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NEWS

GP contract delivers on just two of 13 government aims

Zosia Kmietowicz LONDON

The new contract for GPs in England has delivered good progress on only two of the 13 benefits that the Department of Health anticipated when it negotiated the deal, says a study from the public spending watchdog.

The contract, which was designed to modernise general practice and increase the number of GPs as well as improve morale among the profession, saw primary care trusts take on the role of commissioning primary care services from general practices.

But the contract, which was fully implemented in England in April 2004, has cost £1.76bn (€2.34bn; $3.46bn) more in its first three years than the Department of Health anticipated and has failed to increase productivity in the NHS, one of the key predicted benefits, says a report from the National Audit Office.

At the same time patients in more deprived areas of the country are still short of GP services because funds have failed to follow patients' needs, says the report.

A report from the Office for National Statistics published in February this year found that productivity in family health services fell by 2.8% between 2003 and 2004 and by 2.2% between 2004 and 2005. The National Audit Office has also found that although the number of consultations carried out in general practices has increased, this has been "at a much lower rate than the increase in costs."

"GPs are working on average almost seven hours less per week and their pay has significantly increased, suggesting individual GP productivity has reduced," says the report.

For its report the office surveyed 1800 GPs and 138 primary care trusts, visited surgeries, held focus groups with GPs, and interviewed trusts and strategic health authorities.

The office blames the minimum practice income guarantee, which means that practices do not receive less money under the new contract than they did under the old one for continuing poor services in deprived areas. It says that the guarantee "did not help redistribute funding to areas with the highest need."

The Department of Health should consider scrapping the guarantee and using the money to fund essential services or quality incentives instead, recommends the watchdog.

The system for rewarding GPs for the quality of care they provide, the quality and outcomes framework, is also criticised. Although some evidence shows that the scheme has helped to secure "modest improvement" in outcomes in patients with asthma and diabetes there are concerns that this may be at the expense of other patient needs.

"It is therefore too early to conclude whether improvements in quality match or exceed the increased cost of the new contract," says the report.

NHS Pay Modernisation: New Contracts for General Practice Services in England **is at www.nao.org.uk.**

WHO urges action to fight threat of drug resistant tuberculosis

John Zarocostas GENEVA

The World Health Organization has called on governments to intensify efforts to counter the growing epidemic of multidrug resistant tuberculosis. It wants them to commit more funds for new drugs and diagnostics and to boost capacity for treatment.

Multidrug resistant tuberculosis is implicated in 5% of new cases, a WHO report says. Almost 490 000 cases were identified in 2006, out of a total of nine million new cases of tuberculosis.

"Tuberculosis drug resistance needs a frontal assault. If countries and the international community fail to address it aggressively now we will lose this battle," said Mario Raviglione, director of WHO's Stop TB campaign.

Paul Dunn, WHO coordinator for drug resistance and tuberculosis-HIV, told the *BMJ* that he was concerned that "the level of awareness of tuberculosis programmes by public health officials and managers in general is not sufficiently high. People are not aware of the size of the threat."

Dr Dunn said that one of the key issues that had to be tackled in responding to the data in this report was "the scaling up of the MDRTB [multidrug resistant tuberculosis] and XDRTB [extensively drug resistant tuberculosis] programmes."

In 2006 China and India carried 50% of the burden of new cases cases of multidrug resistant tuberculosis, with 130 500 cases emerging in China and 110 000 cases emerging in India. Russia carried about 7% of the total.

Multidrug resistant TB makes up 5% of new cases

MAHESH KUMAR A/AP/PA

The report, which draws on data collected from 90 000 patients with tuberculosis in 81 countries between 2002 and 2006, says the most resistance was in Baku in Azerbaijan, where 22.3% of all new cases of tuberculosis reported were multidrug resistant, followed by Moldova (19.4%), Donetsk in Ukraine (16%), Tomsk Oblast in Russia (15%), and Tashkent in Uzbekistan (14.8%).

For drug susceptible tuberculosis the cure rate is about 85%, with 5% mortality, compared to a 65% cure rate, and about 17% mortality, for multidrug resistant strains.

