For the full versions of articles in this section see bmj.com

NEWS

UK NEWS Some branches of psychiatry lose out in new research scheme, p 821
WORLD NEWS US should ease its travel restrictions on HIV positive people, p 820
bmj.com English patients will be able to go anywhere in England for hip operations

DH considers how to make NHS more independent

Nicholas Timmins FINANCIAL TIMES

Proposals to create an "NHS headquarters" or a "management executive" in England's Department of Health are being drawn up by David Nicholson, the health service's chief executive.

The move could be the first step towards the creation of a more independent board to run the NHS—with the aim of reducing the day to day involvement of politicians in what by next year will be a £90bn (€130bn; $180bn) business.

It comes as Gordon Brown, the chancellor of the exchequer, has been reported to be interested in creating an independent board as one of his first acts as prime minister, assuming he becomes so. The Conservatives, under David Cameron and Andrew Lansley, have also advocated a version of the idea.

The proposals reflect the changing nature of the NHS, which is slowly becoming more of a commissioning organisation and less of a direct provider.

Since becoming chief executive in September, Mr Nicholson has worked with Hugh Taylor, the health department's permanent secretary, to disentangle their respective roles, which were held as one under Nigel Crisp.

He has retitled jobs in his office to reflect a more business-like approach; his principal private secretary, for example, is now dubbed "head of operations."

The board idea, however, would go much further. Politicians would still raise the money from the Treasury and set objectives, standards, and priorities. But the executive would then be charged with delivery and held accountable by ministers, who would try to distance themselves from involvement in operational matters.

It is likely that the executive would have its own commissioning, finance, and medical directors.

JOHN COLE/SPL

Benefits of IT programme are "unclear"

Michael Cross LONDON

MPs have called for an urgent review of the programme to computerise the NHS in England, which they criticise for unprecedented delays and costs and whose benefits, they say, are uncertain.

In its report the House of Commons Committee of Public Accounts cites two former aides who attack the national programme for information technology (IT) in the NHS for the poor consultation with clinicians on how the new system should be designed and the use of "bullying tactics" with NHS trusts and suppliers.

Edward Leigh, chairman of the committee, said: "The programme is not looking good. The electronic patient clinical record, which is central to the project, is already running two years late. The suppliers are struggling to deliver. Scepticism is rife among the NHS clinicians whose commitment to the programme is essential to its success. And, four years down the line, the costs and benefits for the local NHS are unclear."

The cost of the programme, which Mr Leigh describes as "the most expensive health information technology project in history," is expected to exceed £12bn (€18bn; $24bn).

He said, "The [health] department must get a grip on what it and the NHS are spending.

"It must thrash out with its suppliers a robust delivery timetable in which everyone, including local NHS organisations, can have more confidence. It must also launch reviews of the ability of the suppliers and local service providers to deliver against their contracts."

Although MPs acknowledge that the programme's central ambition to create electronic health records accessible across the NHS is laudable, they say that failure of the system "could set back IT developments in the NHS for many years and divert money and time from frontline patient services."

The committee's assessment of progress is harsher than that of the National Audit Office, published in a report last June (*BMJ* 2006;332:1467). "At the present rate of progress it is unlikely that significant clinical benefits will be delivered by the end of the contract period," the new report says.

Although plans published by the NHS's IT agency Connecting for Health in January 2005 indicated that 151 acute hospital trusts would have installed new patient administration systems by April 2007, "as of February 2007 only 18 had been deployed."

***Department of Health: The National Programme for IT in the NHS* can be seen at www.parliament.uk.**

New approach to surgical care aims to improve recovery

Susan Mayor LONDON

A new approach to major surgery is being introduced in two London hospital trusts, with the potential to reduce significantly the length of time patients stay in hospital. The approach combines better preoperative assessment, intraoperative monitoring, and postoperative recovery.

The enhanced surgical treatment and recovery programme (ESTREP) combines preoperative and postoperative aspects of other programmes that have previously been shown to improve the outcomes of surgery with an additional element of specialist anaesthetic monitoring and care during operations.

