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Prison officers had no sign of Shipman's suicidal tendencies

The death of the serial killer Harold Shipman in his cell "could not have been predicted or prevented," an official investigation has found. But the ombudsman for prisons and probation, Stephen Shaw, said officers at Wakefield Prison "do not appear to have been alerted to the man's long term risk of suicide or what might finally trigger it."

Mr Shaw examined how the former GP was able to hang himself in his cell in January 2004. Shipman was convicted of murdering 15 patients but is thought to have killed another 235.

Mr Shaw said the death raised "procedural issues relating to the management of the incident." But a review of Shipman's medical care, carried out for the ombudsman by Northumberland Care Trust, found that his treatment "was appropriate at all times" and that staff had not missed any warning signs.

The report says paramedics should be called to all emergencies unless a healthcare professional decides otherwise. The ombudsman also calls on the Department of Health to issue guidance on when not to attempt or to end resuscitation.

Kaye McIntosh *London*

The Death of a man at Wakefield prison on 13 January 2004 (case reference 001.04) is accessible at www.ppo.gov.uk

UN millennium health goals will not be achieved, report warns

The health objectives of the United Nations' millennium development goals will not be achieved by 2015 unless investments in national health systems are "dramatically increased" and many more doctors, nurses, midwives, and other health profes-



"Catastrophic" violence continues unchecked in Somalia, says medical aid charity

Extreme and "catastrophic" violence has become part of everyday life in Somalia and is seriously hampering the efforts of humanitarian organisations in the country, says the medical aid charity Médecins Sans Frontières (MSF). The plight of the Somali people has largely been ignored by aid agencies and the international community, it says.

More than 500 people with trauma injuries resulting from violence have been treated in the charity's two hospitals in Galkayo, central Somalia, this year alone. It has to operate two separate hospitals because patients cannot cross the front line that splits the town.

In the first six months of 2005 in the north of the town the agency treated 397 patients for injuries related to violence, of which 224 were gunshot wounds, 135 were knife wounds, and 38 were the result of direct physical assault. In the first three months of the year 106 patients were treated for gunshot wounds in the southern hospital alone. Many of the victims were women and children. Pictured above, an MSF nurse stitches the hand of a man injured in the fighting.

"The frightening fact is that Somalia is officially not even at war," said the charity's head of mission, Colin McIlreavy. "This level of violence is simply a reflection of the brutality of everyday life for the people living in this country. Extreme violence has become a part of daily existence, and the effect on the population is catastrophic."

Peter Moszynski *London*

More information is at www.msf.org/somalia

sionals are made available. That is the warning from the World Health Organization in its latest report evaluating progress towards the goals.

The report says that unless these goals are met the "annual avoidable deaths in developing countries will be those of 10.6 million children under five, hundreds of thousands of victims of malaria, and more than half a million women in pregnancy and childbirth." The AIDS pandemic kills more than three million people worldwide every year.

Of the eight goals agreed by 189 world leaders at their sum-

mit in 2000, three relate to health: reducing child mortality, improving maternal health, and combating major diseases such as AIDS and malaria. The goal for child mortality was a reduction by two thirds of the 1990 figure by 2015, and that for maternal mortality was a reduction by three quarters over the same period. The third goal was to halt and reverse the spread of HIV and AIDS by 2015.

Paul Ress *Geneva*

Health and the Millennium Development Goals is at www.who.int/mdg/publications/mdg_report/en/index.html

Canadian antismoking law is watered down

The Quebec Court of Appeal has weakened one of Canada's strongest anti-tobacco laws, which had been hailed by the World Health Organization as a model.

The law had prohibited the name of any tobacco firm or brand from being associated with a public event. By a majority of two to one the court's panel of judges struck down the prohibition of company names as unconstitutional, although it maintains the restriction on brand names.

The court's ruling opens the door to the industry again sponsoring sports and cultural events, warned Gardfield Mahood, executive director of Canada's Non-Smokers' Rights Association. However, Rob Cunningham, a lawyer for the Canadian Cancer Society, believes that despite the watering down of the law most of its key elements have been upheld.

Mr Cunningham said this means that "you could have the JTI tennis tournament but not have the Export A tournament" (JTI-Macdonald is a tobacco manufacturer and Export A is a brand).

Mr Mahood said, "This creates a loophole which can be exploited by the industry to buy legitimacy. This flies in the face of everything that the international health community is trying to do."

David Spurgeon *Quebec*

GPs' diagnoses of type II diabetes rose by 50% in 10 years, study shows

The prevalence of type II diabetes has increased by more than 50% in a decade, a UK study of GP consultations indicates.

The number of patients with a diagnosis of high blood pressure has also increased—by a third—and consultations for hypothyroidism are up too, shows the study published in the

British Journal of General Practice (2005;55:589-95).

The results should prompt concern, write the authors, from the Birmingham Research Unit of the Royal College of General Practitioners.

