

## bmj.com news roundup

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### Rationing of joint replacements raises fears of further cuts

A decision by NHS trusts in Suffolk to deny replacement joints to obese patients has led to concerns that other financially stretched NHS trusts could take similar steps to ration treatment.

As part of a series of new "thresholds" to treatment, three primary care trusts in east Suffolk—Ipswich, Suffolk Coastal, and Central Suffolk—have announced that patients will no longer be considered for hip or knee joint replacements if they have a body mass index (BMI) >30.

The list of thresholds was drawn up by a group of consultants who carry out the procedures at Ipswich Hospital and local GPs, led by Brian Keeble, director of public health for Ipswich Primary Care Trust.

Dr Keeble said that serious financial pressures were behind the decision. The NHS in east Suffolk is under pressure to eliminate a £47.9m (\$83m; €70m) deficit by the end of the financial year.

But the BMA criticised the new criteria. Jonathan Fielden, deputy chairman of the BMA's consultants' committee, said: "The decisions on whether patients should receive treatment should always be based on clinical need and not solely financial reasons."

He warned that these situations could be repeated around the country as "as market based health care is introduced to the NHS."

Rebecca Coombes *London*

### English survey shows wide disparity in joint replacement rates

Rates of joint replacement surgery in England vary significantly across regions, a new report says.

The number of procedures per 100 000 people was as much as 30% higher in some regions



*Exhibition shows positive effect of antiretrovirals*

This picture of a soldier (above) from Humera, Ethiopia, is part of an exhibition of photographs of people with HIV or AIDS taken by Pep Bonet, which opened in London last week. Rates of infection with sexually transmitted diseases are almost five times higher among the military than among civilians in Ethiopia, the United Nations has said.

The exhibition shows the positive effect of antiretroviral drugs in Africa. Working in association with the charity Médecins Sans Frontières, Mr Bonet has documented treatment programmes in six African countries.

The exhibition is at the Host Gallery, 1 Honduras Street, London EC1Y 0TH until 22 December. More information is at [www.hostgallery.co.uk](http://www.hostgallery.co.uk).

Annabel Ferriman *London*

than in others. "Our data suggest that there are inequalities, and probably inequities, in the provision of joint replacements in England," says the report, which was published ahead of print publication on 29 September in *Public Health* ([www.sciencedirect.com](http://www.sciencedirect.com), doi: 10.1016/j.puhe.2005.06.003).

"We believe that there is an urgent need for the development of consensus on the indications for these operations and of local appropriateness criteria that could be used to examine inequities and their causes," wrote the authors, from the University of Bristol.

The research shows that in 2000 in England a total of 47 932 hip replacements and 35 939 knee procedures were carried out, though the rates varied substantially from region to region.

For both hip and knee replacement the rates were highest in the South West and West Midlands and lowest in the North West, South East, and London.

Roger Dobson *Abergavenny*

### New technique improves safety of islet cell transplantation

Researchers at the University of Minnesota in Minneapolis have reported a new and safer technique for closing the access site after islet cell transplantation into the portal vein of the liver.

Between January 2002 and March 2005 13 patients with poorly controlled type 1 diabetes received 15 islet cell transplanta-

tions through the skin into the portal vein of the liver under local anaesthesia, the team told the meeting of the Radiological Society of North America in Chicago on Tuesday.

The procedure involved inserting a needle and then a catheter through the skin to the portal vein under ultrasound guidance and then infusing the islet cells, which lodge in the portal vein and produce insulin.

The site was closed with a sandwich of stainless steel or platinum coils and gel foam, inserted through the catheter, then coils, gel foam, and coils again until closure was completed and the needle and catheter removed. The coils slow down blood flow and the gel foam acts like a plug, said the researchers. Implanted cells began producing insulin within days to a month.

The team reported that no portal vein thromboses, haematomas, haemorrhages from the tract, or septicæmia occurred in the 30 days after transplantation and no one died as a result of the procedure.

Janice Hopkins Tanne *New York*

### Hospitals must be more open about safety, says chief medical officer

The safety of patients is a lower priority for most hospitals than balancing the books and hitting performance targets, England's chief medical officer, Liam Donaldson, told a European Union summit on patient safety this week.

This was despite the fact that adverse events occurred in one in 10 hospitalisations and that people had a far higher risk of being killed by medical error than of dying in an air crash.

"When a chief executive puts their head on the pillow at night they will be worrying about two things: the financial position of the organisation and its performance targets," Professor Donaldson told the conference, which was held as part of the UK's presidency of the EU. "They are not worrying

yet about the safety of their organisation."

Health organisations needed to hold a mirror up to themselves and ask what their record was on patient safety, he said.

"If something serious happens, would the instinct be to cover up or to learn so that the risks could be reduced? Are patients and their experience truly embedded within the organisation? And can we demonstrate that we're getting safer each year?" asked Professor Donaldson.

