US tobacco company admits smoking is addictive

Linda Beecham, *BMJ*

The Liggett Group, the American maker of Chesterfield cigarettes, is the first tobacco group to admit publicly that cigarettes are addictive and cause cancer, heart disease, and emphysema. It will now warn on its cigarette packets that smoking is addictive and can cause cancer.

The company, the smallest of the tobacco companies in the United States, has agreed to settle all claims that it faces in 22 US states, which are suing the industry for the cost of treating smoking related illnesses. It has also agreed to hand over potentially damaging documents to the states to help them in their lawsuits. The company's employees will be released from constraints from testifying in support of the lawsuits.

Scott Harshbarger, Massachusetts attorney general, said: "Our states will now have the opportunity to go into court armed with the testimony of industry insiders and documented evidence about what 'big tobacco' knew and when it knew it."

The deal will give the company immunity from litigation. In return it will pay $25m (£15.5m) plus 25% of its pretax profits for the next 25 years to a fund that will share out the proceeds among the litigants.

The fear of what the documents might contain has prompted the largest company, Philip Morris, to obtain a temporary restraining order against their release. Among the documents that Liggett has promised to release are notes from consultations between the legal officers of all the tobacco companies over 30 years. These could be incriminating if they show a consistent policy of concealing the addictiveness of nicotine.

Tobacco companies have always dismissed scientific evidence showing a link between tobacco and cancer as inconclusive. In 1994 the heads of the main cigarette companies testified before congress that nicotine was not addictive. The justice department is investigating whether they lied. □

PRIVATE COLLECTION

The maker of Chesterfield cigarettes will be immune from litigation

PVS criteria put under spotlight

Clare Dyer, *legal correspondent, BMJ*

The High Court in London has said that a woman in a persistent vegetative state should be allowed to die, even though she did not fit the clinical criteria drawn up by the Royal College of Physicians to diagnose the condition.

Three expert witnesses in the case all told the court that they believed the woman was in the persistent vegetative state, although all accepted that according to the criteria she was not. Patients at the centre of previous "right to die" cases, starting with Tony Bland, survivor of the Hillsborough football ground disaster, would all have met the royal college's guidelines, produced a year ago.

Sir Stephen Brown, president of the High Court's family division, was told that the 29 year old woman, named only as Miss D, showed four clinical features that would exclude her from being in the persistent vegetative state according to the criteria. These were nystagmus in response to ice water on her ear; visual fixation; tracking of moving objects with the eye, and blinking in response to a "menace."

But the experts—Bryan Jennett, emeritus professor of neurosurgery at Glasgow University; David Chadwick, professor of neurology at Liverpool University; and Derick Wade, consultant in neurological disability at the Radcliffe Infirmary, Oxford—said that Miss D had no awareness of the environment or herself. Sir Stephen decided that Miss D was "in reality in the persistent vegetative state" and agreed that her feeding tube, which had become dislodged, should not be reattached.

Miss D received severe injuries in a car accident in 1989. She needed constant care but was eventually able to get out of her wheelchair and walk holding on to furniture. In 1995 she was found unconscious, probably as a result of an epileptic fit.

Professor Jennett, coauthor of the paper which first described the persistent vegetative state, told the court that there was "a lot of uneasiness among those in the field" about the royal college's criteria. He did not believe that they would be "the last word." He said: "The essential feature of the vegetative state is that the patient shows no evidence of a working mind. This does not imply that the entire cerebral cortex is destroyed, but that not enough of the cortex remains viable or connected to allow consciousness or awareness."

David Bates, secretary of the Royal College of Physicians' working party that drew up the guidelines, said he believed that the court had "gone beyond Bland." But he had no qualms about the decision. □

Consultant surgeon advised to stop operating

Roger Dobson, *Gwent*

A consultant cardiac surgeon whose operative mortality was found to be significantly poorer than the average of his colleagues should not resume operating, a team of external assessors has advised.

James Wisheart, aged 58, voluntarily stopped operating last year, and he has since resigned as medical director of United Bristol Healthcare NHS Trust. He has also announced his decision to retire.

