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## More vigilance needed to tackle domestic abuse

Zosia Kmietowicz LONDON

Doctors and other health professionals need to be more vigilant for signs of domestic abuse and should know what questions to ask so that they can take quick action, says a report from the BMA. Produced by the BMA's Board of Science, it recommends that all health professionals should have training in how to deal with domestic abuse.

The report documents the four main types of domestic abuse—physical, sexual, psychological, and financial—which all have long term effects on the victim.

Health problems that result can include fractures, burns, depression, post-traumatic stress disorder, chronic pain syndrome, arthritis, problems with hearing and sight, seizures, and headaches. Stomach ulcers, heart disease, and raised blood pressure are indirect consequences.



Gene Feder, professor of primary care research and development, at Barts and the London NHS Trust, said that research among women who had been domestically abused identified doctors as the people they would most like to talk to about their situation. With appropriate training doctors can provide effective support to victims of abuse, such as referral to expert voluntary agencies, he said. But he said that inappropriate questions to try to identify abuse could do more harm than good.

Domestic abuse is common and affects all parts of society, including many vulnerable groups, such as disabled people. An estimated half a million elderly people are being abused at any one time in the United Kingdom, most of them by family members.

As many as three in 10 women and two in 10 men have experienced domestic abuse of some form in their life, with one in 20 women having serious injury or long term health problems, said Professor Feder.

Although domestic abuse affects men and

women, 80% of victims are women, and 30% of the abuse starts in pregnancy, says the report.

Vivienne Nathanson, head of BMA science and ethics, said, "The figures we provide in this report are shocking, but perhaps more alarming is that they are likely to be grossly underestimated. Domestic abuse is an unspoken scar on our society, and many individuals never report that they are victims. Sometimes this is because of social stigma or simply because they do not know who to turn to. Other times it can be because the victims are so vulnerable that they are not in a position to seek help."

"Doctors and other health professionals are well placed to help victims and their families, and our message to them today is: if you suspect abuse is taking place, it is important that you help your patient to discuss this." It is also very important for doctors to realise that men can be victims too. Men are less likely to be believed, and, therefore, they tend not to seek help."

The report is available at [www.bma.org.uk](http://www.bma.org.uk).

## Academics join forces in training fight as junior doctors face uncertainty over their future

Lynn Eaton LONDON

As many as 45% of applicants for training posts starting this August have not yet been offered a job, according to a survey by a group of medical academics who joined forces this week to reiterate their growing concern at the problems surrounding junior doctors' appointments.

The Fidelio group, led by Morris Brown and Steve O'Rahilly, both of Cambridge University, announced the findings of their survey a few days before round one of the application process in England came to end on Friday. As the *BMJ* went to press it was still unclear how many applicants had not been offered a job. Because it was decided that individual deaneries handle applications rather than

the centralised computer system, only individual deaneries hold this information (*BMJ* 2007;334:653).

"It's not at all clear where the data is going to come from," said Professor Brown, who had collated replies to his own survey from 1300 applicants up to Monday 18 June. At that stage 45% of applicants had not yet received an offer, 32% had been offered one post, 15% had been offered two posts, 6% had been offered three posts, and 2% had been offered four posts. But he acknowledged that this was a small sample of the more than 30 000 applicants, who could still be offered posts before the end of round one.

The Fidelio group is hoping that the change of prime minister may signal an opportunity for a change of heart,

possibly with the suspension of run-through training, after the foundation programme, when doctors train to specialise. "Gordon Brown is a great advocate of getting rid of red tape," said Professor Brown. "We are asking him to take a red line to this."

Richard Marks, of Remedy UK, the group set up in protest at changes in doctors' training and the medical training applications service (MTAS), said it was understood that as many as a quarter of posts could be held back for round two. "The big question is how many will be specialist training and how many not," he said.

Concern is also growing at the effect on academic medicine. Professor Brown's survey found unsuccessful applicants with first class honours and distinctions.