Andrew Cole *London*

## Neonatal mortality is higher in US hospitals with higher proportion of black babies

Mortality among neonates is significantly higher in hospitals that have a higher percentage of very low birthweight babies who are black, a study has found.

The researchers found that neonatal mortality was higher among black and white infants at hospitals where 35% of very low birthweight infants were black than at hospitals where less than 15% of very low birthweight infants were black (*American Journal of Public Health* 2005;95:2206-12).

Leo Morales, the lead author and associate professor at the University of California in Los Angeles, said: "This study points to a possible explanation for that disparity: namely that hospitals where the majority of black infants [in the neighbourhood] are born do not provide the same quality of care as hospitals where the majority of white infants are born."

The researchers analysed medical records of 74 050 black and white infants with very low birth weight treated from 1995 to 2000.

They found that, compared with hospitals where less than 15% of the very low birthweight infants were black, those where more than 35% of treated infants were black had a significantly higher risk adjusted neonatal mortality (white

infants: odds ratio 1.3 (95% confidence interval 1.09 to 1.56); black infants: odds ratio 1.29 (1.01 to 1.64); pooled odds ratio 1.28 (1.1 to 1.5)). Higher neonatal mortality in hospitals serving ethnic minorities could not be explained by factors relating to the hospitals or to treatment.

David Spurgeon *Quebec*

## Chief medical officer considered resigning over smoking ban

The government's failure to legislate for a complete ban on smoking in enclosed public places in England almost led to the resignation of the chief medical officer, Liam Donaldson.

Professor Donaldson admitted to the parliamentary select committee on health last week that he had come close to quitting over the issue after ministers ignored his advice.

Giving evidence to the Health Committee's inquiry into smoking in public places, Professor Donaldson said, "The present proposal [a partial ban] is unsatisfactory for a number of reasons. Firstly it leaves those most exposed to secondhand smoke unprotected.

"Secondly, it loses out on the opportunity to reduce prevalence of smoking and ill health from secondhand smoke as a consequence. Thirdly, it will increase health inequalities. It puts Britain among the laggards of public health policy making internationally rather than the global leaders."

He added that on public health grounds there was "no argument whatsoever" to support a partial ban, and that the government's decision put him in a "difficult position."

"There are some areas where if your advice is ignored and it damages the public health you would have to consider resignation. I thought very, very carefully about that."

Professor Donaldson said the complete ban he hoped would eventually occur was more likely to happen if he remained in post.

Adrian O'Dowd *London*

## Korean women rush to donate eggs after research pioneer resigns

Jane Parry *Hong Kong*

The resignation of the pioneering Korean stem cell researcher Hwang Woo-suk as chairman of the recently formed World Stem Cell Hub will not stop the progress of stem cell research in Korea, he said this week.

Professor Hwang of Seoul National University resigned from his chairmanship on 24 November when he admitted that the eggs used in his laboratory's research came from two junior researchers in his team and from paid donors.

"I will resign from any official advisory board to the government, but I will keep doing stem cell research. The [work of the] Global Stem Cell Hub will continue by my stem cell researchers and others, and we will do stem cell research by keeping within strict ethical guidelines," he said.

Controversy over the source of eggs used in Korean stem cell research, which culminated in Professor Hwang's decision to resign, prompted hundreds of Korean women to offer to donate their eggs, Professor Hwang's supporters said.

The Group to Support Egg Donation for Research and Treatment Purposes was established on 21 November by prominent Korean business leaders, politicians, and celebrities to enable volunteers for egg donation to donate eggs legally and to ensure that donated eggs are used for research purposes. A report from Agence France-Presse said that more than 700

donors have already come forward, including women with incurable diseases or their family members.

The Global Stem Cell Hub was officially opened in Seoul in October this year to make stem cells available to researchers around the world (*BMJ* 2005;331:982, 29 Oct). It was intended that the centre would enhance collaboration between teams led by Professor Hwang, Professor Gerald Schatten, director of the Department of Obstetrics, Gynecology and Reproductive Sciences at the University of Pittsburgh, and Ian Wilmut, head of the Department of Gene Expression and Development at the Roslin Institute near Edinburgh. However, amid growing controversy about the source of eggs used to generate stem cells, Professor Schatten withdrew from the collaboration in mid-November.

On the same day that Professor Hwang's support group was launched, the fertility expert Sun Il Roh, the head of Miz Medi Clinic, Seoul, told a press conference that he had paid 20 women \$1430 (£840; €1220) each to harvest their eggs and then gave them to Professor Hwang without telling him that they had been bought. A Korean television station, Munhwa Broadcasting Corporation, subsequently aired a documentary in which records from Miz Medi Clinic show that one of the paid donors was a researcher from Professor Hwang's team. 



Hwang Woo-suk resigned as chairman of the World Stem Cell Hub after admitting two scientists in his lab donated their eggs for research