Anti-Tuberculosis Drug Resistance in the World **is at www.who.int.**

Study shows difference between antidepressants and placebo is significant only in severe depression

Susan Mayor LONDON

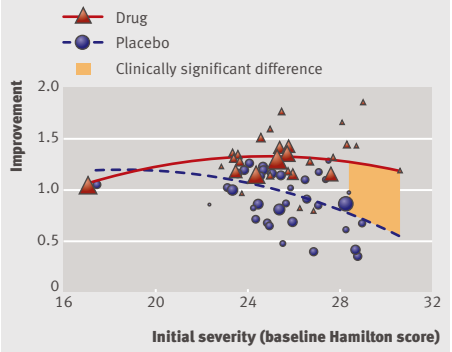
New generation antidepressants achieve almost no benefit compared with placebo in mild to moderate depression, with slightly more benefit in severe depression but only because of less response to placebo, a meta-analysis of clinical trial data has shown (*PLoS Medicine* 2008;5:e45).

Researchers analysed all available data from clinical trials submitted to the US Food and Drug Administration for the licensing of four selective serotonin or serotonin-noradrenaline reuptake inhibitors—fluoxetine (Prozac), venlafaxine (Efexor), nefazodone (Serzone), and paroxetine (Seroxat, Paxil).

They analysed the degree to which people improved in relation to the initial severity of the depression in people randomised to drug or placebo.

Results showed almost no difference between the effects of drug treatment and placebo at moderate levels of initial depression, rising to a relatively small difference in patients with severe depression. On average, the antidepressants improved the score on the Hamilton scale of depression by 1.8 points more than placebo.

NEW GENERATION ANTIDEPRESSANTS



Source: *PLoS Medicine 2008,5:e45*

The effect of drug treatment reached conventional criteria for clinical significance, defined by the National Institute for Health and Clinical Excellence as a difference in score of three points, only for patients at the upper end of the very severely depressed category, who had baseline scores of more than 28.

Additional analysis showed that these patients responded less well to placebo than patients with less severe depression, rather than responding better to antidepressants.

Irving Kirsch, professor of psychology at the University of Hull and lead author of the study, said, "Using complete datasets and a substantially larger dataset than previously reported, we found that the overall effect of new generation antidepressant medications is below recommended criteria for clinical significance."

He added, "Efficacy reaches clinical significance only in trials involving the most extremely depressed patients, and this pattern is due to a decrease in the response to placebo rather than an increase in response to medication."

Although the trials reached statistical significance for the effects of the drugs compared to placebo, as required by the FDA for drugs to be licensed, they did not reach clinical significance, he explained. "Maybe these drugs should be evaluated in terms of clinical criteria as well as statistical criteria," he said.

The study was based on full datasets for 35 clinical trials, including unpublished data, involving a total of 5133 people with depression. The results were obtained from the FDA under the Freedom of Information Act. By including data from unpublished as well as published trials, the researchers set out to avoid any bias that might arise from some trials not being published.

Professor Kirsch noted that an internal memo from Paul Leber, a member of staff with the FDA at the time, which was included in the information he analysed, said that doctors, patients, and payers ought to know that many trials failed to show a significant difference between antidepressants and placebo.

In a statement, Eli Lilly, the company that markets fluoxetine, said, "Extensive scientific and medical experience has demonstrated that fluoxetine is an effective antidepressant. Since its discovery in 1972, fluoxetine has become one of the world's most studied medicines.

"More than 40 million people suffering from depression have been treated with fluoxetine in over 100 countries."

Downward trend in dementia linked to better education and

Janice Hopkins Tanne
NEW YORK

"Cognitive decline" is declining among Americans older than 70, a study of 11 000 elderly US residents carried out at the University of Michigan Medical School has found (*Alzheimer's and Dementia* 2008 doi: 10.1016/j.jalz.2008.01.001).

Cognitive decline includes significant memory loss, dementia, and Alzheimer's disease among people older than 70.

The study showed that higher education and higher net financial worth protected against cognitive impairment.

The authors used data from the health and retirement study, a nationally representative, population based longitudinal study of US adults. They compared two groups of people aged 70 and older—7406 in the 1993 cohort and 7104 in the 2002 cohort. The authors used a 35 point cognitive scale or proxy assessments of memory and judgment to determine cognitive impairment.