Professor Morris Brown: the best applicants have been culled

"We've got one arm of government wanting better clinical research," said Professor O'Rahilly, indicating that the Department of Health was failing to reflect the Treasury's push to make the United Kingdom a centre of medical research excellence, as outlined in the Cooksey report (*BMJ* 2006;333:1239).

"But we are taking our brightest people, and making it more difficult for them to get training," he said.

## EC report on drug advertising found to be “biased”

**Ray Moynihan** BYRON BAY, AUSTRALIA

An international alliance of consumer groups, insurers, and professional associations has stepped up its attacks on the European Commission's current round of public consultation over drug advertising.

The EC released a report for public consultation earlier this year on current sources of patient information, and it is seeking public comment by the end of June. The report gives strong support to the idea of allowing drug companies to give more information directly to patients, a proposal that critics argue will undermine Europe's strict ban on direct to consumer drug advertising.

In an open letter sent to two commissioners last week, the alliance, which includes Health Action International, the Medicines in Europe Forum, and the International Society of Drug Bulletins, attacked the “shaky and undocumented nature of the commission's analysis and the resultant bias in its conclusions.”

Specifically the alliance argues that the commission's report gives an incomplete list of currently available sources of information for patients and alleges that the report omits many providers of information that are independent of drug companies.

Clearly supporting the industry's desire to speak more directly to consumers, the EC report concludes that the “pharmaceutical industry possesses the key information on their medicines but this information can currently not be made available to patients and healthcare professionals.”

In response, the letter to the commissioners argues that “key” information about the sometimes serious side effects of drugs is often overlooked by companies, or even covered up, as seen in recent high profile scandals involving some drugs for arthritis, psychosis, and diabetes. “Increasingly frequent health scandals are on-going reminders of the medical and legal dangers of excessive promotion of new medicines.”

The EC has defended its consultation process and rejected the allegation that it is planning proposals to lift the ban on advertising drugs to consumers. Similarly the drug industry's public position is that it does not want full advertising in Europe, rather just the ability to give patients more information.

The draft report on current provision of information to patients taking medicinal products is available at <http://ec.europa.eu>

## US groups highlight symptoms of early ovarian cancer

**Janice Hopkins Tanne** NEW YORK

Women in the United States should watch out for the early signs of ovarian cancer, which have been described in a consensus statement from the American Cancer Society, the Gynecologic Cancer Foundation, and the Society of Gynecologic Oncologists.

Ovarian cancer is often called the “silent killer” because it is thought to have no early warning signs and is usually detected when it has already spread beyond the ovary. Although when the disease is detected early about 93% of women survive for five years, only 19% of cases are found that early, the American Cancer Society said.

The consensus statement lists four symptoms that may be early signs of ovarian cancer—bloating, pelvic or abdominal pain, trouble eating or feeling full quickly, and urgent or frequent urination.

Barbara Goff, director of gynaecological oncology at the University of Washington, in Seattle, stressed in a television interview that although these were common symptoms, they were important when they were new to a woman, persisted every day or every other day for more

than several weeks, or became progressively more severe.

Dr Goff published an article in *JAMA*, the journal of the American Medical Association, which said that women with ovarian cancer reported these symptoms before they were diagnosed (2004;291:2705-12). Dr Goff and her coauthors said that women with symptoms that were new or more severe or frequent than expected needed further investigation. Debbie Saslow, director of breast and oncological cancer for the American Cancer Society, said, “It has been a longstanding challenge to balance educating women about ovarian cancer symptoms while emphasizing that these symptoms are very common, sometimes vague, and usually not related to ovarian cancer.

“There is no standardised guideline for the follow-up of women with symptoms. Many experts would agree that women should be given a thorough bimanual [pelvic and rectal] pelvic examination, transvaginal ultrasound, and a blood test for the tumor marker CA125. Each of these tests alone has a very low level of accuracy for early stage cancer. It is hoped that the combination . . . increases the accuracy.”

