

bmj.com news roundup

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Cochrane proposes further limits on commercial funding

Fierce opposition to industry funding of Cochrane reviews has caused the organisation's leadership to draft a set of proposals that will, if accepted, further restrict commercial funding. Under the proposed policy, for-profit companies will not be allowed to fund a Cochrane review if they have a "real or potential vested interest in the findings of the review." Additionally, commercial entities would not be allowed to fund the review groups themselves.

The new proposals do not forbid industry sponsorship of other Cochrane entities, but suggest creating a "firewall" between commercial sources and review groups. Nor do they restrict funding by not-for-profit organisations. This is worrying some researchers as a "third party" strategy—in which industry funds or even creates not-for-profit professional or lay organisations that promote certain medicines—is increasingly being used by drug companies to influence prescribing.

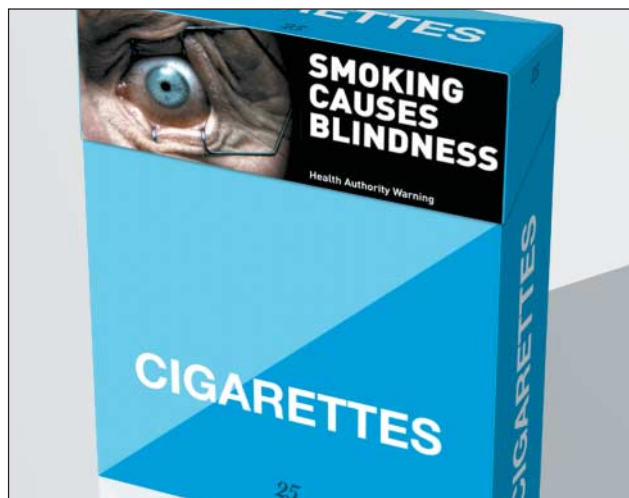
The proposals will be discussed, and a final version will be drawn up at the steering committee meeting in Bergamo, Italy, at the end of this month.

Jeanne Lenzer *New York*

Benefit levels must increase to allow healthy living

A coalition of 66 UK non-governmental organisations, including the BMA, is calling on the government to review current methods of assessing poverty.

Current methods of determining acceptable rates of benefits and pensions do not reflect the costs of living healthily in the United Kingdom, says the Zacchaeus 2000 Trust, a Christian organisation that, as an umbrella body, includes representatives from Age Concern, Barnardo's, and the National Society for the Prevention of



Cigarette packs to feature graphic images

The Australian government is proposing that by mid-2005 every pack of cigarettes and tobacco sold there will feature graphic images of smoking related diseases over half the front and rear panels.

The proposals emulate those adopted in Canada, which introduced graphic warnings covering half each pack in January 2001, and Brazil, which introduced similar images in February 2002. Unveiling the proposed changes for public comment the parliamentary secretary for health, Trish Worth, pointed to the success of the changes in Canada, which have resulted in a 3% reduction in tobacco consumption.

A cost-benefit analysis for the Commonwealth Department of Health and Ageing on the proposed new regulation accepted that a 3% reduction in the consumption of tobacco was likely. It found that even if the change in packaging reduced tobacco consumption by only 1% the net benefit "would remain significantly positive."

Bob Burton *Canberra*

Details of the proposals and the *Cost-Benefit Analysis of Proposed New Health Warnings on Tobacco Products* are available at www.treasury.gov.au

Cruelty to Children.

The government sets minimum levels for benefits without giving enough weight to the price of goods and services people have to buy, the trust says in a report that was due to be presented to the prime minister on Wednesday. Instead, for many decades benefits have been set at a level that reflects the state of the economy and other calls on public spending rather than the actual cost of living.

Failure to consider real costs is undermining the government's commitment to reduce child poverty, the trust argues.

Lynn Eaton *London*

Memorandum to the Prime Minister on Minimum Income Standards is available from the Zacchaeus 2000 Trust, Inkwell, 713 Seven Sisters Road, London N15 5JT, price £12.50.

Germany's new charging system has mixed results

The number of patients in Germany seeking health care from their GPs or specialist practitioners was 15% lower in January 2004 than in the previous month. Health reforms, including charges to see a doctor, were introduced in Germany at the beginning of the year. However, in December 2003 practices were exceptionally busy as patients saw their doctors before the changes were introduced.

The decrease in visits in January was announced by Roland Stahl, speaker of the National Association of Statutory Health Insurance Physicians.

Despite the reforms about

8% more patients attended doctors' practices in January 2004 than in January 2003.

The German Society of General Practitioners has reported that patients with mild illnesses seemed to avoid practices. It is not yet clear whether the new reform will achieve its aim of lowering healthcare costs by deterring patients from unnecessary visits and using their GP as a guide through the health system.

Since January patients have had to pay a €10 (£6.80; \$12.70) fee every three months if they want to visit a GP or a specialist.

Annette Tuffs *Heidelberg*

South African health service must strengthen infection control measures

South Africa's public healthcare facilities, groaning under the weight of the AIDS epidemic, have inadequate infection control measures, a report commissioned by its Department of Health says.

The overall conclusions of the report include the fact that some 20% of younger health workers (aged 18 to 35) are estimated to be infected with the virus. These health workers have to treat large numbers of AIDS cases. About 46% of hospital admissions in the public sector are people with AIDS related disorders who stay in hospital for a mean of 13.7 days, close to double the stay of patients without AIDS.

The report states that, as well as the heavy workload that this places on staff, attention should be focused on strengthening the infection control measures. It reports that close to a third of primary healthcare facilities do not stock sterilising equipment, and substantial numbers of private as well as public facilities do not stock protective clothing and drugs. Only 36% of health workers have had training in universal precautions against infection.

Pat Sidley *Johannesburg*

The Impact of HIV/AIDS on the Health Sector can be found at www.hsac.ac.za