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Hewitt says some Muslim GPs breach confidentiality

Michael Day LONDON

Patricia Hewitt, England's health secretary, has said that some Muslim GPs may be divulging details of the sexual health of female Muslim patients to family members.

Her comments drew an angry response from Muslim GPs, who said that her claims were based only on anecdotal evidence.

However, Mrs Hewitt, who represents a constituency in Leicester with a large ethnic minority community, said, "I have had Muslim women give me chapter and verse on very distressing breaches of confidentiality by Muslim GPs.

"Some women patients in some Muslim communities are feeling they can't trust their own GP, who is from the same community and knows their extended family.

"If they go for particular situations, such as a sexual health problem or domestic violence, they fear they will share that information with other members of the family or community."

Mrs Hewitt made her comments in an interview with the magazine for GPs *Pulse* (29 Mar, p 2).

Vijoy Singh, chairman of the Leicestershire and Rutland local medical committee, which covers Ms Hewitt's constituency, said, "No GP would break confidentiality, because if they break it they are liable to be sued. She's out of touch."

Mrs Hewitt cited a report published in November last year by the Muslim Women's Network, which was based on conversations with Muslim women throughout the country, as further evidence of her concerns. The report, *She Who Disputes* (www.thewnc.org.uk/pubs/shewhodisputesnov06.pdf), noted: "Health services were criticised for being insensitive and there was repeated concern that GPs from within the community could not be trusted to maintain patient confidentiality."

ANDREW PARSONS/PA

BMA gives advice on withdrawing treatment

Clare Dyer BMJ

The BMA is advising people in England and Wales to consider appointing a relative or friend to make medical decisions for them if they lose capacity, in the light of legislation coming into force next October.

The advice came as the BMA launched a revised guide for UK doctors on withholding and withdrawing treatment that takes account of new legislation on mental capacity and the results of a series of high profile court cases since the last guidance in 2001.

The court cases include "right to life" cases brought by the parents of the severely handicapped baby Charlotte Wyatt and by Leslie Burke (above), a man with a degenerative condition who wanted a court declaration that artificial feeding and hydration would not be withdrawn from him if he lost capacity and the ability to swallow.

From 1 October, under the Mental Capacity Act 2005, people will be able to draw up a "lasting power of attorney" and appoint a friend or family member to make treatment decisions on their behalf if they become too mentally incapacitated to make such decisions. Treating patients who have appointed an attorney will mean "a significant change to [doctors'] practice," the guidance says.

Under the new law, which applies to England and Wales, the healthcare team will have to make sure that certain conditions are fulfilled before they rely on an attorney's consent to or refusal of life prolonging treatment.

Doctors will have to be satisfied that the patient lacks capacity to make the decision and that the scope of the lasting power of attorney is broad enough to cover the particular decision. Attorneys may make decisions on life prolonging treatment only if this is specifically authorised by the power of attorney.

In addition, the lasting power of attorney must be registered with the Public Guardianship Office, and the attorney's decision must be in the patient's best interests. Disagreements over the patient's best interests can be resolved by seeking a declaration from the new Court of Protection. The court will also be able to appoint a deputy to make ongoing health decisions on a patient's behalf.

For doctors in Scotland the guidance also deals with the similar, but slightly different, regime that applies there. In Northern Ireland the common law will continue to apply.

The Mental Capacity Act also sets up a statutory framework that applies to England and Wales for advance directives or "living wills" refusing life prolonging treatment. These are already binding on doctors under common law if their terms apply to the circumstances of the case.

See www.bma.org.uk.

Doctors protest about fetal sex tests in early pregnancy

Annette Tuffs HEIDELBERG

Clinical geneticists and gynaecologists in Germany have expressed concerns that a private firm is offering women in the early stages of pregnancy a blood test to determine the sex of their unborn baby. The test is offered from the eighth week of pregnancy, and doctors fear that women who are not happy about the sex of their child may ask for an abortion, which is legal in Germany up to the 12th week of pregnancy and quite easily obtained.