Cognitive impairment "consistent with dementia" declined from 12.2% of the 1993 cohort to 8.7% of the 2002 cohort—a decrease of almost 30%, the authors report.

Impaired people had a significantly higher risk of death within two years in both cohorts.

The 2002 cohort had significantly more education and higher net worth than the 1993 cohort. In the 1993 group

Cognitive decline fell by almost a third in nine years

ABIR SULTAN/IDF SPOKESPERSON

Israeli soldiers volunteered for experiments in the 1970s to get into elite fighting units

Tests on army volunteers in Israel will be overseen by the health ministry

Judy Siegel-Itzkovich JERUSALEM

Personnel in the Israel Defence Forces who served in tests of antidotes for anthrax, nerve gas, and other toxic substances will soon be protected under supervision of the health ministry.

Clinical trials in the military began more than 35 years ago and have continued to this day without the army's medical corps informing the participants what pills they are given and the risks.

Physicians for Human Rights-Israel petitioned the High Court of Justice on behalf of soldiers of various ages who took part in the unsupervised experiments without giving informed consent and complained that their health had deteriorated as a result.

The government told the judges that from now the military agrees to have such experimentation overseen by the health ministry, in the same manner as civilian medical experimentation is supervised. The ministry is in the process of preparing a government bill that will set down detailed rules to govern medical experiments, including those carried out by the military.

The doctors' group expressed its satisfaction with the agreement, except for the state's refusal to halt immediately all experimentation on soldiers and to allow its resumption only when the bill is passed in the Israeli parliament, the Knesset. In the interim, a modified version of existing supervision procedures will apply to experimentation by the medical corps.

Military veterans who are now mostly in their 50s but were highly motivated new recruits in 1971 were among the petitioners to the high court. Then, eager to be admitted to elite fighting units, they agreed "voluntarily" to swallow daily dozens of pills for a few weeks. They were not told that the drugs had previously been tried only in laboratory animals and were an antidote for nerve gas and other wartime threats.

The veterans have since learnt that the antidotes, although given to soldiers in other armies only in emergencies, are not supposed to be taken for days at a time. The former Israeli soldiers claimed that if they refused to participate they would not have been accepted to the elite units, and if they did take part they would get a few weeks of leave.

personal wealth

42% had not completed high school compared with only 31% in the 2002 group. In the 1993 group about 31% had a net worth of more than $167 100 compared with about 43% in the 2002 group, both in 1993 dollars.

"Our trend analyses suggested that increasing levels of education and net worth among older Americans explained about 40% of the observed relative decrease in cognitive impairment prevalence between 1993 and 2002," the authors write.

Scientists meet to agree framework for European biobank

Ned Stafford HAMBURG

After more than three years of planning and study, the European Biobank was officially launched in February at a meeting in Cambridge. Its almost 100 funded participants outlined a strategy to have the legal framework and infrastructure in place by the middle of 2010.

Kurt Zatloukal, who is coordinating the preparations for what is officially called the European Biobanking and Biomolecular Resources Research Infrastructure, said that the European Union has allocated €5m (£3.8m; $7.4m) over the next 27 months for setting up the framework.

In an interview with the *BMJ* Dr Zatloukal, of the Institute of Pathology at the Medical University of Graz, Austria, said, "By 2011, I think a prototype of the biobank will be up and running."

But before that happens much work remains to be done to resolve key issues, he said, such as the location of the biobank's administrative headquarters and its nonprofit legal form.

The European Biobank has been under discussion since 2004 as one of three dozen projects proposed by the EU's European Strategy Forum on Research Infrastructures. So although the biobank's members will include many of Europe's current national biobanks, it will have a Europe-wide focus and will operate with the goal of supporting pan-European life sciences research, Dr Zatloukal said.

Although the European Biobank will have a physical administrative headquarters, he said, there will be no central biobank repository. Various biobanks across Europe will be integrated into the bank through a computer system, meaning that data standards will need to be harmonised.

He added that the underlying concept would be similar to physical science projects in Europe such as the European Organization for Nuclear Research and the European Synchrotron Radiation Facility.

