

# bmj.com news roundup

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## Congresswoman criticises drug plan for elderly people

Plan D, the US Medicare drug plan that requires elderly people to sign up for a drug benefit, has been given a D for failure by a US Congressional representative in the *New England Journal of Medicine* (2006;354:2314-5). It “works better for the pharmaceutical and insurance industries than for beneficiaries,” she says.

Writing in a commentary, Congressional Representative Louise Slaughter of New York state, a Democrat and a microbiologist with a masters degree in public health, called Plan D “the worst abuse of the legislative process I have seen during my 20 years in Congress.”

Medicare’s Plan D required all people older than 65 years to sign up for one of a confusing number of plans by 15 May 2006 or face increased premiums. Medicare was forbidden to negotiate discounted drug prices with pharmaceutical companies.

Under the standard benefit, patients pay the first \$250 (£133; €193) of drug costs. The next \$2000 are 75% covered. After that, a “doughnut hole” means that patients must pay the next \$2850. Drug costs above that are 95% covered. Subsidies help people with limited incomes.

Among her list of complaints Ms Slaughter says that drug companies raised prices up to 80% for drugs bought under Plan D. Janice Hopkins Tanne *New York*

## Patients wanting access to cancer drugs call off hunger strike

The Israeli government last week brought to an end a widely publicised hunger strike by patients with advanced colon cancer by agreeing to finance an expansion of this year’s “health basket” of new drugs and medical technologies. But it will use money that was due to be spent on the health basket next year.

The patients, who had been on hunger strike for 15 days, were



## Swiss child has successful bone marrow transplant from “saviour sibling” after treatment in Belgium

A successful bone marrow transplant from a baby conceived to save the life of its sibling has sparked a heated debate on medical ethics in Switzerland.

The 1 year old, named only as Elodie H, for legal reasons (pictured right), was born from an embryo selected from a group by pre-implantation genetic diagnosis (PGD) and tissue typing as a fitting donor for her 6 year old brother Noah (pictured left), who has chronic granulomatous disease.

The disease is a rare inherited disorder of phagocytic cells that usually affects males, and leads to recurrent life threatening bacterial and fungal infections.

Parents Beatrice and Yves H, from Geneva, travelled to Brussels to have PGD, which is illegal in Switzerland for any purpose other than to prevent a genetic disease in the embryo itself.

Elodie was born in Geneva in January last year and the bone marrow transplant was completed by the end of January 2006.

Supporters of the procedure are demanding a change in Swiss laws to come in line with legislation in the United Kingdom, where the Human Fertilisation and Embryology Authority can approve requests for “saviour siblings”.

Bojan Pancevski *Zurich*

demanding the inclusion in the health basket of cetuximab (Erbix) and bevacizumab (Avastin), two expensive drugs for cancer that prolong life but do not cure the disease.

The government said it would allow an additional \$85m (£45m; €66) expansion of the basket of new medical drugs and technologies that the four public health funds provide to their members, without promising that the two colon cancer drugs would be included, but said it would not expand the basket at all in 2007.

But the cancer patients, exhausted and hungry, were persuaded by the health minister, Ya’acov Ben-Yizri, to give up their fight, at least temporarily.

Judy Siegel-Itzkovich *Jerusalem*

## EU offers incentives to firms to make medicines for children

Pharmaceutical companies are being encouraged to develop medicines specifically for children, under European Union legislation approved this week.

The new rules, which are expected to come into force early next year, will reward firms that produce new paediatric drugs by giving them a six month extension to their patents. Manufacturers of orphan medicines for children will enjoy an extra two years of market exclusivity on top of the

10 years already in operation for drugs for adults.

Françoise Grossetête, the French Conservative MEP who steered the legislation through the European Parliament, said that it would stimulate laboratories developing drugs for adults to try and find a child friendly form.

“Until now, there has been no encouragement for research into paediatric medicines in Europe. This has put European children at a disadvantage. For several years, pharmaceutical research of this type has been supported in the United States, Japan, and Canada,” she said.

Currently, more than half of the medicines used to treat children have not been tested and authorised for this use. Some can have negative side effects when administered to growing bodies.

Rory Watson *Brussels*

## Active commuting is important in raising exercise levels

Less than a third of men and women in the Europe Union take enough healthy exercise, a research article says. The Netherlands, where 44% of people take sufficient exercise, tops the league, but Sweden comes bottom of the 15 countries surveyed, with only 23% taking what the authors considered an adequate amount (*Journal of Public Health* 2006, doi: 10.1007/s10389-006-0031-y).

The authors defined sufficient total activity as 30 minutes of exercise on five days a week, or three days of vigorous activity, on top of a base of 60 minutes of moderate activity a day.

France, Belgium, and Britain had the highest rates of inactivity, defined as less than 30 minutes of moderate activity five days a week.

Those countries which had the best infrastructure for active commuting, such as cycling to work, had populations which were amongst the most active, “indicating the possible influence of facilitatory environments on physical activity levels,” the authors say.

Roger Dobson *Abergavenny*