The firm, Plasmagen, offers the test over the internet. It tells women to ask their doctor to take a 2 ml blood sample and send it to the company's laboratory in Cologne. Test results are available within eight days after the arrival of the sample and are sent back to the woman's doctor. The test costs €149 (£101; $198); money is refunded if the result proves to be wrong.

Although the firm says that the patient's doctor should not reveal the test's result until the 12th week of pregnancy, some doctors believe that patients may be able to access the results earlier—if, for example, they are dishonest about the date of conception.

The German Society for Human Genetics has issued a public statement condemning commercially driven offers of prenatal genetic testing in cases where there is no medical reason for one.

Plasmagen's test works by searching the mother's blood for fetal DNA and then looking for Y chromosome material. The firm claims on its website that the test is 99% accurate.

Professor Peter Propping, president of the German Society for Human Genetics, questions the relevance of the sex test. He particularly criticises Plasmagen for saying that the test is useful for cases where the baby may be carrying sex linked disease. This could lead to a number of unnecessary abortions, he says. If a fetus is aborted solely on the basis of its sex, male fetuses that do not carry the gene for the relevant disease will be aborted.

Daniel Inderbiethen, marketing director of Plasmagen, denies that unnecessary abortions will occur when x-linked genetic diseases are suspected. In fact, he says, the availability of the test will result in fewer unnecessary amniocenteses because amniocentesis will not be necessary if the child is known to be a girl.

Electronic prescribing needed to monitor use of antibiotics

Lisa Hitchen LONDON

The lack of electronic prescribing in UK hospitals is hampering effective prescribing of antibiotics, says the Health Protection Agency.

Giving patients the right treatment is fundamental, said Dr Andrew Pearson, deputy director of the agency's centre for infections, particularly in the case of severe illnesses such as those caused by *Clostridium difficile*.

"We have got to get some form of computerised monitoring of our prescribing," Dr Pearson told delegates at a conference on healthcare associated infections in London last week. "The problem is that very few hospitals in the UK have electronic prescribing—just three. It is going to be interesting to see if the Healthcare Commission picks up on that."

In the United States, computerised monitoring is carried out. Researchers at the University of Maryland used computer software to monitor antibiotic use at different hospitals. Prescribing errors were flagged up as error messages, said Dr Pearson.

"This was a very uncomplicated way of measuring the errors… and will be piloted by one hospital here later in the year."

On the back of such monitoring, restricting the use of antibiotics can be effective in reducing cases of *C difficile* infection, said Professor Mark Wilcox, a consultant microbiologist at Leeds Teaching Hospitals NHS Trust.

Dr James Nash, consultant microbiologist at East Kent Hospitals NHS Trust, whose work was referred to at the conference, helped implement a radical restriction of antibiotics to try and reduce the incidence of *C difficile* infection in three Kent hospitals.

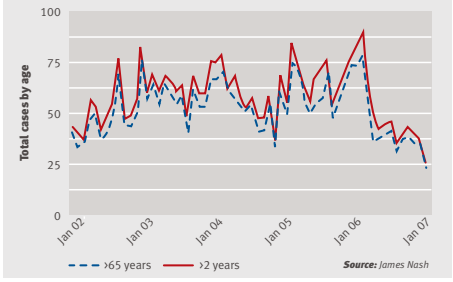
An audit of antibiotic use in 2003 found that 15% of patients who had received ceftriaxone developed *C difficile* infection. The antibiotic was removed from the wards and used only for treating meningitis. This led to a dramatic fall in cases in 2004.

However, in 2005 cases of *C difficile* increased again following the arrival of the 025 strain, despite continuing restrictions on the use of ceftriaxone. Emergency policies were introduced, including further restrictions on the availability of broad spectrum antibiotics (notably ciprofloxacin and coamoxiclav) and multiple infection control measures.

The policy changes required considerable negotiation between clinicians and microbiologists, but had positive effects for patients, with *C difficile* infection rates falling even further in 2006.