Users of the biobank would include private, public, and commercial scientists working on "defined research projects," he said.

Despite the biobank's European focus, only "limited funding" will come directly from the European Commission, with most funding coming from health and research ministries of member nations.

William Moyes, chairman of Monitor, protests to government

Regulator claims government instructions to

Nicholas Timmins FINANCIAL TIMES

A battle has broken out about the operational independence of foundation trusts—one that goes to the heart of the government's NHS reforms.

The argument has arisen after the Department of Health wrote to all hospitals, including foundation trusts, telling them to appoint extra matrons, to undertake "deep cleans" of hospitals, and to take other measures announced by ministers at the time of the Labour's party conference to tackle infections acquired by patients in hospitals.

William Moyes, chairman of Monitor, the foundation trust regulator, has protested that such instructions amount to a return by the Department of Health to line management of foundation trusts, which were set up to be statutorily independent, self governing institutions.

In a letter to David Nicholson, the NHS chief executive, Mr Moyes said that the department's missives "could only be interpreted as issuing instructions." And he said, "I do not believe this is consistent with the legislative framework."

By contrast, Mr Nicholson's view, expressed in an exchange of correspondence, is that "as NHS chief executive, I have an explicit responsibility to ensure that all NHS organisations have a clear and consistent view on how we expect

Pilot scheme asks GPs to give more detail in sickness certificates

Adrian O'Dowd LONDON

Doctors could be asked to advise employers on what kind of work can be done by staff members who are off sick, the government has announced.

The health secretary, Alan Johnson, is keen to change what he has called the United Kingdom's "sick note culture" into a "well note culture," but doctors' leaders say that it should not be for GPs to police people over their capability to work.

Carol Black, the government's national director for health and work, will soon publish her review of the health of the working age population.

In the meantime Mr Johnson has previewed some of the proposals, including testing of a new sickness certificate designed to be easier for GPs to complete and to provide more advice to patients and employers.

Mr Johnson, speaking at a British Heart Foundation conference in London last week, said, "Incapacity benefit should not be a one way street that starts in the GP's surgery and ends as a lifetime on benefits.

"While we don't expect GPs to police the border between having to work and being entitled to claim benefit, I want to continue our work with the BMA and others to explore how GPs can help to change our sick note culture into a well note culture."

This proposal is in a similar vein to the plan to convert the incapacity benefit to an employment support allowance later this year, setting out a person's capabilities rather than their incapacity.

The Confederation of British Industry estimates that 175 million working days are lost to ill health every year, costing the UK £13bn (€17.2bn; $25.5bn).

Currently GPs are responsible for signing patients off work for the first six months, after which they are passed on to the incapacity benefits system.

The BMA said it was right that employers do more to promote the health of staff but said that GPs alone could not reduce employee absence arising from ill health.

Peter Holden, a lead negotiator for the BMA's General Practitioners Committee, said, "GPs are often placed in a difficult position between their patients and the system when issuing sick notes in the early stages of illness.

"Confirming that a patient is unwell is very different from making a judgment on whether someone is well enough to do their job."

See Personal View p 508

95% of women not screened early for sickle cell anaemia

Susan Mayor LONDON

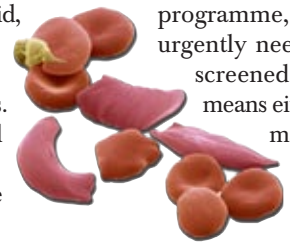
Most women fail to receive antenatal screening for sickle cell anaemia or thalassaemia within the recommended time of 10 weeks, a study of general practice in England has found (*British Journal of General Practice* 2008;58:154-9). This indicates that screening may often occur too late to allow couples a choice regarding termination of affected fetuses.

The study assessed antenatal screening for the two inherited disorders in all pregnancies reported in at least a six month period in 25 general practices of two inner city primary care trusts. They both had about 40% of their populations from minority ethnic groups.

Results from the 1441 pregnancies analysed showed that 95% of women failed to receive screening by the target of 10 weeks.