It has been developed by colorectal surgeons at University College London Hospitals NHS Foundation Trust, which will extend it to all colorectal surgery from next week, and from Guy's and St Thomas' NHS Foundation Trust, which has been using the programme for all patients undergoing elective colorectal surgery over the past six months. The results are being audited and the surgeons hope to publish their findings.

Alastair Windsor (left) and Andrew Williams, who developed the new approach

Before their operation, patients are comprehensively prepared with a package of education about their "surgical journey" and an objective assessment of their fitness to undergo the operation they need.

The surgeons use minimally invasive surgical techniques and epidural anaesthesia wherever possible and precise cardiac and fluid monitoring during operations.

This specialist monitoring uses oesophageal Doppler monitoring, which monitors fluid output from the heart. The technique is considered best

Aspirin reduced risk of cancer in large US study

Janice Hopkins Tanne NEW YORK

COMSTOCK COMPLETE

A new prospective cohort study adds to the evidence that taking aspirin regularly reduces the incidence of cancers and cancer mortality. But the study, in postmenopausal women in the US Midwest, found that use of non-steroidal anti-inflammatory drugs did not protect against cancer.

Researchers from the Mayo Clinic College of Medicine in Rochester, Minnesota, and the University of Minnesota in Minneapolis studied 22 507 postmenopausal women who had no history of cancer or heart disease and who took part in the Iowa women's health study. They presented their findings in an abstract at the annual meeting of the American Association for Cancer Research in Los Angeles last week (www.abstractsonline.com/viewer/searchAdvanced.asp, abstract 3400).

When the women enrolled in the study in 1992, they reported their use of aspirin and non-steroidal anti-inflammatory drugs and also their smoking history. The researchers did not question the women further but determined cancer incidence and mortality by annual linkage to the Iowa surveillance epidemiology and end results cancer registry and Iowa death certificates.

In the 12 years of follow-up there were 3487 cases of cancer and 3581 deaths, including 1193 that were due to cancer.

Compared with women who reported at baseline that they didn't use aspirin regularly, those who did report aspirin use had a 16% lower risk of developing cancer (relative risk 0.84 (confidence interval 0.77 to 0.9) and a 13% lower risk of dying from cancer (relative risk 0.87 (0.76 to 0.99)).

Women who were non-smokers or who had quit smoking had a lower incidence of cancer and death than current smokers, but the difference was not statistically significant.

Women who used aspirin regularly also had a lower risk of coronary heart disease and mortality.

Many previous studies have indicated that aspirin use, and sometimes use of non-steroidal anti-inflammatory drugs, reduces the risk of breast, ovarian, oesophageal, and colorectal cancer (*BMJ* 2003;327:572-3.) Some studies, however, have not shown any benefit.

The women's health study, a randomised study conducted between 1992 and 2004 of nearly 40 000 healthy US women aged 45 years or older who were given 100 mg of aspirin or placebo every day and who were followed for 10 years did not show a benefit from aspirin (*JAMA* 2005;294:47-55). Aspirin use did not reduce the incidence of breast, colorectal, or lung cancer, and there was no reduction in cancer mortality except in the case of lung cancer.

Inflammation is thought to have a role in the development of cancer. Aspirin's inhibition of the inflammatory enzyme cyclo-oxygenase 2 is thought to be a key factor in the drug's protective effect (*BMJ* 2003;326:565).

COMSTOCK COMPLETE

practice by the National Institute for Health and Clinical Excellence but is currently used in less than 5% of major operations in the United Kingdom.

Alastair Windsor, a consultant in colorectal surgery at University College London Hospitals, who helped to develop the programme, explained that more precise fluid monitoring during surgery can greatly improve outcomes.

After their operation, patients follow a defined postoperative programme that includes rapid mobilisation and early return to eating and drinking, thus minimising surgical complications while encouraging recovery and discharge.

The programme is expected to reduce the average stay in hospital for patients undergoing complex colorectal surgery from 12 days to eight days. Results so far have shown an average reduction in hospital stay of 1.5 days.

Three Russian doctors face trial for vaccine tests

Andrew Osborn MOSCOW

Three Russian doctors face a criminal trial after being accused of endangering children's health in the course of trials of vaccines for the drug company GlaxoSmithKline. If convicted they could be sentenced to up to six years in prison.