The statement is at [www.sgo.org](http://www.sgo.org)

## Richard Granger resigns as chief of NHS IT programme



Richard Granger's departure might destabilise the £12bn project

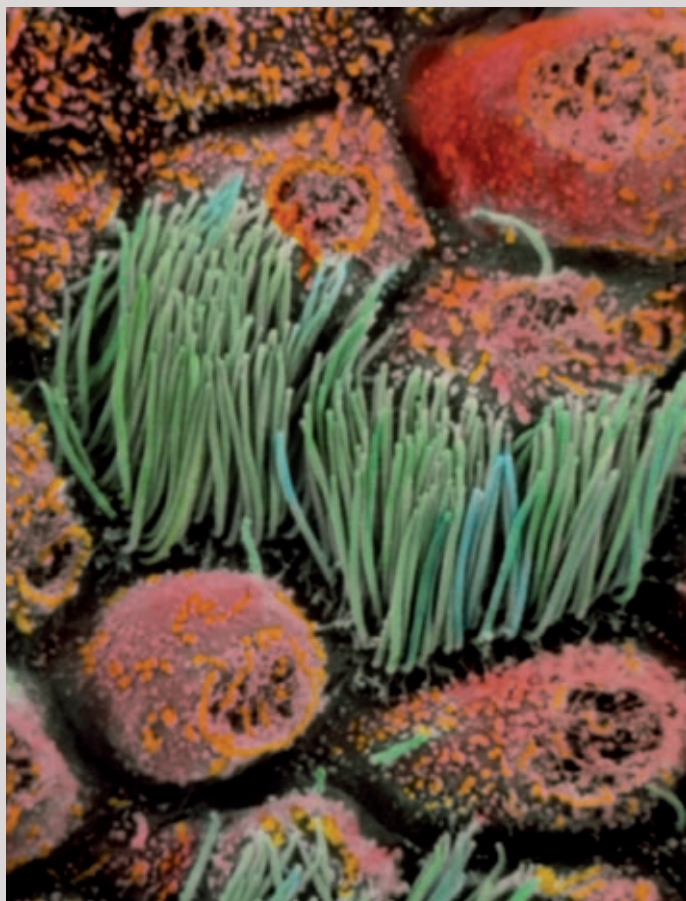
**Adrian O'Dowd** LONDON

The NHS's electronic care records system is on track to be rolled out next year despite the sudden resignation of Richard Granger, who was in charge of implementing the system, the Department of Health claims.

Mr Granger is chief executive of the Department of Health agency Connecting for Health, which is responsible for new information technology (IT) systems in the NHS. He announced his departure two days after giving reassurances to MPs as part of the health select committee's inquiry into electronic patient records.

Although Mr Granger will stay in the post until October, there are fears that his departure could destabilise the £12.4bn (€18.3bn; \$24.4bn) National Programme for IT in the NHS.

The programme includes electronic prescription and appointment booking services, a patients'



Scanning electron micrograph of ovarian cancer cells

care records service, and an x ray archiving and electronic transmission system.

MPs asked Mr Granger about current concerns over the core information exchange system for the programme. It is called the Lorenzo system and is being developed for the NHS by the company iSoft, which is currently the subject of a possible takeover.

Mr Granger said that any problems being faced by iSoft would not prevent delivery of the Lorenzo system and that trials of the system would start within two weeks in Germany.

"We expect the first live secondary care versions of Lorenzo to be available next year in the NHS in England," he said. "It will start to be rolled out next year. I expect there will be some difficulties with the product in the early sites."

Also giving evidence was Frank Burns, former chief executive at the Wirral Hospital NHS Trust,

who was seconded by the department for 18 months in the late 1990s to write a draft information technology strategy for the NHS.

Mr Burns said that clinicians wanted functioning technology that supported their daily work, but many were frustrated about the focus by Connecting for Health on care records.

"It's the elements of the technology that support the care of patients that is slowest in coming forward, and in many parts of the country people have begun to despair as to whether it will ever arrive," he said.

John Feehally, president of the Renal Association, also present, said, "There has been an appalling communication failure from the beginning. They have not really listened to clinicians."