The external assessment of adult heart surgery at the hospital is based on a detailed review of 2577 cases between January 1993 and September 1995.

The inquiry followed an investigation into paediatric heart surgery at Bristol Royal Infirmary last year. Mr Wisheart and a colleague are already facing a separate General Medical Council investigation after this inquiry, which found that nine out of 13 babies had died after undergoing so called switch operations and other procedures to repair heart defects. The health secretary, Stephen Dorrell, has also announced that an inquiry will be held when the GMC investigation is completed.

The report, *Independent Review of Adult Cardiac Surgery*, which was published by the trust last week, looked in detail at data on patients who underwent surgery, including all known deaths within 30 days of the operation. During the analysis the names of operators were anonymised and each given a number.

The report says that the overall performance was satisfactory. But "the performance of one consultant surgeon appeared to be significantly poorer than the other surgeons. The assessors consider that consultant 1231's operative mortality figures are too high; the data indicate a particular problem in the area of coronary surgery. The assessors recommend that consultant 1231 should not resume operating."

The 30 day death rate for surgeon 1231 as operator in lower risk arterial bypass operations was 12.2%, compared with an average for the other consultants of 2.6%. For all coronary artery bypass operations the rates were respectively 13.4% and 4.1%. For all surgical cases his rate was 13.6% compared with 5.9%.

More than 200 people have so far contacted a helpline set up by the trust for patients and relatives, and legal action is being considered by several people. □

Contraceptive use increases in developing countries

Josh Hamilton, *New York*

Between the mid-1960s and 1990 the percentage of couples in the developing world using contraception went up from an average of 9% to 53%, according to data from the United States.

The report *Levels and Trends of Contraceptive Use as Assessed in 1994* covers 119 countries and about 90% of the world's population. Contraceptive use is widely accepted as the single greatest factor in recent decline in fertility rates in most countries at a time when the global population is set to exceed six billion by the year 2000. Between 1990 and 1994 the global average for contraceptive use by married women of reproductive age rose from 57% to 60%.

The increase conceals disparities in levels of use between the developed and the developing nations. Use in developed countries averages 72% and in developing nations 53%. Regional variations also exist; contraceptives are used by an average of 79% of couples in eastern Asia but by only 18% in Africa and 12% in the sub-Saharan region. The number of children per family must be decreased if long term declines in fertility are to be achieved, especially in Africa. The report contends that a lack of appropriate family planning information and services is more of an immediate obstacle to increased use of contraceptives than is low demand.

The report cites specific targets for each continent if global declines in fertility rates are to be achieved by 2015. For Africa, the goal is a 41% use of contraceptives by couples. The number for eastern Asia is double that. Asia is on track to reach this figure, whereas Africa would need a "considerable acceleration of increase in contraceptive use" to reach its target, the report says.

The most common birth control methods remain those used by women. Female sterilisation leads the list at 30% worldwide for married couples using contraception. Intrauterine devices are next at 20%; contraceptive pills are used 14% of the time. The primary male methods, condom and vasectomy, account for 9% and 8% respectively. □

GISELE WULFSOHN/PANOS PICTURES

Family planning information is still needed in developing countries

AMA launches institute for ethics

David Woods, *Philadelphia*

The American Medical Association (AMA) has established an institute for ethics as one of the initiatives marking its 150th anniversary.

The institute will be headed by Dr Linda Emanuel, the AMA's director for ethics standards and former assistant director of the division of ethics at Harvard Medical School.

She told a meeting in Philadelphia last week that the association intended to make ethics more accessible, tangible, and practical for the medical profession. "This is what ethics should be," she added, "especially in this turbulent time of transition."

The institute will be housed in the AMA's headquarters in Chicago and will focus principally on terminal care, genetics, and managed care.

One of the initial projects will be one funded by a $1.5m (£1m) grant from the Robert Wood Johnson Foundation to educate all doctors in the United States about the care of people who are dying.