Prosecutors in the southern Russian city of Volgograd allege that the doctors tested GlaxoSmithKline vaccines on young babies who were not fully healthy and that parents' consent was not sought. The three doctors and GlaxoSmithKline deny any wrongdoing and say that the trials were done lawfully and entirely in accordance with relevant ethical obligations.

In fact it seems that the doctors are the victims of a political storm created by the Russian media, in which the vaccine trials have been depicted as experiments on unsuspecting citizens by predatory foreign firms.

The trials were done in 2005 at the Independent Clinical Hospital in Volgograd on GlaxoSmithKline's behalf and included 112 babies aged 1-2 years.

They concerned the company's branded vaccine for chickenpox (Varilrix) and its combined vaccine for measles, mumps, and rubella (Priorix) and were part of a series of trials involving almost 6000 adults and children in 10 European countries including Russia.

No similar accusations have been made in any of the other nine countries.

Zimbabwean doctors call for support from doctors abroad

AP/PA

Owen Dyer LONDON

Supporters of the Zimbabwean opposition party who had been beaten and tortured by police last month were denied medical care for days or were treated in the presence of their abusers by intimidated doctors, says the Zimbabwean Association of Doctors for Human Rights (ZADHR).

The group's chairman, Douglas Gwatidzo, treated the opposition leader Morgan Tsvangirai (above), of the Movement for Democratic Change, two days after he was detained on 11 March in the township of Highfield, near Harare, during an opposition rally.

But Mr Tsvangirai had already been taken by police to the accident and emergency department of the government's Central Hospital after collapsing on the night of his arrest, the human rights group said. The department was cordoned off, and a junior medical officer on duty was made to examine him in the presence of armed police, without reference to senior colleagues.

Although Mr Tsvangirai had sustained multiple fractures and severe blood loss from a long scalp laceration, the junior medical officer treated him only "superficially," ZADHR said, with the result that he lost consciousness again the next day from blood loss.

ZADHR is appealing to health professionals around the world to sign a petition urging Zimbabwean officials to refrain from denying citizens access to medical treatment.

The day after the demonstration, lawyers for the detained demonstrators won a court order requiring police to allow them to seek medical treatment, but police ignored it and held them overnight. The next morning, Judge Chinemberi Bhunu ordered the police to produce the detainees in court and reissued the order, whereupon the government complied.

The order specified that the detainees could seek treatment at the facility of their choice, and that afternoon 64 injured protestors appeared at Dr Gwatidzo's Avenues Clinic in Harare. Each was accompanied by two policemen.

"I will not examine any patient under duress. If you truly believe he can disappear, you can take me instead"

More than 130 riot police armed with batons, shields, and pistols jammed the clinic's emergency room. When Mr Tsvangirai was treated, two policemen insisted on entering the cubicle with him, but Dr Gwatidzo refused. "They were very aggressive and threatening," he told the US Congressional human rights caucus when he visited Washington, DC, two weeks ago to recount the events.

He told the policemen: "I will not examine any patient under duress. If you truly believe he can disappear, you can take me instead."

To sign the petition urging Zimbabwean officials to refrain from denying citizens access to medical treatment, email zadhr@mweb.co.zw, with a copy to the Zimbabwe Medical Association at zima@zol.co.zw.

IN BRIEF

US cancer group recommends MRI screening for women with high risk of breast cancer: The American Cancer Society says that women with a combination of BRCA mutations, a lifetime risk of breast cancer of >20%, and exposure to chest radiography between the ages of 10 and 30 should undergo mammography and annual magnetic resonance imaging (*CA: A Cancer Journal for Clinicians* 2007;57:75-89).

Women more likely than men to have surgery for obesity: Access in England to surgery for obesity varies widely and does not seem to reflect regional differences in morbid obesity, says a study in *Obesity Surgery* (doi: 10.1007/s11695-007-9070-x). The study showed that five times as many women as men underwent surgery, that their average age was 40 years (SD 9), and that most were from local authority districts that ranked within the lowest two fifths on deprivation.