Dr Nash added: "It is difficult to know which is the biggest factor—is it changing the antibiotics or all the infection control measures? Changing antibiotic prescribing is the most difficult thing to do and it needs the help of management and the pharmacists."

CLOSTRIDIUM DIFFICILE IN THREE EAST KENT HOSPITALS MEETING MANDATORY SURVEILLANCE DEFINITION



WHO recommends circumcision to combat

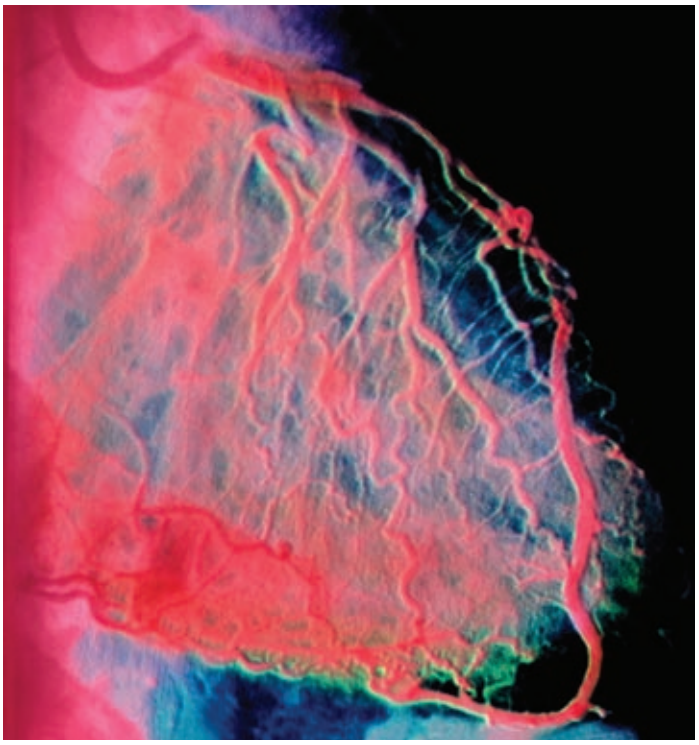
Peter Moszynski LONDON

The World Health Organization and UNAIDS have published the results of a recent expert symposium on circumcision and AIDS, which insists that "male circumcision now be recognised as an additional important intervention to reduce the risk of heterosexually acquired HIV infection in men"—although with certain caveats on the need to ensure the procedures are done safely and appropriately.

The international consultation, held on 6-8 March, in Montreux, Switzerland, was attended by participants representing a wide range of stakeholders, including governments, civil society, researchers, funding agencies, implementing partners, and advocates for human rights.

The symposium concluded, "There is now strong evidence from three randomised controlled trials undertaken in Kisumu, Kenya, Rakai District, Uganda (funded by the US National Institutes of Health) and Orange Farm, South Africa (funded by the French National Agency for Research on AIDS) that male circumcision reduces the risk of heterosexually acquired HIV infection in men by approximately 60%."

It maintains that the evidence examined



ALAIN POL/ISM/SPL

Drugs are as good as PCI in stable coronary artery disease

Susan Mayor LONDON

The risk of death, myocardial infarction, or other major cardiovascular events in patients with stable coronary artery disease is no lower with percutaneous coronary intervention (PCI) than with the optimal therapy of drug treatment with lifestyle intervention, says a major prospective study that is predicted to change practice.

The trial, published online on 26 March in the *New England Journal of Medicine* (http://content.nejm.org), randomised more than 2000 patients with objective evidence of myocardial ischaemia and significant coronary artery disease to PCI or optimal medical treatment. The results showed no difference in mortality from any cause or in the risk of non-fatal myocardial infarction at a median follow up of 4.6 years.

The findings will change practice, said David Taggart, professor of cardiovascular surgery at Oxford University. "This is a very important trial," he said. "The results reinforce what some of us have believed for some time: that there is an overuse of PCI in some patients."