Dr Emanuel said: "For the past three decades the growth of medical technology has focused primarily on preserving life. While this has created immeasurable benefits for the health of America, the medical profession must now turn equal energy to perfecting the skills necessary to ensure that … patients can experience a death that is comfortable, has value, and is dignified."

The project will use a "train the trainer" model, providing education at a cascade of national conferences and workshops and reaching thousands of US doctors, most of whom will serve as leaders and role models in their communities.

The AMA president, Daniel Johnson, said that it was fitting that the association should celebrate 150 years and its original code of ethics by focusing on and reaffirming the reasons for its founding: "To protect the sanctity and trust inherent in the patient/physician relationship." □

Healthier eating will help combat heart disease

Zosia Kmietowicz, *London*

National strategies to encourage people to eat at least five portions of fruit and vegetables a day are needed to help reduce deaths from coronary heart disease in Britain, according to the National Heart Forum.

In its report, *At Least Five a Day: Strategies to Increase Vegetable and Fruit Consumption*, the forum, an alliance of organisations concerned with preventing coronary heart disease, says that the average person eats three portions of fruit and vegetables (or 250 g) a day. Many people, however, particularly those aged between 16 and 24 and those from lower income groups, eat much less.

The scientific evidence to support the recommendation has been scrutinised by a panel of health experts, whose findings have been published in a separate report, *Preventing Coronary Heart Disease: The Role of Antioxidants, Vegetables and Fruit*. The panel concluded that antioxidant nutrients—the best known of which are vitamin C, vitamin E, and ß carotene—seem to be able to control damage caused in the body by free radicals.

ZEFA

People should eat five portions of fruit and vegetables a day

These highly reactive oxygen molecules have a role in the development of coronary heart disease, including angina and myocardial infarction, by damaging protective low density lipoprotein molecules and by other uncertain mechanisms.

The forum has called on the government, the food industry, health professionals, local authorities, schools, the media, the voluntary sector, and consumer groups to join forces in developing and implementing a national campaign to increase fruit and vegetable consumption. "One of the ways to increase consumption of fruit and vegetables is to encourage producers to produce more—perhaps through European Union regulations and possibly funding," said Professor Desmond Julian, a cardiologist and chairman of the forum.

Professor Julian said that there might be a case for taking supplements of vitamins A and E in certain situations. "But supplements are expensive, and we don't really know whether the benefits of fruit and vegetables are due to the vitamins or some other components—refined vitamins are often actually not what people need," commented Professor Julian. □

Tuberculosis levelling off worldwide

Jessica Westall, *Clegg scholar, BMJ*

The worldwide tuberculosis epidemic is levelling off for the first time in decades, the World Health Organisation announced last week.

Delegates attending a conference in London to mark "world tuberculosis day" heard that the public health breakthrough is due to a strategy called directly observed treatment short course (DOTS). This approach improves patients' compliance as each drug dose is directly supervised so that patients do not stop the course of treatment when they feel better but are still infectious. The strategy can increase cure rates from under 50% to over 85% and prevent the rise of multidrug resistant tuberculosis.

The WHO warned, however, that every country is at threat from countries that are not using the DOTS strategy. Sir John Crofton, professor emeritus at the university of Edinburgh, said: "Doctors are failing to use the established, routine methods that are cheap and effective. Ignorance and complacency result in bad treatment and multidrug resistant tuberculosis. This combined with HIV puts us in danger of an explosive epidemic of untreatable tuberculosis that can spread to the first world."

The conference was told that the cost of treating such an outbreak would be huge. At present, outpatient treatment for one patient with tuberculosis in the United States is $2000 (£1250). This can rise to $250 000 if the bacillus is multidrug resistant. A six month supply of medicines for DOTS costs $11 per patient in developing countries.