US compensation payments to oocyte donors are published: The average compensation paid to US oocyte donors is $4200 (£2110; €3100), a survey of clinics that are members of the Society for Assisted Reproductive Technology in Fertility and Sterility has found (doi: 10.1016/j.fertnstert.2006.12.037).

Drug resistance brings change in gonorrhoea treatment guidelines: The US Centers for Disease Control and Prevention recommends that the injectable cephalosporin ceftriaxone should be used to treat gonorrhoea, because of increasing resistance to the fluoroquinolone family of antibiotics.

UK scientists find a gene for obesity: Scientists at Peninsula Medical School, Plymouth, and Oxford University have found that people with two copies of a gene that disposes them to put on weight had a 70% higher risk of obesity than those with no copies of the gene and that they weighed 3 kg more, reports *Science* (doi: 10.1126/science.1141634). About one in six white Europeans carry two copies of the variant.

England's suicide rate at an all time low: The percentage of the general population who committed suicide in 2003-5 was the lowest on record, at 8.2 per 100 000 people, says a study by the National Institute for Mental Health in England. The suicide rate among young men also fell, to 17.6 per 100 000, and the number of suicides among mental health inpatients fell from 217 in 1997 to 154 in 2004.

Health secretary sets up review of career reform plan

Lynn Eaton LONDON

The health secretary, Patricia Hewitt, has announced a review of the government's Modernising Medical Careers programme after the debacle over this year's appointments system.

The chaos created by the computer problems with the medical training application service (MTAS) had threatened to scupper the government's plans for a major shake-up of medical training. Remedy UK, the organisation leading protests against MTAS, had at times called for the whole Modernising Medical Careers (MMC) programme to be called to a halt. However, the review group looking at the MTAS situation said it did not think that the programme itself is at fault (bmj.com, 14 Apr, "Junior doctors' interview process is revised in compromise deal").

In an announcement in the House of Commons on Monday Ms Hewitt apologised for the distress caused to those applying for posts under MTAS. She then went on to announce the latest review, to be headed by John Tooke, who is dean of the Peninsula Medical School, chairman of the Council of Heads of Medical Schools, and chairman of the UK Health Education Advisory Committee.

"It was important to find a sensible way forward for 2007," said Ms Hewitt, thanking Neil Douglas for his work so far on the MTAS review panel. "But we now need to look forward to 2008.

"The review will clarify and strengthen the principles underlying MMC to ensure that they have engagement and support from the medical profession and its leaders."

In response to the announcement, Jo Hilborne, who chairs the BMA's Junior Doctors Committee, said: "We hope that doctors will be able to engage fully with this review and welcome the fact that it is to be independent. However, we need more than this—we need urgent action now.

"There are currently 34 250 doctors applying for just 18 500 training posts in the UK. We need solutions that ensure that no doctor in training loses out on a career as a result of government mistakes or poor workforce planning."

(See Features p 824)

Woman loses final round of battle to use her frozen embryos at European court

LEWIS WHYLD/PA

Clare Dyer BMJ

A British woman who waged a five year legal battle for the right to try to conceive using her own frozen embryos reached the end of the road this week when the 17-judge grand chamber of the European Court of Human Rights in Strasbourg ruled against her by 13-4.

Natallie Evans took her case through the UK courts and on to Strasbourg after her former partner, Howard Johnston, refused to consent to her implantation with embryos created from his sperm and her eggs.

The Human Fertilisation and Embryology Act 1990, which governs in vitro fertilisation treatment, states that both partners must consent to the use and storage of embryos and that either may withdraw consent at any time.

The six embryos were created and frozen in 2001 after Ms Evans, now aged 35, was given a diagnosis of a pre-cancerous condition of the ovaries and was about to have her ovaries removed. The couple split up in 2002, and Mr Johnston withdrew his consent for his former partner to use the embryos.

Ms Evans, who now has another partner, said: "I am distraught at the court's decision. It's very hard for me to accept that the embryos will now be destroyed and that I will never become a mother."

Dutch doctors are told to wait for HPV vaccine advice

Tony Sheldon UTRECHT

Dutch GPs are being urged to exercise restraint in the face of increasing demand to vaccinate young girls against human papillomavirus—seen as the main cause of cervical cancer.