The health minister Lord Hunt, giving evidence at the session, said he would be tackling the matter of "clinical buy-in" to the project.

## Denmark halves Down's births by non-invasive screening in early pregnancy

Susan Mayor LONDON

The number of children born with Down's syndrome in Denmark halved over the past three years after non-invasive screening in early pregnancy was extended to women of all ages, new research reported at the conference of the European Society of Human Genetics shows.

The study assessed the effect of guidelines introduced by the National Board of Health in Denmark in 2004, which offer screening for Down's syndrome to all pregnant women rather than restricting it mainly to women aged over 35 years. Women were offered screening in the first trimester, measuring nuchal translucency in the fetus combined with a maternal blood test for chromosomal abnormalities.

Testing allowed a combined risk for Down's syndrome and other trisomies to be calculated. Women for whom the risk was more than one in 300 were offered an invasive procedure, analysing chromosomes from fetal cells obtained either by chorionic villus sampling or amniocentesis.

Data from the Central Cytogenetic Registry for three

counties of Denmark with a total population of 1.1 million, equivalent to about one fifth of the national population, from 2004 to 2006 showed a doubling in the number of fetuses prenatally diagnosed as having trisomy 21 after introduction of the guidelines. This resulted in almost 50% fewer children born with Down's syndrome. The number of invasive procedures also decreased, from about 11% of all pregnancies to 5%.

Reporting the findings, Karen Brøndum-Nielsen, from the Kennedy Institute, Glostrup, Denmark, said, "Although we have not yet studied the whole of the population, these numbers are significant enough to show that the new guidelines have been accepted by a great majority of Danish parents." It is important to investigate the psychosocial aspects of testing, however, she said.

Looking further into the history of children born with Down's syndrome showed that their mothers had often declined the offer of screening or had taken it too late in pregnancy. See *European Human Genetics Conference 2007*, abstract C29, [www.eshg.org/eshg2007](http://www.eshg.org/eshg2007).



A seven week old fetus with nuchal oedema, which may indicate Down's syndrome

## IN BRIEF

### Effect of antidepressants on fetuses needs study:

Studies that quantify the effects of fetal exposure to antidepressants are urgently needed, researchers say. Research from the Vanderbilt University School of Medicine, based on 105 335 pregnancies, shows that the proportion of pregnancies in which antidepressants had been taken increased from 5.7% in 1999 to 13.4% in 2003 ( $P<0.0001$ ). The increase was mostly in selective serotonin reuptake inhibitors (*American Journal of Obstetrics and Gynecology* 2007;196:544-5).

### FDA approves obesity drug:

Despite calls for the US Food and Drug Administration to remove an obesity drug from the market, it has approved tetrahydrolipstatin (Orlistat) for use over the counter, marketed as Alli by manufacturers GlaxoSmithKline. Public Citizen, a health research group, says that some patients taking the drug developed gallstones.

### Preimplantation genetic diagnosis does not increase risk of malformations:

Children born after preimplantation genetic diagnosis show no more serious malformations than children born after similar artificial reproduction technologies but without being biopsied at the embryo stage, according to a study reported at the European Society of Human Genetics. The study of 563 children born after preimplantation genetic diagnosis who were examined at 2 months and 2 years old showed that 3.6% had serious malformations, which is the same as the rate in children born after conventional assisted conceptions.

### Keep politics out of NHS, says poll:

Seven out of 10 people think that politicians should not be involved in the day to day running of the NHS, according to research by Ipsos MORI. Its publication coincides with research from the NHS Confederation, which shows that behavioural change, not more restructuring, is the solution to many of the problems in the NHS. *From the Ground Up: How Autonomy Could Deliver a Better NHS* is available at [www.nhsconfed.org](http://www.nhsconfed.org).

**Rural idyll:** In what's reported as the largest cash lure ever to tackle Australia's shortage of rural doctors, the small town of Temora, in New South Wales, has offered \$A500 000 (£210 000; €310 000; \$420 000) for a GP, in addition to a healthy salary, to anyone who is prepared to stay for five years.