Dr Hiroshi Nakajima, the director general of WHO, said: "The DOTS strategy is succeeding in reducing the epidemic. We call on political and community leaders, medical and health officials, doctors, and nurses to use DOTS more widely. We are using it to treat one out of 10 patients with tuberculosis; it should be seven out of 10." The organisation also called for more foreign aid to be directed at treating tuberculosis. □

"Spanish flu" virus identified

Jenny Bryan, *London*

The strain of flu virus which killed over 20 million people in the world's worst infectious pandemic has been identified—80 years after it struck.

Influenza A/South Carolina/1/18 (HIN1) is the name which Dr Jeffery Taubenberger and colleagues at the division of molecular pathology of the Armed Forces Institute of Pathology, Washington, DC, are proposing to give to the virus responsible for the outbreak of "Spanish flu" which affected a quarter of the United States population and spread from Europe to remote islands of the Pacific (*Science* 1997;275:1793-6).

The label reflects the Fort Jackson, South Carolina, origins of the formalin fixed, paraffin embedded sample of infected lung tissue taken from an American serviceman who succumbed to the virus in 1918.

Nine fragments of influenza virus RNA, each less than 200 nucleotides long, were amplified, encoding for haemagglutinin (H), neuraminidase (N), nucleoprotein, and matrix proteins 1 and 2. Comparison of these fragments with more recent strains of flu virus showed that the 80 year old organism is closely related to a subgroup of strains that commonly infect humans and pigs.

"As far as I know, this is the oldest piece of viral RNA ever to have been extracted from tissue and analysed. RNA is so unstable that it's much more difficult to work with than DNA," said Dr David Brown, director of enteric and respiratory virus laboratory at the Public Health Laboratory Service. "The 1918 pandemic had a different pattern of mortality to any epidemic since. Large numbers of deaths occurred among young, healthy people, as well as in the elderly, and an unusual encephalitis was associated with the infection."

"The results highlight the need for a comprehensive pandemic plan in case this subtype should arise again. If it did we may need to undertake a massive vaccination programme because of this virus's ability to kill healthy adults," Dr Brown said. □

Data protection registrar calls for culture of privacy

Douglas Carnall, *BMJ*

N. PUNIN SIS PARIS

Can the Data Protection Act provide sufficient safeguards for medical privacy in the NHS-wide network?

The data protection registrar has called on the medical profession to adopt a culture of data privacy.

Speaking at a conference on healthcare computing in Harrogate last week, Ms Elizabeth France argued that the use of "pseudonymised data" could address some of the problems caused by the need for confidential medical data to be transferred within the NHS.

Many of the processes in the NHS internal market require data having to pass out of the hands of the treating clinician—for example, when a provider unit bills a purchaser for a surgical procedure. The bill is for an identified patient, but there is no reason, using the current technology, why a code number should not be used rather than the personal details of the patient.

Ms France maintained that the eight key principles of the Data Protection Act 1984—which require the data user to obtain the data fairly, hold them securely, use them only for registered purposes, and allow individuals the right to access and correct them—provided sufficient legal safeguards for medical privacy. New European Union directives, which must be implemented by 1998, will give statutory rights to privacy and will place a requirement that health information may be accessed only by a health professional accountable to a registered professional body—for example, a doctor registered with the General Medical Council.

Last year the BMA recommended that doctors should not participate in the NHS-wide network because of concerns over security, and this position has not yet been resolved.

Dr Fleur Fisher, president of the Medical Women's Federation, explained that negotiations between the government and the BMA were still stuck on the point of the patient's consent for access to the medical data. The government believes that patients should have the right to be informed when their data are accessed, the BMA that such access should occur only after the patient's informed consent has been given.

Dr Fisher was critical of the government's discussion document *Government Direct*, which suggests that data linking between government departments should be permitted. "This may lead to some benefits—for example, a reduction in fraud—but it also raises the spectre of random browsing for personal information by big business, if not by big brother."

But there was concern at the conference that delays in the NHS-wide network might be obstructing real benefits for patients. "Being able to call up the medical record of an unconscious patient admitted to casualty could literally be the difference between life and death," one speaker said. □

Gulf war records were wrongly withheld

Jack Warden,
parliamentary correspondent, BMJ

Britain's Ministry of Defence wrongly withheld medical records from Gulf war veterans and their GPs, according to a Commons select committee last week.