The results illustrate the need for a multidisciplinary approach in which treatment is offered that is in the best interests of patients, rather than individual cardiologists making decisions in isolation, said Professor Taggart. "A significant population of patients can be managed on optimal medical therapy, with no increase in risk of death or MI [myocardial infarction]."

Professor Taggart thought it was surprising how much controversy the results of the trial, known as the COURAGE trial, have generated. "The information was already there from very good trials. COURAGE hasn't really told us anything new but has backed up, in a definitive way, what we already knew."

PCI has traditionally been used less in Europe than in the United States, because there have not been the same financial incentives to carry out some stenting, said Professor Taggart. "Many European health systems are, to some degree, publicly funded, so there has been a slightly more objective view of what is in patients' best interests." But use of PCI has been increasing over the past year, he said, and he added that this may now be reviewed.

In an editorial accompanying the study Judith Hochman, professor of cardiology at New York University School of Medicine, and Gabriel Steg, professor of cardiology at Université Paris VII, said, "The COURAGE trial should lead to changes in the treatment of patients with stable coronary artery disease."

They pointed out that medical therapy had proved its effectiveness in the trial. "Secondary prevention has proved its worth, with lipid-modulating therapy, lifestyle modification and the use of aspirin, beta-blockers and ACE inhibitors."

Revascularisation should be limited to patients whose condition is clinically unstable, who have left main artery disease, or in whom medical treatment has failed to control symptoms, they advised.

See Short Cuts, p 716.

HIV infections in men in Africa

"supports the findings of numerous observational studies that have also suggested that the geographical correlation long described between lower HIV prevalence and high rates of male circumcision in some countries in Africa, and more recently elsewhere, is, at least in part, a causal association."

The latest WHO figures estimate that 665 million men—30% of men worldwide—are currently circumcised.

"The recommendations represent a significant step forward in HIV prevention," said Kevin De Cock, WHO's director of HIV and AIDS. "Countries with high rates of heterosexual HIV infection and low rates of male circumcision now have an additional intervention which can reduce the risk of HIV infection in heterosexual men."

The consultation cautioned, "Male circumcision should always be considered as part of a comprehensive HIV prevention package, which includes the provision of HIV testing and counselling services; treatment for sexually transmitted infections; the promotion of safer sex practices; and the provision of male and female condoms and promotion of their correct and consistent use."

GEERT VAN KESTEREN/MAGNUM

Kenyan boys hunt at their circumcision ritual

IN BRIEF

Euthanasia in Belgium up by 10%: In 2006 in Belgium 428 people chose to die by euthanasia, an increase of 10% on the 2005 figure. Belgium decriminalised euthanasia in September 2002.

EC to fund registry for stem cell lines: The European Commission has agreed to fund the creation of a registry of human embryonic stem cell lines. It will be a publicly accessible internet site and will contain data on the sources of stem cell lines and clinical trials in the 10 EU countries that allow such research as well as in Australia, Israel, Turkey, Switzerland, and the United States.

A quarter of NHS staff "would not be patients" in their trust: Just over a quarter of health staff told a survey by the Healthcare Commission that they would not be happy to be a patient in their own NHS trust. Two fifths said that they would be happy with the care provided, and about a third were undecided. The commission polled more than 128 000 staff. See www.healthcarecommission.org.uk.

British scientists grow part of a human heart: Scientists under the leadership of Magdi Yacoub, professor of cardiac surgery at Imperial College London, have grown part of a human heart from stem cells. Professor Yacoub led a team at Harefield Hospital, Uxbridge, Middlesex, which included physicists, pharmacologists, clinicians, and cellular scientists. Animal trials are scheduled for later this year (*Guardian*, 2 Apr, p 1).

P VIROT/WHO

Patients with haemochromatosis have a higher risk of stroke: People with the genetic mutation for haemochromatosis are more than twice as likely as other people to have a stroke, says a new study of more than 9000 Danish people who were followed for 24 years (*Neurology* 2007;68:1025-31). The mutation has been linked to brain diseases but not until now to stroke.