The study, which shows how general practice is changing, was based on a comparison of data from the royal college's weekly returns service in 2001 and 1991. It drew on returns from 38 general practices, covering a population of 326 000 in 2001.

"There is accumulating evidence of increased prevalence of type 2 diabetes, and this study has disclosed an increase exceeding 50% in the last 10 years," wrote the authors. "If this is indeed a lifestyle problem there is an urgent need to reverse the trend."

"Increasing publicity about obesity is to be welcomed, but these data show that fewer patients consulted specifically about this problem in 2001 than in 1991."

Roger Dobson *Abergavenny*

Global Fund pulls grants to Myanmar and Uganda

The Global Fund to Fight AIDS, Tuberculosis, and Malaria has announced that it will no longer fund schemes in Myanmar (formerly known as Burma) and has temporarily suspended its grants to Uganda. The fund is an independent organisation set up to attract and disburse funds to tackle these diseases.

The decision over Myanmar was attributed to new travel clearance procedures brought in by the military government. The procedures severely restrict the movement of staff from the United Nations Development Programme, which was overseeing the projects in the country.

The government in Myanmar had also imposed new procedures for procuring medical supplies that, the fund adds, were vital for the schemes to be implemented. The fund will be phasing out three grants, worth \$35.7m (£19.8m; €29m) over two years, by the end of the year.

Meanwhile, the decision to temporarily suspend all five grants to Uganda follows a review

from accountants PricewaterhouseCoopers, which found serious mismanagement by the overseeing project management unit in the Ugandan health ministry. The unit will have to be disbanded, and new arrangements made for managing the fund.

The fund said that it would take "all necessary measures" to ensure that lifesaving treatments and condom procurement would not be disrupted by its temporary withdrawal.

Lynn Eaton *London*

Plan for genetic testing of German civil servants stirs controversy

The National Ethics Council, an advisory committee of the German government, has recommended that there should be a new law to safeguard against genetic discrimination of employees in Germany. But the move has stirred up controversy because, it is claimed, the guidance is unclear on what time span prognostic tests should cover.

Kristiane Weber-Hassemmer, chairwoman of the committee, said that genetic tests should not be routinely used, but they should be considered for civil servants who are in safe, lifelong jobs. This would be in addition to the existing obligatory prognostic tests.

She said that genetic tests should take place only if the results have an effect on the health of the employee in the next five years and endanger their suitability for the job. The council's recommendation covers genetic testing and other predictive medical tests, such as blood tests, x ray examinations, and magnetic resonance imaging.

For those employees who do not have lifelong job security, the council recommends that a positive test result should count against the employee only if it might have a serious effect on their job suitability within the first six months. The employee could still be dismissed during this period.

Annette Tuffs *Heidelberg*

See www.ethikrat.org/stellungnahmen/stellungnahmen

BMA warns against unnecessary screening tests in private sector

Lynn Eaton *London*

Patients may be putting themselves at unnecessary risk—with very little benefit to their health—by opting to undergo scans and genetic tests that are offered to them as part of a screening programme by private sector health-care organisations.

That is the warning of a briefing paper by the BMA's Board of Science, which fears that many people are not told of the potential risks before undergoing the tests, such as whole body magnetic resonance imaging or the prostate specific antigen test for prostate cancer. It is calling on the government to address the growing problem of unregulated screening that is offered outside the formal NHS screening programmes. An estimated £65m (\$117m; €95m) was spent in Britain last year on private screening.

Speaking at the launch of the paper, Steven Laitner, a consultant in public health medicine, said unregulated screening was often provided for profit. "It is often marketed to certain sections of the population but not necessarily those suffering from disease. It is not quality assured."

Dr Laitner warned that the tests did not necessarily offer any benefit and could run the risk of harm, which patients were not always made fully aware of. A whole body scan carried the equivalent dose of 100 chest radiographs, he said, and increased the risk of a fatal cancer developing by one in every 2000 patients screened.

He also explained that because the tests could be incon-

clusive and give false positive results patients often needed further, more invasive tests to establish the results' accuracy.

Vivienne Nathanson, the BMA's head of science and ethics, also cautioned against genetic testing that could have implications for life insurance policies, not just for the person being tested but for family members too.

Nobody would be given a genetic test in the NHS without extensive counselling, she said. "Inevitably there is a consequence for the family, and we need to be very careful about the way we handle that," she said.

But the BMA's comments have been criticised by Andrew Vallance-Owen, medical director of the UK's main private health-care organisation, BUPA. He said BUPA did give patients information about the tests it offers.

"It is very much empowering patients to make their own choices," he said. He explained that men aged over 50 who were offered the prostate specific antigen test were given two pages of information about the procedure. BUPA did not routinely offer whole body scans, he said, and he admitted that he was also concerned about the growth in that market.

"What the BMA said about population and genetic screening was evidence based, but I don't see any evidence base for the statements that have been made that have been critical of all private screening," he said. □

Population Screening and Genetic Testing is available at www.bma.org.uk



A whole body scan is equivalent to 100 chest radiographs