The Dutch Health Council, which advises the Dutch government on public health issues, is due to report by the end of the year on whether to include the vaccine in the national vaccination programme.

But Sanofi Pasteur MSD, which manufactures the new vaccine Gardasil, has launched an information campaign highlighting the dangers of human papillomavirus. This includes radio spots featuring a media personality and websites, including www.beschermjedochter.nl ("Protect your daughter"). Complaints have been made that this contravenes the ban on public advertising of prescription only drugs, but the company argues that it is only offering information on a medical condition.

Meanwhile individual gynaecologists have also taken initiatives to offer the vaccine. The Spaarne Hospital near Amsterdam has invited parents and children to information evenings. Haye Knipscheer, a gynaecologist, said, "We are proud to be the first in the Netherlands to offer this [vaccination] on a large scale."

The Dutch College of General Practitioners, responsible for practice guidelines, has now, in response to requests from its members, issued provisional guidance. This guidance calls for a "restrained approach" in advance of the council's report.

Its guidance says that an "intensive marketing campaign," aimed in part at the consumer, is "advising girls and boys to be vaccinated before they become sexually active." This has resulted in many GPs, gynaecologists, paediatricians, and community care doctors regularly receiving requests for vaccination from patients.

The college acknowledges that Gardasil can prevent infection with human papillomavirus types 16 and 18, responsible for approximately two thirds of the 600 cases in the Netherlands each year of cervical cancer. About 235 women die from the disease each year.

But it argues that most girls do not run an "acute large risk" of infection with the virus.

MICHAEL DONNE/SPL

People with diabetes need more information on self care

Kirsten Patrick BMJ

People in England with diabetes are not being offered enough information about their condition to enable them to manage it well, a survey by the Healthcare Commission shows. And when they are hospitalised for other conditions, some are not helped to manage their diabetes while in hospital, it says.

The survey, conducted in 2006 for the commission by the National Centre for Social Research, examined the services that primary care trusts commissioned to help people with diabetes. It aimed to find out whether adults with diabetes were being given the support they needed to look after themselves, in line with the national service framework on diabetes. The survey involved about 1500 general practices from all 152 primary care trusts in England. More than 68 500 adults with type 1 or 2 diabetes disease responded (a 55% response rate) to a questionnaire about their experiences of services provided by the NHS. The survey results cover 142 of the trusts.

Seventeen per cent of respondents did not know if they had type 1 or type 2 diabetes

Only 11% of the respondents had attended an educational course on diabetes and how to live with the condition. A quarter of those who had not attended such a course said that they wanted to attend one. Seventeen per cent of all respondents did not know if they had type 1 or type 2 diabetes.

The survey also found that management of diabetes in hospital could be improved. It found that 19% of respondents had been admitted to hospital for other conditions in the previous year. Of these, 10% said that they didn't get the help they needed to manage their diabetes while they were in hospital. Their complaints included unsatisfactory hospital meals and inflexible timing of meals, which made managing their condition difficult. A third reported that relevant hospital staff were unaware that they had diabetes.

However, among the survey's positive findings was that routine check-ups were generally being carried out as they should be. More than 90% reported being monitored, at least once a year, for long term glycaemic control, hypertension, and weight gain.

Jonathan Boyce, the Healthcare Commission's head of surveys, said that the commission was pleased that nearly all people with diabetes are now getting regular check-ups, including screening for complications.

He said, "What we now need is consistency in the help and support offered by the NHS. It is critical that people with diabetes are able to access all the resources and expertise to enable them to manage the care of their diabetes more effectively."

The survey questionnaire focused on 12 standards of care for delivery as set out in the government's 2001 national service framework for people with diabetes.

Results of the survey of people with diabetes are available at www.healthcarecommission.org.uk.

Future of historic paintings is uncertain after closure of hospital site and their impending sale

Acts of Mercy murals: unknown destination

Michael Day LONDON

The future of four huge oil paintings by the British symbolist painter Frederick Cayley Robinson is uncertain after a decision by University College London Hospitals NHS Trust to sell them through the auctioneers Christie's.