UK ban on junk food advertising comes into force: A ban on television advertisements for foods that are high in fat, sugar, and salt during programmes aimed at 4 to 9 year olds came into effect in the United Kingdom this week, although dedicated children's channels will have until 2009 to phase in the restrictions.

JEROME YEATS/ALAMY

Agency makes better use of anticoagulants its top priority

Lynn Eaton LONDON

Measures to reduce the risk of wrongly administering epidural infusions intravenously and better guidance for patients about anticoagulant drugs are among a series of risk management measures outlined this week to improve patient safety in the NHS.

The guidance from the National Patient Safety Agency comes after a number of avoidable deaths relating to the use of these and other drugs. Keith Ridge, the chief pharmaceutical officer for England, said that awareness of the importance of reducing weaknesses within healthcare systems was increasing.

The highest priority for the agency is the number of deaths associated with the use of anticoagulant drugs, such as warfarin (above), he said. In 2006 alone there were 120 deaths and 480 incidents of serious harm related to warfarin reported to the agency.

"Clearly it is an important group causing a high number of hospital admissions. It's really important that communication is good with the patient when you start anticoagulants," he said. "Errors are often associated with the loading dose."

Patients taking a high dose who are discharged from hospital must receive follow-up at home to ensure their dose is reduced to an appropriate level, he said. And doctors prescribing to patients in care homes should give written instructions for any change in dose rather than by telephone.

Turning to the question of wrongly administered epidural infusions, the agency said that in one incident, in 2004, a woman died at the Great Western Hospital in Swindon shortly after giving birth because an anaesthetic had been injected into her arm rather than epidurally. A postmortem examination showed the error had caused a heart attack.

"Bupivacaine, when given intravenously, is cardiotoxic," said David Cousins, head of safe drug practice at the agency, speaking at the launch of the five new safety measures. He said there had been three known deaths as a result of similar errors between 2000 and 2003.

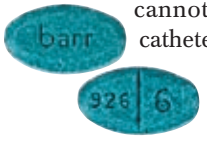
Professor Cousins called for a number of measures to improve patient safety with this and other drugs and procedures. They include better training, better procedures, giving more information to patients, and action by drug manufacturers to reduce risks.

Manufacturers, he says, should develop different systems for linking the infusion bag to the line to prevent a drug intended for intravenous use from being mistakenly attached to an epidural line.

The agency has also introduced guidance on:

- Reducing the risks associated with injectable medicines by being aware which have the highest risk
- Reducing the risk of wrongly giving oral liquid medicines intravenously by using only labelled oral or enteral syringes that cannot be connected to intravenous catheters.

See www.npsa.nhs.uk.



Head of UK scheme to improve junior doctors' training resigns

Lynn Eaton LONDON

Alan Crockard, the national director of Modernising Medical Careers, the UK government agency set up to redesign the training of junior doctors, announced his resignation last Friday. He resigned because of serious problems with the computerised training application system, known as the medical training application service (MTAS).

The news came as Remedy UK, the organisation that has been leading the protests over the system, announced plans to launch a legal challenge to the proposed single interview process for England. Details of the process were due to be announced as the *BMJ* went to press.

The solicitors acting for the organisation, Leigh Day and Co, said: "Our client is concerned that the new proposals will involve substantial illegality and unfairness."

In his resignation statement Professor Crockard called on the chief medical officer for England, Liam Donaldson, to "urgently address" the problems in the current computerised recruitment system.

It is understood that Professor Crockard was frustrated that the application scheme—something he had no direct control over—was jeopardising the reform of training.

Failings in the system had led to an outcry from junior doctors and academics frustrated with the arrangements. Protest marches took place on the streets of London and Glasgow last month (*BMJ* 2007;334:602, 24 Mar).