# Measles outbreak shows shortcomings in Japan's immunisation programme

Peter Moszynski LONDON

An outbreak of measles in Japan has led to the closure of more than a hundred schools and universities in the past month and to calls for a new push to eradicate the virus completely. Japan is one of the few industrialised countries yet to eliminate the disease.

In 1978 Japan introduced a mandatory measles vaccination programme for pre-school children. But mandatory vaccination stopped when the law was revised in 1994. Although vaccination rates remained at about 90%, according to the National Institute of Infectious Diseases, this was short of the 95% coverage needed to eradicate the disease from the general population.

Nobuhiko Okabe, director of the institute's infectious disease surveillance centre, warned last week that the gaps in immunisation coverage had led to the virus affecting older age groups than usual, causing greater risk of this extremely infectious disease spreading in the general population.

"The outbreak is not as widespread as in 2001, when between 200 000 and 300 000 patients, most of whom children, were estimated [to have been infected. But] an epidemic among teenagers and young adults, who can wander across a much wider range than infants, could extend infections to large numbers of people of all ages," he warned.

Although there is no comprehensive

count of patients with measles, a nationwide survey by the institute of about 450 medical institutions found 286 people aged 15 years and older had contracted the disease by 20 May, and there had been about 907 cases in children.

Every year about 20 million people worldwide, mainly children, contract measles. In 2005 there were 345 000 measles related deaths, but in developed countries that have taken eradication measures the disease is now rare. In 2004 the World Health Organization received reports of only 37 cases of measles in the United States.

Peter Strebel, of WHO's expanded programme on immunisation, told the *BMJ*, "In general, outbreaks of measles that affect teenagers and young adults are usually the result of the accumulation of susceptible persons who either have never been vaccinated—for example, as a result of earlier years in which routine vaccination coverage was less than 95%—or who were vaccinated but did not respond—so called vaccine failures because the vaccine is approximately 85-95% effective depending on the age at which it is given.

"In Japan, I believe the main challenge has been getting on-time vaccination coverage with the first dose above 95%, and, until recently, the lack of a second dose of measles vaccine in their routine childhood immunisation schedule."

## Netherlands bans smoking in enclosed public places but allows closed smoking rooms



MICHAEL KOOPEN/REUTERS

Tony Sheldon UTRECHT

Smoking is to be banned in all Dutch cafes, restaurants, hotels, and sports facilities from July 2008, when the Netherlands' government axes the previous unsuccessful policy of industry self regulation.

Ministers rejected the hospitality industry's proposal to phase out smoking gradually by 2011, provoking a furious response from the industry's umbrella body, Royal Dutch Horeca, which accused the government of being unreliable. Doctors welcomed the ban



One analysis made Hawaii (left) top, while the other named Wisconsin (right)

## Is Wisconsin or Hawaii the healthiest?

**Janice Hopkins Tanne** NEW YORK

Two different analyses of US health care have found two different answers. The federal Agency for Healthcare Research and Quality used 129 quality measurements and concluded that Wisconsin was the healthiest US state. The non-profit making Commonwealth Fund rated states on 32 health measures, and Hawaii came out best.

The federal agency focused on the quality of the health system's performance. The Commonwealth Fund study also considered access to care and health outcomes, said Dina Belloff, senior policy analyst with the Rutgers Center for State Health Policy and an author of the Commonwealth Fund study.

The reports are part of efforts by the federal government, healthcare foundations, and other organisations to assess healthcare quality, push for improvements by hospitals and doctors, and inform the public.

The federal agency's third annual report was the first to release a score for each of the 50 states and the District of Columbia. Wisconsin came highest with 65.76; Louisiana came lowest with 29.16.

The agency compiled information on performance measures, such as antibiotics before surgery; colonoscopy or sigmoidoscopy to detect colon cancer for men over 50; foot examinations for patients with diabetes; ease of making medical appointments for Medicare patients (mostly patients aged 65 years and older); use of recommended care for heart attack; avoiding hospital admission for children with asthma; and the number of low birthweight babies.