The paintings used to be in the entrance hall of the Middlesex Hospital, which merged with the former University College Hospital more than 20 years ago, but no place has been found for them in the new UCLH building, after the closure of the Middlesex site.

Admirers of the paintings, called the Acts of Mercy murals, say that the trust has a duty to keep them in the public domain.

The four works, each measuring more than six square metres, were installed in the hospital in 1919 as homage to its work during the first world war.

The art historian Nicholas Penny said of the paintings, "Their hushed atmosphere, tense geometry, and subdued colour scheme respond to the grim anxieties of the home front as well as to their original classical setting. The figures wait—for the doctor, for food, for peace."

Working in the tradition of William Blake and the Pre-Raphaelites, Cayley Robinson was also credited with playing a key part in the Victorians' rediscovery of the Renaissance genius Piero della Francesca.

Mr Penny, who is the chief curator of sculpture and decorative arts at the National Gallery of Art in Washington, DC, told the *BMJ*, "There should be an outcry over this, and the Tate should buy them."

Catherine Ormell, a former patient who was born in the hospital, said that the trust "should be safeguarding these as part of their heritage.

"The pictures are very evocative of the first world war period, of a moment in English culture. When I was a child, surgeons at the Middlesex saved my mother's life on three separate occasions; and these pictures have embedded themselves in my imagination as they must have done for thousands."

Guy Noble, the trust's art curator, said that arrangements had already been made with Christie's to sell the paintings. "I hope very much they will remain in the [United Kingdom], but we've signed a contract with Christie's, and we're not able to stipulate where they end up." He denied, however that they were being sold on the grounds of taste.

See www.neo-romantic.org.uk/ent-robinson.html.

US should ease its travel restrictions on HIV positive people, independent

Bob Roehr WASHINGTON, DC

An independent US think tank has called for a change in the law that prohibits HIV positive visitors and immigrants coming to the United States, allowing only occasional waivers on a case by case basis.

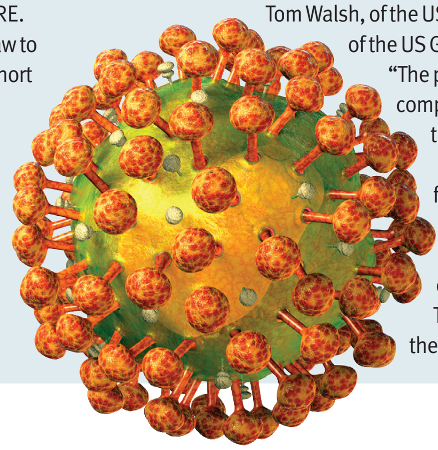
The Center for Strategic and International Studies made its recommendations in a report that was discussed at a forum in Washington, DC last week.

The "travel ban" was passed by Congress in 1993 when hysteria over HIV was at its peak, before the introduction of effective treatments. In protest, the International AIDS Society has refused to hold its huge biennial conference in the US until the law is changed, and the World Health Organization has called the policy a violation of human rights.

A coauthor of the report, Phillip Nieburg, said that our HIV knowledge base had grown since 1993 and that it was now clear that HIV is not an easily spread contagious disease. There was no justification for the law in terms of public health, he said.

Nor was it consistent with the international leadership role on HIV that the US has shown with its president's emergency plan for AIDS relief (PEPFAR). "It is just one more thing where we are out of line and inconsistent with what we are trying to do," said Helene Gayle, another coauthor of the report and president of the large international charity CARE.

The easiest part of the law to change may be visas for short term visitors. Individuals may be granted a waiver through a special application. But the applicant runs the risk of disclosure and discrimination, and the fee can be prohibitive for people on low incomes.



ROGER HARRIS/SPL

Blanket waivers have been granted for people planning to attend large events, such as the Gay Games in Chicago last July.

