

Asthma “crisis” for black Americans

Janice Hopkins Tanne *New York*

The National Medical Association, the professional organisation of 25 000 African-American doctors, declared at its annual meeting earlier this week that asthma is a public health crisis for black people in America.

Dr Michael LeNoir, chair of the allergy and asthma section of the association and an associate professor of paediatrics at the University of California in San Francisco, said that African-Americans are two to six times more likely to die from asthma than white people. “Seventeen million Americans have asthma. The number keeps getting worse. Every year more than 5000 people die from this preventable disease.”

The disease disproportionately affects African-Americans. A black man in New York city is 11 times more likely to die from asthma than other men in the city.



The US surgeon general, Dr David Satcher, left, looks on as rapper Coolio discusses his experiences of asthma

ma than other men in the city.

The reason why asthma is more common among black people and other inner city residents is unclear. Being an African-American is a marker, but not a risk factor. African-

Americans tend to have poorer access to care and information. Many don't have a regular doctor and use overcrowded clinics and emergency departments when they have a crisis. Doctors may be rushed and ill-informed,

so patients don't come back and therefore lack continuity of care.

Public information is not reaching the community, Dr LeNoir said. “People don't recognise the symptoms. A chronic cough is the most common symptom. Wheezing is a symptom of moderate to severe asthma.”

People use “rescue medicines” like albuterol (salbutamol) whereas they should be controlling their asthma with inhaled corticosteroids combined with albuterol.

To deal with this crisis, the National Medical Association plans an educational programme similar to the direct to consumer advertisements for drugs seen in the United States. Radio and television are the best ways to reach inner city residents and people with asthma and give them straightforward messages. The programme will tell consumers about asthma's symptoms and treatments and will direct them to doctors so that they can ask informed questions.

For doctors, the association will also offer a full-day asthma certification course. □

New child health tsar promises shake-up of services

Caroline White *London*

Services for children—including health services—have been poorly coordinated and fragmented, Professor Al Aynsley-Green, the newly appointed national director for children's healthcare services in England, has said in his first public briefing since his appointment last month.

He was setting out his plans for a national service framework for children, which he described as “the most important opportunity for change in years.”

“The lottery in care for children's services must now end,” he said, adding: “The size of the task is enormous. It's a huge challenge.”

The national service framework for children will encompass health, social care, education, and the environment and will be combined with streamlined and radical new ways of working that are child

and family centred. It will be underpinned by the work of the Children's Taskforce, set up last year to drive forward the aspects of the NHS Plan relating to children.

Key to the development of the strategy, Professor Aynsley-Green said, would be the involvement of children and their parents and the recognition that services must be integrated and responsive to the different ages of a child, from pregnancy and childbirth through to adolescence and the transition to adulthood. Each of these stages had very specialised needs. He promised a review of maternity services and an overhaul of working practice that would “challenge current roles” and produce “big cultural changes.”

The framework is due to be published within the next two to three years, and is likely to be issued in modules. □

US tries to ban human cloning

Janice Hopkins Tanne *New York*

Although the US House of Representatives voted last week to ban human cloning, the issue has not been resolved.

The bill will not become law unless passed this autumn by the Senate. The bill prohibits the cloning of human beings for producing babies and for medical research, making it a criminal offence punishable by up to 10 years in prison and fines of at least \$1m (£0.7m), and prohibits importation of treatments derived from cloned embryos.

The House of Representatives rejected a bill allowing “therapeutic cloning.” This technique, also called “somatic cell nuclear transfer,” would produce a blastocyst (a term preferred to “embryo” by the technique's proponents) derived from the patient's own cells and could be used to create individually tailored treatments.

The cloning debate is entan-

gled with debates on abortion and stem cell research that uses embryos discarded by fertility clinics. Stem cells can grow into any human tissue and could be used in regenerative treatments. However, the cells would not be compatible with a patient's immune system, and lifelong immunosuppressive treatment would be needed. “Therapeutic cloning” would avoid this problem by creating a blastocyst derived from the patient's own cells.

The American Medical Association earlier opposed “human cloning” to produce a baby but took no position on somatic cell nuclear transfer.

Jeff Trewthitt, spokesman for Pharmaceutical Research and Manufacturers of America, said that his organisation supported the cloning of individual cells, genes, and tissues to make new medicines.

“It's not the same as cloning human embryos,” he said. Genetic engineering has led to 78 new drugs that are now on the market, and a third of drugs in ongoing clinical trials were developed through genetic engineering. □