The Commonwealth Fund's "state scorecard" study also used government data to rank the 50 states and the District of Columbia on five measures—access to care, quality of care, potentially avoidable use of hospitals and costs of care, equity, and healthy lives, defined as mortality before 75 years from conditions that could have been avoided by timely and appropriate care.

Hawaii, Iowa, New Hampshire, Vermont, and Maine were the top performers in the Commonwealth Fund's ratings. Better access to care and higher rates of people with health insurance are closely associated with better quality of care, the report says

while calling for tougher government action on a range of unhealthy lifestyles. National opinion polls show that 64% of the public support an immediate ban.

The government, formed this year, has sought a new approach, with the health minister, Ab Klink, calling for a total ban from January 2008. The cabinet chose July to allow the tobacco industry time to adjust.

Mr Klink told MPs that an evaluation of the current self regulation showed that areas

reserved for non-smokers mostly accounted for less than a quarter of the total places accessible to the public. Most cafes and restaurants had a maximum of five tables. Self regulation, he concluded, would clearly not protect employees.

A blanket ban was chosen to offer all employees the same health protection as in other industries. Cafes, restaurants, and hotels that fear a loss of trade can choose to set up separate closed smoking rooms, but staff will not serve customers in these areas. MPs

had asked whether the ban should apply to so called coffee shops, where cannabis smoking is permitted. The government's solution is to require cannabis to be sold in an area separate from a closed smoking area so that employees of the coffee shop maintain their legal right to a smoke-free workplace and customers can buy cannabis without having to enter a room in which people are smoking.

Data from the European Commission show that the Netherlands' strong tradition of smoking is changing.

## Community treatment orders stay in mental health bill

**Clare Dyer** BMJ LEGAL CORRESPONDENT

The UK government made a final push to get controversial reforms to mental health laws through parliament this week after making a range of concessions to opponents after a series of defeats for the bill in the House of Lords.

As the *BMJ* went to press on Tuesday, the mental health bill was entering the final day of its report stage in the House of Commons, and the government had survived a key vote the night before on safeguards attached to proposed new orders for compulsory treatment in the community.

The health minister Rosie Winterton outlined the concessions that the government was prepared to make to allay criticism from opposition parties, backbench Labour MPs, mental health campaigners, and healthcare professionals.

Detained patients, community patients, and patients subject to guardianship will be given access to advocacy services to speak up for them and champion their rights.

For any patients under 18 years of age, mental health institutions for adults will be required to provide an age suitable environment and facilities for their "personal, social, and educational" needs. The Department of Health and local managers will have to be notified if a child younger than 16 years old is held in an adult institution, and children would not be expected to stay there longer than 48 hours, she said.

A further amendment will spell out that any conditions attached to supervised community treatment must be for the purpose of ensuring that patients receive treatment to protect other people or to prevent the risk of harm to their own health or safety. This follows concerns that conditions could be used inappropriately to restrict a patient's behaviour and lifestyle.

But Ms Winterton strongly defended community treatment orders, one of the most controversial elements in the bill, claiming that most mental health professionals supported them and arguing that they were "absolutely vital" in preventing relapse.

She said the opposition amendments, imposing extra safeguards, would restrict the ability of doctors to treat their patients.

# Scientists plead for right to create interspecies embryos

Andrew Cole LONDON

A leading body of medical scientists has concluded that the creation of interspecies embryos, which are part human and part animal, is vital in the fight against a wide range of diseases.

The Academy of Medical Sciences says there are no “substantive ethical or moral” reasons why research on human embryos containing animal material should not be carried out under exactly the same regulatory framework that exists for other work with embryos.

This stipulates that no modified embryos should be reimplanted into a woman and that none should be grown in vitro beyond 14 days.

The academy set up a working group of leading doctors and geneticists in March to examine the situation

after the government’s white paper, which proposed a blanket ban on all interspecies embryo research (*BMJ* 2007;334:12), and a public consultation on hybrid research by the Human Fertilisation and Embryology Authority (*BMJ* 2007;334:925).

