

In brief

Abolition of UK health councils attacked: The UK government has been urged to rethink its plans to scrap Community Health Councils, the independent bodies that represent patients. David Hinchliffe, chairman of the Commons' health select committee, said the alternatives proposed by ministers would not address the "democratic deficit" in the NHS.

WHO issues malaria warning: Increasing numbers of holiday makers travelling on package tours from Europe to Africa are contracting malaria because they are failing to take simple precautions against the disease, according to the World Health Organization.

Judge to head Harold Shipman inquiry: Dame Janet Smith, a High Court judge, is to head the official inquiry into the serial killer Dr Harold Shipman. The scope of the inquiry is to be wider than originally envisaged, looking at up to 200 suspicious deaths instead of the 38 planned.

Most smokers intend to quit: More than half of smokers in the United Kingdom intend to give up in the coming year, but only half of these think that they will succeed, according to a survey by the Office for National Statistics.

Charter for health launched: A People's Charter for Health was agreed at the People's Health Assembly in Bangladesh last month. It calls for radical action to address global health inequalities. The text is available at www.pha2000.org

UK women must wait for morning after pill: The morning after pill is likely to be in short supply in UK pharmacies until the end of January, even though it was cleared for sale to women aged 16 and over from 1 January.

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US sets national standards for patient privacy

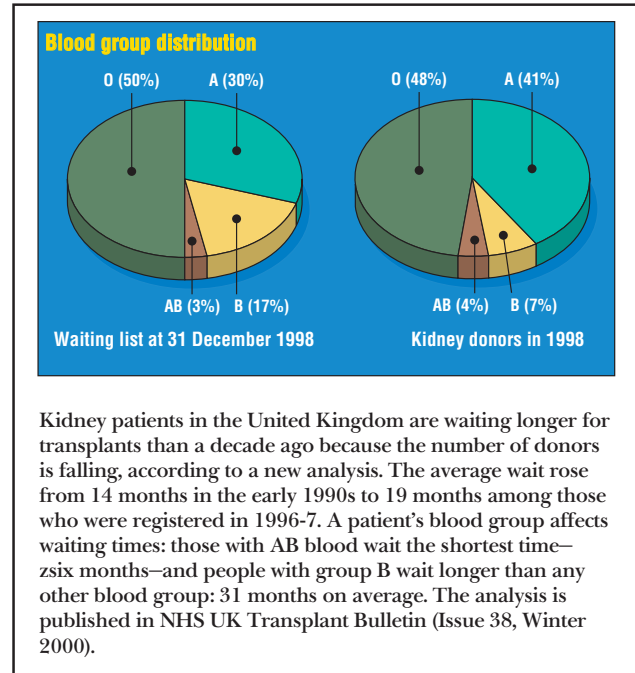
Debbie Josefson *New York*

In one of his final acts as US president, Bill Clinton unveiled the first federal rules governing medical privacy and patient confidentiality.

Until now, medical privacy protections varied from state to state. In announcing the regulations, Clinton said the new safeguards were required in the internet age, when, "with a click of a mouse, your personal health information can be accessed without your consent, by people you don't know."

The new rules set national standards for protecting the privacy and distribution of Americans' personal health records and establish fines and criminal penalties for violations of those standards. Where state medical laws are more stringent than the federal regulation, the state laws will prevail. All forms of medical records including electronic, paper, and oral communications are covered.

Written privacy procedures detailing who has access to medical information, how that information is used, and when that information is disclosed will be required of all parties involved in collecting and transferring such data. Patients will have the right to review their own records, to request amendments



Kidney patients in the United Kingdom are waiting longer for transplants than a decade ago because the number of donors is falling, according to a new analysis. The average wait rose from 14 months in the early 1990s to 19 months among those who were registered in 1996-7. A patient's blood group affects waiting times: those with AB blood wait the shortest time—26 months—and people with group B wait longer than any other blood group: 31 months on average. The analysis is published in NHS UK Transplant Bulletin (Issue 38, Winter 2000).

and corrections, and to view a disclosure history listing all entities that have received medical information on them.

Some fear that the stringency of such regulations will impair patient care, create unnecessary bureaucracies, encourage litigation, and be too costly to implement. Research and quality assurance protocols may also be hampered by these regulations. Karen Ignagni, president of American Association of Health Plans, a lobbying group for health maintenance organisations, pointed out that routine

healthcare reminders for screening mammograms, cholesterol checkups, and retinal screenings for people with diabetes may be hampered by the regulations. Implementing such rules would require more computer and personnel resources and thereby would increase the cost of care.

Disclosures will be allowed if there is an imminent threat to public health. Researchers may obtain medical information, but only if approved by a "privacy board" or Institutional Review Board. In most cases the information will be anonymised. □

Spain agrees palliative care plan

Xavier Bosch *Barcelona*

A national plan on palliative care has been agreed by the Spanish ministry of health and the health departments of the Spanish regional governments. The goal is to enable terminally ill patients to receive treatments in their own homes to improve their quality of life but not necessarily extend life.

The plan regulates, for the first time in the country, the use of opiates to mitigate pain in terminally ill patients, even though

the secondary effect may be a shortening of life.

Celia Villalobos, minister of health, said that the approved plan is a "response to ageing of population and in particular to the increasing number of cancer cases." The plan focuses on the incidence of cancer, which caused 90 000 deaths in Spain last year, and points out that the number of patients with chronic and degenerative diseases and AIDS will increase in the next few years.

Dr Antonio Pascual, president of the Spanish society of palliative care, says that there are major inequalities in current services as more than half of Spain's palliative care teams are based in Madrid and Catalonia. An objective of the new plan is

that the access to palliative care is similar nationwide "without distinction of territory, economic resources or information."

The plan states that "doctors have been reluctant to administer opiates in the terminally ill and that public health authorities have also shown resistance to provide them," even though "such resistance has diminished in recent years." Pascual says that the consumption of opiates, especially morphine, is low in Spain—10 kg per million people a year, less than half that in the United Kingdom.

The plan will increase the number of palliative care units currently existing in the country—at least eight Spanish provinces currently have none. □