Despite assurances by ministers that doctors had access to records, the defence committee found that this was inconsistent with what was being done in practice. Its report states: "On access to medical records—an issue of wide public interest with direct influence on the health of some Gulf war veterans—the Ministry of Defence was not implementing its stated public policy."

Some veterans who were denied access to their medical records were told that medication administered during the Gulf war was a classified secret. The ministry later admitted that there was no such impediment. It also admitted that GPs may not have been given records "because of a failure of internal communications." Some of the problems arose because medical record keeping in the Gulf was inadequate. Records were not always transferred on correctly. The committee notes that the same unsatisfactory procedures remain unaltered.

The report, *Gulf War Illnesses: Latest Developments*, follows admissions that parliament was misled over the use of organophosphorus insecticides in the Gulf. It urges the fullest disclosure as soon as possible, even if it means abandoning disciplinary procedures (8 March, p 695).

The committee believes that there is a strong case for ex gratia compensation payments by the government for Gulf veterans who can establish exposure to organophosphorus pesticides and in whom there is no other explanation for current illnesses. □

GPs declare no confidence in review body chairman

Linda Beecham, *BMJ*

Representatives of British GPs have passed a vote of no confidence in the chairman of the Doctors' and Dentists' Review Body, Brandon Gough.

Although the General Medical Services Committee had criticised the 1997 review body report and the government's phasing of the award at its February meeting (1 March, p 126), last week it was angry at Mr Gough's response to a letter from the chairman of the BMA (15 March, p 834) and passed its motion of no confidence by 39 votes to 13. A motion calling for his resignation was not put to the vote.

One of the GPs' negotiators, Dr John Chisholm, said: " I do not want to see the review body system overthrown, but Mr Gough's letter is inflammatory." The BMA had asked for a return to the remit agreed by the 1960 royal commission; Mr Gough maintained that the present remit stemmed from the 1970 re-establishment of the review body. The BMA said that doctors had fallen 46% behind comparator professions; Mr Gough said that "doctors fare quite well." The BMA asked for doctors to be compared with the public and private sectors. Mr Gough said that doctors should not be "treated differently from others paid from taxpayers' money." The BMA maintained that its evidence from independent consultants had made the case for a major increase in doctors' pay. Mr Gough said that doctors were "broadly in line with their comparators in other professions."

The committee also called for all the evidence relating to the GPs' case to be published. □

Campaigner released from jail after becoming anorexic

Clare Dyer, *legal correspondent, BMJ*

A peace campaigner who developed anorexia after being strip searched in a London prison has been released from jail by a High Court judge after the official solicitor intervened in her case.

Lindis Percy, aged 54, was jailed for nine months and five days last January for breaching a suspended prison sentence imposed in November 1995, after she admitted ignoring an injunction banning her from Ministry of Defence land at RAF Lakenheath, Suffolk. Ms Percy, a Quaker from Shipley, West Yorkshire, has infiltrated several establishments used by the United States armed forces in Britain as part of her trespass campaign.

Roger Higgs, a south London GP and professor of general practice at King's College School of Medicine and Dentistry who examined Ms Percy, told Mr Justice Tucker that she had developed a subconscious reaction preventing her from eating because of the trauma she had been through. There were fears that she would not re-establish proper eating habits while she remained in prison—even though the governor had promised that there would be no more searches—and she might be left with long term problems.

Like all prisoners entering Holloway, Ms Percy was told that she would be strip searched. "She refused, and four warders set upon her and tore her clothes off," Professor Higgs told the *BMJ*. "She describes being left half naked on a concrete floor. "She couldn't eat or drink, she had not passed urine for several days and was beginning to dehydrate. She lost over a stone. She experienced it as a rape."

Discharging Ms Percy from prison "with reluctance," the judge said that he accepted that the punishment she had suffered had been far more severe than he had intended or anticipated, and it seemed unlikely that the sentence would have any further deterrent effect on her. But he made it clear that the injunction remained in force and any future breach might result in her returning to Holloway.