"I care passionately about medical education and training," Professor Crockard said. "The principles of Modernising Medical Careers (MMC) are laudable and I stand by them. More patients should be treated by trained doctors, rather than doctors in training.

"The recruitment of doctors into these new training programmes is separate to the development of the educational standards that MMC has been working to deliver. This recruitment process, through the MTAS system, undeniably needs to be reviewed. This process was developed outside my influence.

"I have become increasingly concerned about the well intentioned attempts to keep the recruitment and selection process running. I accept that in many areas and in many specialties, this round of recruitment and selection has been acceptable. But the overriding message coming back from the profession is that it has lost confidence in the current recruitment system.

"In the interest of the most important people in the whole process, the junior doctors, this must urgently be addressed."

The government's MTAS review group met on the day that Professor Crockard's resignation was announced. As the *BMJ* went to press the group had yet to announce whether it would be standing by its decision to offer applicants for jobs in England only one interview. But Wales, Scotland, and Northern Ireland have decided that they will offer their candidates more than one interview.

Professor Crockard was responsible for developing the two year foundation training programme for medical graduates that was launched in 2005.

For the latest developments see Lynn Eaton's news updates (http://blogs.bmj.com/category/comment/mtas).

Hewitt predicts 3% NHS growth for three years from 2008

Nicholas Timmins FINANCIAL TIMES

Patricia Hewitt, the health secretary, has said she is confident that the NHS will get a minimum of 3% growth a year in real terms for the three years after 2008.

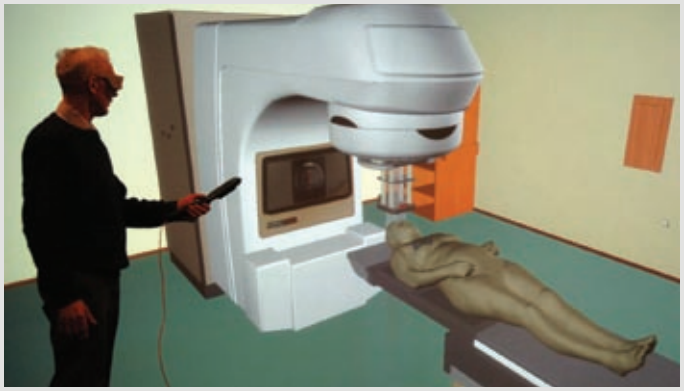
And the Department of Health has finally agreed to unwind the "double whammy" of the "resource accounting and budgeting" rule—for NHS hospital trusts but not for primary care trusts.

Under the rule, hospitals that overspend, by say £10m (€15m; $20m) on a £100m budget, have not only to pay that off but also lose the same amount from their next year's budget. In effect the hospital would have to make savings of £20m before the £10m is restored to the following year's budget.

This plunged 28 NHS hospital trusts into a financial position from which they might not be able to recover. With the NHS set to make a tiny surplus in the financial year just ending, the Department of Health will use part of a £450m contingency reserve created by the strategic health authorities, chiefly by slashing training budgets, to write off the £178m deficit that the resource accounting and budgeting rule created.

This has to be good news for the affected trusts, but it is not a complete solution. Four trusts have deficits of between £12m and £21m unrelated to the resource accounting and budgeting rule, and the change puts only nine of the 28 trusts back into break even or surplus. Their remaining deficits will have to handled in the normal way.

Virtual teaching offers new style of radiotherapy training



SEAN SPENCER

Zosia Kmietowicz LONDON

A virtual radiotherapy treatment room is allowing practitioners at Hull's Princess Royal Hospital to develop and refine their skills without setting foot in a real treatment room.

The system, known as the virtual environment for radiotherapy training (VERT), is thought to be the first such facility in the world. Developed by Roger Phillips of the University of Hull's computer science department, with clinical input from Andy Beavis, honorary senior fellow at Hull University, it projects a life sized treatment room on a screen, allowing trainees and qualified radiographers to practise planning and delivering treatment in a real life situation.

The university is currently developing a consortium with other universities and manufacturers to make VERT more widely available.