The median delay was 6.9 (interquartile range 4.7-9.3) weeks between pregnancy being confirmed and screening for sickle cell anaemia and thalassaemia. The median gestational age at screening was 15.3 (12.6-18.0) weeks. Almost three quarters of women (74%) had their pregnancy confirmed before 10 weeks' gestation, but only 4.4% were screened by this time.

Elizabeth Dormandy, national monitoring and performance manager for the NHS sickle cell and thalassaemia screening programme and one of the study's authors, said, "These results show that the NHS has not yet got to grips with a new generation of genetic tests. Our systems are lagging behind the new technologies."



Dr Dormandy added, "The point of antenatal screening for sickle cell and thalassaemia is to give parents information about whether their unborn baby is at risk of inheriting a serious disease. In this case, the timing of the initial blood test is critical and delay undermines the ability to offer genuine informed choice."

The delays in screening seemed to be associated with the organisation and delivery of antenatal care.

Allison Streetly, director of the screening programme, considered that measures are urgently needed so that more women are screened by the 10 week target. "That means either providing screening in a primary care setting or minimising the delay between primary care and seeing a midwife," she said.

foundation hospitals threaten their independence

them to respond to challenges. That applies to foundation trusts as much as any other NHS organisation."

At the heart of the matter is how the new NHS is meant to work. Monitor's view is that ministers and the department can still define what they want the NHS to achieve through standards and targets—cleaner hospitals and fewer infections, in this case. But how foundation trusts achieve this is now a matter for them.

Foundation trusts are inspected against standards by the Healthcare Commission. And they remain answerable for targets to the primary care trusts that commission their care, to their governing councils, and to Monitor, which authorises them and has the power to direct them and replace their boards. But ministers can no longer use "command and control" to announce that there will be 5000 extra matrons or other operational details.

The aim of foundation trusts was to create bodies that take direct responsibility for their own performance, and Mr Moyes has warned them that if things go wrong "it will be no excuse to say you were simply operating within a framework defined by the Department of Health or the strategic health authority."

The foundation trusts' fear is that history risks repeating itself. NHS trusts were originally set up with many of the notional freedoms that foundation trusts now enjoy statutorily, only to find them progressively eroded by the Department of Health. Hence Mr Moyes's warning. If a foundation trust is not fulfilling its contracts, Mr Moyes argues, the right response is for the NHS chief executive to invite Monitor to intervene.

Mr Nicholson has attempted to lower the temperature, stating publicly, "I fully support the autonomy of NHS foundation trusts," and his support of Monitor's role.

Inquiry finds lack of systematic approach to safety creates risks during childbirth

Susan Mayor LONDON

Most births in England are safe despite growing pressures on maternity services, says an independent inquiry published this week. But it warns that the lack of a systematic approach to ensuring safety creates unnecessary risks.

The inquiry focused on the safety of mothers and babies during birth rather than the quality or efficiency of maternity services. It found that stillbirths, infant mortality rates, and maternal deaths related to pregnancy or birth have decreased or remained stable in the past 10 years even though birth rates and the complexity of pregnancies have increased.

However, it also found several problems that it considered undermined a systematic approach to safety. These included insufficient focus on maternity services and safety by some NHS trust boards; staff overburdened by too many separate sets of guidelines and by guidelines that are too complex; tension between obstetricians and midwives, leading to problems with team working and communication; poor management of maternity teams, particularly at crunch points such as shift changes and in emergencies; and inadequate numbers of staff with the right skills on duty.

Onora O'Neill, president of the British Academy and chairwoman of the inquiry, said, "Despite concerns about the safety of maternity services, maternal and perinatal death rates have remained low in the face of growing pressures and a rising birth rate. This is something to build on, so that all births are as safe as possible.

"Maternity services are fortunate to have a dedicated workforce, but I believe they could work in ways that are less burdensome for them and would, on balance, be safer for mothers and babies."

JONATHAN NOUROK/STONE/GETTY IMAGES

Maternity services are lucky to have a dedicated workforce but staff could work in a less burdensome way

The inquiry, which was commissioned by the King's Fund, recommended that trust boards strengthen their accountability for maternity safety by prioritising safety; communicating that priority to staff and patients; and making data on the safety of their maternity services publicly available.