Professor Higgs said that Ms Percy's refusal to eat had been wrongly interpreted as a deliberate hunger strike. "There is no understanding among my medical colleagues about the psychological origins of these eating refusals." He also felt that traumas from the prison experience made the sentence much harsher than it seemed. "This woman was not sentenced to be strip searched and have this sort of psychological nightmare. I think people should know more about what happens when you're put in prison." □

Red Cross begins relief effort in Albania

Josh Hamilton, *New York*

The International Committee of the Red Cross estimates that thousands of people in Albania are facing shortages of food and medical supplies as a result of the widespread unrest.

It has appealed for Sw fr15m (£6.5m; $10.4m) to cover emergency operations in Albania over the next 90 days. According to Daniel Augstburger, a committee spokesman, as many as 250 000 people out of a population of 3.4 million are considered "particularly vulnerable." These comprise elderly people, orphans, those in hospital, and the direct victims of violence by the armed militias and armed thugs who have run amok in much of the country since the government collapsed on 13 March.

"What is particularly worrisome," Augstburger explained, "is that the situation was not at all good before; many were living at subsistence levels." When civil order disintegrated thousands of Albanians started to flee the country, prompting neighbouring nations to close their borders.

The Red Cross has arranged passage for convoys of food parcels and medicines from staging areas in Skopje and Kosovo in former Yugoslavia. Their primary destinations are hospitals and institutions where the most vulnerable and destitute are housed. The International Committee of the Red Cross has 10 staff members in Albania, including at least two medical staff, who are surveying the situation and providing logistical support.

The Red Cross presence is all the more critical because the danger from the armed gangs and the disappearance of police protection have forced other aid agencies to withdraw from the country. All United Nations staff and their families have been officially removed.

At the time of writing the only UN presence in the country was Unicef's special representative to Albania, Dr Gianfranco Rotigliano of Italy, who remains in Tirana. He has met the new Albanian prime minister, Bashkim Fino, as well as the minister of health to draft a list of anticipated medical supply needs. □

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The Red Cross is the only aid agency still in Albania

Ontario attacked over hospital closures

David Spurgeon, *Quebec*

A plan to redesign the delivery of health care in Ontario, Canada, is causing alarm across the country.

The plan calls for the closure of 28 hospitals, including 10 of the 46 in the largest city, Toronto, and three in the capital, Ottawa. One of the three in Ottawa is the major French speaking medical centre, Montfort Hospital. This recommendation by the Health Services Restructuring Commission provoked the separatist premier of Quebec, Lucien Bouchard, to ask Ontario's premier, Mike Harris, to intervene. But Mr Harris replied that the commission was independent of government and the decision was not his.

The commission's chairman, Duncan Sinclair, said that the plan was necessary because Ontario as a province was "out of money." Yet a few days later the health minister initiated a public relations plan at a cost of $C825 000 (£375 000; $656 250) to persuade the Ontarians that his government was "putting the patient first." And he announced that $C83m would be spent as a "re-investment" in expanding healthcare services. This, however, is just a fraction of the $C800m that has been and will be cut from hospital budgets.

The health minister said that closing 10 Toronto hospitals would save about $C430m a year. But Georgina Feldberg, director of York University's Centre for Health Studies, retorted: "Are we in trouble or are we not in trouble? Do we need to cut $C430m if we can suddenly turn around the next day and say we've got $C83m to reinvest?"

The commission's rationale for the cuts is that modern technology and shorter patient stays have reduced the need for hospitals. But Ms Feldberg maintains that the commission's approach could lead to more expensive health care because "technology creates the need for more services, higher risk operations, rather than decreasing and cutting the need for services." □

Uniting medical students worldwide

Dr Luisa Brumana, president of the International Federation of Medical Students' Associations, talks to Pritpal S Tamber about how medical students can make a difference

BALAZS HATLAGZKI

Dr Brumana advocates open debate and collective decision making

Fighting the injustices of the world is probably a topic that should be left on the pages of a comic book. Some medical students, however, disagree. In over 50 countries medical students have set up national organisations to deal with issues that affect them in some way—from the disparity of medical education to working in refugee camps in far away lands. These national committees come under the umbrella organisation of the International Federation of Medical Students' Associations (IFMSA), of which Dr Luisa Brumana is the president.