The government later modified its position, in its draft Human Tissue and Embryos Bill, to allow some limited forms of interspecies laboratory work while still opposing the creation of true hybrid embryos, in which human sperm is mixed with animal eggs or vice versa (*BMJ* 2007;334:1074).

But the working group sees no reason why this type of research should be banned.

Its chairman, Martin Bobrow, said it had found no scientific reason why researchers would need to gen-

erate true hybrid embryos.

“However, given the speed of this field of research, the working group could not rule out the emergence of scientifically valid reasons in the future.”

Interspecies research is an increasingly attractive option for many scientists because it overcomes the shortage of human eggs available for research by substituting an animal egg, with its nucleus removed, which acts as host for human cells.

The resulting human-animal embryos are a rich source of stem cells, which can be used to study diseases from developmental abnormalities in young children to cancer and Parkinson’s disease as well as to help to develop new drugs.

Two teams of scientists, at Newcastle University and King’s College, London, have applied for a licence from the Human Fertilisation and Embryology Authority to fuse animal eggs with human cells to make embryos that would be 99.9% human and 0.1% cow or rabbit.

The report accepts that many members of the public experience a “yuck factor” about interspecies embryos because they think it breaks a fundamental taboo. But this argument is difficult to sustain, it says, noting that many medical advances such as in vitro fertilisation, vaccination, and antibiotics involve manipulation of nature.



Scientists would not be allowed to grow interspecies embryos beyond the 14 day stage

G.MOSCO/SPL

## King’s Fund accepts funding for seminars from US insurance company

Owen Dyer LONDON

The King’s Fund, one of Britain’s leading charitable institutions working on healthcare policy, has formed a partnership with Humana Europe, the regional subsidiary of a large US health insurer that bids for NHS commissioning contracts.

Humana Europe is widely believed to be on a Department of Health shortlist of approved companies eligible to bid for commissioning work from primary care trusts. Under the terms of the agreement with the King’s Fund, the company will provide £30 000 (€45 000; \$60 000) towards the cost of seminars that NHS officials will attend.

A health policy expert, Tom Granitir, from Humana’s Kentucky based parent organisation will also be seconded to the fund as an adviser in a joint public health project, focusing on encouraging healthy lifestyles.

Daniel Reynolds, a spokesman for the King’s Fund, said the charity was “dipping our toe into the water” of partnership with private enterprise on an experimental basis. “Private companies are playing an increasing role in the NHS, and we have to accommodate that reality,” he added.

The £30 000 payment would not compromise the fund’s independence, he said. “Some people have asked us if this means we’re running out of money. We aren’t, and even if we were, £30 000 would hardly go very far.”

Rebecca Rosen, medical director of Humana Europe, who previously worked at the King’s Fund and remains a senior associate of the charity, said that Humana hopes to capitalise on its reputation for changing patients’ behaviour in the United States through

incentive based schemes.

One Humana programme in the US provides insured patients with pedometers that can be plugged into a computer, allowing patients to claim air miles on a website in exchange for exercising. It also recently launched health coaching and online support for people signed up to its insurance policy, including support in tobacco cessation, weight management, physical activity, stress management, nutrition, and back care.

Humana is seeking contracts with primary care trusts to improve health among schoolchildren and could launch a similar scheme here, offering rewards in the form of sports equipment from a participating sponsor, she said.

The joint project will also examine ways to help employers encourage healthy lifestyles



Niall Dickson, chief executive of the King’s Fund

MICK BROWNFIELD

among their staff, she said.

Dr Rosen acknowledged that there is suspicion about US healthcare companies seeking NHS contracts. “But no one is proposing bringing US-style health care to Britain,” she said.



AFP/GETTY

Two wounded Afghan nationals are taken to a hospital for treatment in the Pakistani border town of Chaman

## Red Cross concerned over deterioration in medical services in Afghanistan

John Zarocostas GENEVA

The International Committee of the Red Cross has warned that the deterioration in medical services in remote areas of Afghanistan is making it increasingly difficult for civilians wounded in hostilities to be reached by health workers.

