

recommended that haredi women—especially those who are pregnant—should be prescribed vitamin D supplements.



PHOTO: TWIGGIE/PANOS PICTURES

He said that his study had implications for other modestly dressed populations, including Bedouin and Muslim women in various parts of the world.
Judy Siegel-Itzkovich *Jerusalem*

NHS faces rise in negligence payments

The NHS faces a major rise in its bill for medical negligence compensation as a result of new regulations laid before parliament that affect the way damages are worked out.

The lord chancellor, Lord Irvine, has reduced the “discount rate”—the rate that successful claimants in personal injury cases are deemed to earn by investing their compensation awards—from 3% to 2.5%. The result will be larger lump sums to cover loss of earnings and the cost of future care, because investments will be deemed to earn a lower rate of return. Lawyers said that the change would mean, for example, an increase of between £100 000 (\$140 000) and £200 000 in the case of damage at birth leading to cerebral palsy, worth £3m.

The lord chancellor was given power in 1996 under the Damages Act to set a rate, but, much to the frustration of claimants’ lawyers, it has taken him five years to exercise it. In 1999 claimants’ lawyers took a series of test cases to the House of Lords,

arguing that the then discount rate of 4.5% should be reduced. Until then, the courts had assumed that claimants would invest part of their lump sums in shares, but the lords ruled that they should be entitled to keep their capital in gilts—risk-free government securities that produced a lower rate of return.

The law lords reduced the rate to 3%, substantially boosting awards in the biggest cases. Claimants’ lawyers lobbied Lord Irvine to drop it to 2%, citing the drop in returns on gilts. But the lord chancellor has opted for 2.5%. He explained: “I must set a rate calculated to avoid over-compensation or under-compensation of claimants. In doing so, I have had regard to the legitimate concern of claimants who are seriously injured to ensure that they have a stream of income in the future adequate to meet their needs.”

Clare Dyer *legal correspondent, BMJ*

Scientists discover the prion for BSE in urine

A urine test can detect the prion that causes bovine spongiform encephalopathy (BSE) in animals and Creutzfeldt-Jakob disease (CJD) in humans, according to Jerusalem researchers who are developing a commercial kit for this purpose. Infected animals and humans can be identified even when asymptomatic, they claim.

The test might make it possible to save unaffected cows from slaughter when some in a herd have been found to be infected. In addition, it might be possible to identify carriers of the human variant and prevent them from donating blood, while other people could give blood even if they spent time in affected countries.

The discovery that prion isoforms are found in the urine of hamsters, cows, and humans was made by Dr Ruth Gabizon and colleagues in the neurology department of Hadassah University Hospital, Ein Kerem, Jerusalem. Their findings have been published electronically as a “paper in press” in the *Journal of Biological Chemistry* (www.jbc.org/cgi/reprint/C100278200v1.pdf).
Judy Siegel-Itzkovich *Jerusalem*

Breast self examination may do more harm than good

David Spurgeon *Quebec*

Physicians should no longer routinely teach women aged 40-69 breast self examination as a screening technique for cancer because it can do more harm than good, the Canadian Task Force on Preventive Health Care has announced. The task force counsels healthcare providers on effective screening methods.

In a systematic analysis of 34 years of published studies of breast self examination, the Canadian task force concluded that there was evidence that the technique had no benefits and good evidence that harm is done (*Canadian Medical Association Journal* 2001;164:1837-46).

Dr Nancy Baxter, the lead author, who at the time of writing was a resident in general surgery at the University of Toronto, said that despite the fact that the technique had been promoted for 30 years, only about a third of women practised it monthly, while even fewer did it properly. Harm could be caused by anxiety and by unnecessary biopsies.

The Canadian task force’s recommendations have produced confusion and anger among Canadian women and some disagreement among doctors.

Dr Cornelia Baines, professor of public health sciences at the University of Toronto, claimed that the task force was selective in its evidence and that “they have interpreted it in a misleading and incomplete way.” She said both mammography and breast self examination were necessary.

Karen DeKoning, president of the Canadian Breast Cancer

Network (a network of organisations and individuals affected by breast cancer) said that it was wrong to tell women that self examination could harm them, and she urged them to continue the practice.

But Dr Steven Narod, director of preventive oncology at the University of Toronto, said it might be time to admit that the evidence for the usefulness of self examination was just not there.

The task force searched the electronic databases Medline, PreMedline, CINAHL, Health STAR, Current Contents, and the Cochrane Library for abstracts and full reports of studies published from 1966 to October 2000, which evaluated the effectiveness of breast self examination in reducing mortality from breast cancer.

The analysis was based on two randomised controlled trials in China and Russia; a non-randomised controlled trial in the United Kingdom; three case-control studies, one of which was part of the Canadian national breast screening study; and two cohort studies.

For women younger than 40, there was little evidence for effectiveness of breast self examination, the task force said. And because cancer incidence in this group was low, “the risk of net harm” from its use was even more likely. For women aged over 70, although the incidence of breast cancer was high, there was insufficient evidence to make a recommendation. □

The article is accessible at www.cma.ca/cmaj



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