But what makes medical students think that they can make a difference? In her opening speech at their recent international conference in Budapest Dr Brumana said that medical students' "enthusiasm and hunger to learn, combined with the knowledge that one day they will have so much responsibility as doctors" has made senior organisations (like the World Health Organisation) take note of what they are saying. She believes that their "status as medical students is not a weakness but [their] greatest strength."

"I love this job. I love all the coordination and management."

Dr Brumana grew up in Como, a small town north of Milan. She went straight from high school to medical school, in Milan, but felt dissatisfied with the course. "I did not like how the university was organised. I found it too strict. There was not enough place for other issues that a medical students should be aware of—like public health, for example."

In her third year Luisa Brumana decided to take advantage of the professional exchange schemes run by the federation, which have in fact been its backbone since its inception in 1951. In the exchanges medical students are able to do part of their training abroad, and she decided to go to Latvia. On her return, filled with enthusiasm, she and three of her friends wanted to get further involved with Segretariato Italiano Studenti in Medicina, their national medical student organisation. They soon became disillusioned by the running of the Milan branch of the organisation. Although they had no official position, she and her friends set about distributing information on the activities and opportunities in the organisation and, in effect, the International Federation of Medical Students' Associations.

Luisa Brumana's first step into the international arena was at the federation's general assembly in Barcelona in 1995. From there her involvement escalated. Recognising a potential overlap between the projects of the federation and Unicef she proposed and was appointed Unicef liaison officer for the federation and was one of a team of medical students within the Italian organisation responsible for organising a course on public health, also in association with Unicef. Although nothing concrete came from her work that year, the federation realised the importance of the position and it still exists today.

Her move to become president seemed the natural next step. "I love this job. I like all the coordination and the management and the chance to find ways of giving more to the students." Her approach to being president is to see if there "is any way we can connect to our future status as doctors." Dr Brumana is only the second woman president of the federation, and she is also quick to point out that she was elected only 10 days after graduating.

Aside from internal politics, the federation is a non-political organisation. However, the president and, in fact, the whole organisation are well aware that this is an ideal. Their involvement with refugee camps, for example, is in itself a political statement, but Dr Brumana emphasises the reason for their involvement. "You have to see it the other way round; in some parts of the world there is a problem and they need help. You don't worry about why it has happened, but about the fact that you have to act on that."

Idealism runs rife through the federation. Projects like the refugee camps, the summer school to educate medical students on how to educate others about AIDS, and the friendship clubs designed to help adolescents divided by conflict to get on with one another may be idealism personified, but they exist and are almost entirely run by medical students. At the same time the federation tries to answer the educational needs of medical students by, for example, offering the chance to study or do research in another country, helping individual faculties to adopt new teaching methods, and enabling students in developed countries to donate their old textbooks to those in developing countries.

One of the main problems facing the federation is that it suffers the inertia of all international bodies—that big decisions can be made only at the annual assembly when all representatives are present. But Dr Brumana is adamant that this is as much a strength as it is a weakness. Her style of presidency has been one of open debate and collective decision making, and she believes that this is the only way for the federation to operate.

The federation is set to grow in both the number of activities and the number of countries involved. The future for Dr Brumana, however, is not so certain. Before her presidency she was looking forward to a career in neurology—"I love this field"—but her experience with the federation has so far been an enjoyable one and she says that she would like to know more about running non-profit making organisations. Her presidency ends in August 1997, and amid her indecision she jokes about getting too old and then finally concludes, "No, I'm not too old. I'm just a doctor."

For more information on the International Federation of Medical Students' Associations view the web page on http://www.ifmsa.org