Pierre Krähenbühl, the agency's director of operations, said that the deterioration has been steady and that "important needs are still unmet. The civilians most in need are also the most difficult to reach."

Getting wounded civilians out quickly is often a challenge, he said, adding that Afghanistan's harsh terrain did not help.

He emphasised that the situation in Afghanistan is worse now in humanitarian terms than a year ago, with hostilities now spread in many parts of the country and an increasing number of war wounded people admitted to hospitals.

"Many are unable to access medical care," he told reporters.

The unwillingness of many doctors to be posted in facilities outside cities, mostly because of heightened insecurity, added to the problem, agency officials say.

Mr Krähenbühl said that the agency had increased its support to hospitals to help deal with the large influx of war wounded people and was also providing emergency help to people newly displaced by the escalation in hostilities.

The agency's operation in Afghanistan, its fourth biggest operation worldwide, was

reassigned emergency status last year and is far from over in terms of medical and relief needs, he said.

He cited a series of bombing raids and fighting on the ground in Herat last month that resulted in many civilians deaths, more than 2000 displaced people, and 170 houses wholly or partially destroyed.

The agency also supports Afghan Red Crescent Society clinics and volunteers, who go out to "delicate" areas of the country to set up community based first aid teams, he said.

The committee says its goal in Afghanistan "is to provide essential and quality surgical services to victims affected by the conflict or other emergencies."

The agency supports three hospitals—JPHH1 in Jalalabad, Mirwais in Kandahar, and Sheberghan in Jawzjan—with supplies, training, and capacity building support to cope with the influx of wounded people.

An increasing number of people wounded or killed are civilians, the committee says. It has called on all the different parties in the conflict—the international forces, the Afghan army and police, and armed opposition groups—to respect international humanitarian law and not target civilians.

In 2006, 1744 war wounded people were treated in facilities supported by the agency, Mr Krähenbühl said.

According to official Afghan sources 4000 people were killed in hostilities in 2006, which included 670 civilians.

## GPs condemn Labour for failing the NHS

Zosia Kmietowicz LONDON

GPs at their annual meeting in London last week sent a resounding message of no confidence in the UK government's handling of the NHS, with the secretary of state singled out for what one representative described as "squandering millions of taxpayers' money . . . and the goodwill of a dedicated profession."

The motion of no confidence in both the government and Patricia Hewitt, proposed "with regret" by Eric Rose, a GP in Milton Keynes, was carried overwhelmingly by the conference of representatives of local medical committees. Referring to the catchphrase of entrepreneur Sir Alan Sugar in the television show *The Apprentice*, Dr Rose said, "I hope we will hear some very Sugary words [when Gordon Brown reshuffles the cabinet]—you're fired!" to great applause.

"Ten years ago when Labour came to power, I, along with many others, had great hopes. After all, this was the party that created with NHS and whose pre-election slogan had been 'Ten days to save the NHS,'" Dr Rose told conference. "Ten years later the reality is that a golden opportunity has been wasted, and the dangers to the fabric of the NHS appear even greater."

He recited a list of policies introduced by Labour that had failed to deliver benefits to patients. Among them were NHS Direct, rolled out to the whole country despite two independent studies that showed few benefits. "In the last few days I have learnt that two thirds of all callers are passed on to other services—aren't we surprised?" said Dr Rose.

Walk-in centres had predominantly improved access to health services for people with few health needs, Labour's choice agenda had no proved benefits, and the abandoned NHS University had cost £72m (€107m; \$142m; *BMJ* 2007;334:1036).

Dr Rose also catalogued the abolition of systems that had been previously working well, including community health councils; the joint committee on postgraduate training for general practice; the application system for doctors' training posts, the destruction of which has "caused untold damage to the careers of a generation of young doctors"; and the home oxygen supply system.

See News doi:10.1136/bmj.39251.445694.4E