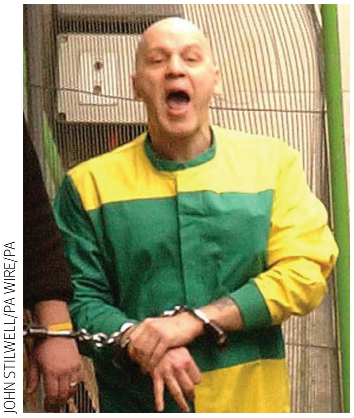
The Bush administration is moving to address these issues, albeit slowly. On World AIDS Day (1 December) last year the president announced that he would issue an executive order addressing the visa concerns. Speaking from the forum's audience, Tom Walsh, of the US Department of State's Office of the US Global AIDS Coordinator, said, "The process is under way, it is complex, and I wish there was more that I could say."

Supporters of the current law fear that allowing HIV positive people into the US will increase the burden on the country's public health system. They gained ammunition after the international AIDS conference


DAVID YOUNG-WOLFF/ALAMY

New arrangements have penalised research in forensic psychiatry, which includes the study of criminals such as Michael Stone (right) and Christopher Clunis (centre). Research into dementia (left) has fared better


REX FEATURES


JOHN STILWELL/PA WIRE/PA

England's new research funding system leaves some fields of psychiatry out in the cold

Susan Mayor LONDON

New arrangements for funding academic medical research in England have left some disciplines, particularly in the field of psychiatry, out in the cold, depriving them of research funds and limiting career prospects for people wanting to work in these areas, researchers have warned.

The new system, announced last year, merged the budgets from the two existing streams for the public funding of medical research, those of the Medical Research Council and NHS Research (*BMJ* 2006;332:994).

There is now a single fund for academic medical research, administered by the National Institute for Health Research, which was set up to deliver the government's research strategy. Researchers in many disciplines who previously received funding directly from their NHS trusts have had to apply to the institute, and some have now been told that their research money will cease next year.

Peter Tyrer, professor of community psychiatry at Imperial College London, and a member of the panel that reviewed applications for funding in mental health, considers that research applications in forensic psychiatry, child psychiatry, and intellectual difficulties have fared particularly badly. None of the bids in these fields were funded, even though many of the researchers making them have international reputations and have previously been successful in gaining funding from a wide range of research bodies.

Of the 132 applications in mental health, only 15 were funded, Professor Tyrer noted. "However, four were funded for research in early interventions in psychosis, which is already vastly overfunded. Fashion is dictating to some extent what gets funded, but the real problem is that there is too little money available," he said.

"In areas such as dementia research (which comes from a different funding stream), there are more resources and a much greater chance of success."

"There is a serious risk that some of the smaller specialties in psychiatry will now cease to exist," he warned. "One of the great strengths of psychiatry in the UK has been the diversification into specialist interests. It will be a great loss if they are lost from academic research." He considered that the loss of research could also directly affect patients' care by failing to provide an evidence base for clinical decision making.

Sheilagh Hodgins, professor and head of forensic mental health science at the Institute of Psychiatry, London, was one of the researchers whose application for funding for forensic psychiatry was turned down.

Her bid included three studies of interventions in general psychiatry aiming to reduce the need for transfer to forensic services. "Failing to develop this area will mean that the number of patients requiring care by forensic psychiatry will continue to be high, using up a major proportion of the psychiatry budget."

She is concerned that bids for funding in psychiatry may have failed because research methods differ from those used in physical medicine.

Failure to get funding from the National Institute for Health Research may also lead to redundancies. Professor Hodgins said that her department has lost three academic posts. "There is already a shortage of forensic academics in the UK. Losing three more adds to this shortage."

US think tank says

in Toronto last summer when more than 150 HIV positive people attending the conference chose to remain in Canada and seek asylum, claiming that they feared discrimination in their own countries. The cost of drugs alone for those people would cost about $1m (£0.5m; €0.7m) a year in the US.

Dr Nieburg called that argument discriminatory, given that other costly chronic health problems are not singled out for a blanket ban.

Louis Sullivan, who was secretary of health and human services when the law was enacted, against his advice, said that the emotions and stigma surrounding AIDS had declined notably since then. The introduction of effective treatments make this "truly a propitious time to try and end these [legal] restrictions," he said.

***Moving Beyond the US Government Policy of Inadmissibility of HIV-Infected Noncitizens* is at www.csis.org/media/csis/pubs/movingbeyondinadmissibility.pdf.**