fructose intake such as total fruit juice or fructose rich fruits (apples and oranges) were also associated with a higher risk of gout (P values for trend <0.05). Prospective data suggest that consumption of sugar sweetened soft drinks and fructose is strongly associated with an increased risk of gout in men. Furthermore, fructose rich fruits and fruit juices may also increase the risk. Diet soft drinks were not associated with the risk of gout.


Sociodemographic factors, cognitive function, specific health conditions, and self reported health collected at each interview. Cox’s proportional hazards regression models were used to identify predictors of mortality from the selected variables in people who received diagnosis of dementia according the study’s criteria. By December 2005, 356 of the 438 (81%) participants who developed dementia during the study had died. Estimated median survival time from onset of dementia to death was 4.1 years (interquartile range 2.5-7.6) for men and 4.6 years (2.9-7.0) for women. There was a difference of nearly seven years in survival between the younger old and the oldest people with dementia: 10.7 (25th centile 5.6) for ages 65-69: 5.4 (interquartile range 3.4-8.3) for ages 70-79: 4.3 (2.8-7.0). Significant factors that predicted mortality in the presence of dementia during the follow-up included sex, age of onset, and disability. These analyses give a population based estimated median survival for incident dementia of 4.5 years. Such estimates can be used for prognosis and planning for patients, carers, service providers, and policy makers.

CLINICAL REVIEW


Summary points
If patients with asymptomatic inguinal hernia are medically fit, they should be offered repair
Mesh repair is associated with the lowest recurrence rates of hernia
Laparoscopic repair is suggested for recurrent and bilateral inguinal hernias, though it may also be offered for primary inguinal hernia repair
The median absence from work after hernia repair is seven days and may be 14 days for those doing strenuous work
Early complications include bruising, numbness, and wound infection
Chronic pain is the predominant late complication

Abdominal wall hernias are common, with a prevalence of 1.7% for all ages and 4% for those aged over 45 years. Inguinal hernias account for 75% of abdominal wall hernias, with a lifetime risk of 27% in men and 3% in women. Repair of inguinal hernia is one of the most common operations in general surgery, with rates ranging from 10 per 100 000 of the population in . .
Clinicians are often confronted with decisions about mental capacity. Healthcare workers in England and Wales should therefore be aware of the recent changes to how capacity is assessed and the way that adults lacking capacity are dealt with since the implementation in 2007 of the Mental Capacity Act 2005.

What does the Mental Capacity Act do? The act protects people who lack the mental capacity to make decisions. Until the Mental Capacity Act 2005 was implemented no statutory law covered this area. Courts previously dealt with capacity under “common law,” which consists of the accumulated judgments of individual cases. The Mental...