It proposed that standards for the safety of maternity services should be set and monitored by a single body, the Healthcare Commission (in future, the Care Quality Commission). National guidelines should be adapted to produce short summaries and one page protocols that can be used easily by staff for training and practice.

It also called for better collaboration between different professionals, with consistent ways for handing over between shifts. There should also be more on the job training, such as "skills and drills" training for dealing with emergencies. In addition, trusts should ensure that maternity services are properly staffed and that staff are deployed effectively.

The inquiry was based on written and oral submissions from a broad range of organisations and professionals; visits to selected maternity units in England; research into the views of women with recent experience of childbirth; and the wider literature on safety in general and maternity services, in particular. It follows a review of maternity units by the Healthcare Commission last month that found significant variations in the quality of care across the country (*BMJ* 2008;336:238-9).

Safe Births: Everybody's Business **is at www.kingsfund.org.uk.**

IN BRIEF

Measles cases rise in England and Wales: The latest figures show that the number of cases of measles rose by more than 30% in 2007 (971 cases compared with 740 in 2006), reaching the most recorded since current surveillance began in 1995. Cases were mainly associated with prolonged outbreaks in travelling and orthodox Jewish communities, in which uptake of vaccine has historically been low. Smaller outbreaks also occurred in nurseries and schools.

Threat to magnetic resonance imaging lifted: The threat hanging over the use of magnetic resonance imaging for patient care and scientific research in Europe for the past two years has been removed. Proposed European Union health and safety legislation, due to apply this summer, has been postponed for at least four years after concerns that it might have inadvertently restricted use of the technology.

Report calls for greater patient responsibility: Dutch government advisers have proposed that doctors should have greater scope to stop treating patients who do not actively commit to treatment. Proposing measures to raise patients' responsibilities, the Council for Public Health and Health Care report *Goed Patiëntschap—Being a Good Patient*—stresses that patients have obligations as well as rights (www.rvz.net).

FDA approves bevacizumab in breast cancer: The US Food and Drug Administration has approved bevacizumab (Avastin) for patients with metastatic HER2 negative breast cancer who have not received other chemotherapy, going against the recommendation of its advisory panel. The panel voted six to five against the application because it considered the drug's efficacy did not outweigh its adverse effects. Studies have shown that the drug slows tumour growth, increasing progression-free survival, but did not increase overall survival.

Israel makes medical training more flexible: Tel Aviv University is introducing a medical degree programme that will enable Israelis with a science degree to become doctors in four years instead of the usual seven. The move was prompted by a predicted shortage of doctors in Israel from 2012, resulting from a large cohort due to retire soon, particularly doctors from the former Soviet Union who moved to the country two decades ago.

Countries meet to draw up treaty to ban

Peter Moszynski LONDON

More than 110 countries met in Wellington, New Zealand, last week at a conference to draw up a treaty banning cluster munitions.

Among cluster bomb survivors who demonstrated outside the meeting were Branislav Kapetanovic (right), a Serbian who was hurt while clearing mines, and Ahmed Yassin Najem (left), an Iraqi civilian who was hurt in Basra in 1991.

MARY WAREHAM

The demonstrators, who carried placards saying, "Shame on you! UK, France, Japan, Germany and Denmark," claimed that these countries were at the core of a group of 14 countries that had tried to water down the provisions in various ways—such as limiting the definition of cluster munitions or allowing for a 10 year transition period, so that countries could continue to use their existing arsenals.

Participants said that 10-40% of the bomblets released by cluster bombs fail to detonate, posing a threat to civilians.

Several major producers and buyers of cluster bombs failed to attend the conference, however.

US confirms federal authority for safety of medical devices

Fred Charatan FLORIDA

In a landmark decision, the US Supreme Court voted by eight to one last month to bar a lawsuit in a state court brought by the widow of a man injured by a cardiac catheter that had been approved for sale by the Food and Drug Administration.

When Congress enacted the Medical Device Amendments of 1976 to the Federal Food, Drug, and Cosmetic Act, it gave the responsibility for overseeing the safety of medical devices to the FDA and over-ruled state oversight laws.

The dispute the Supreme Court had to settle was whether an injured patient could challenge the FDA's decision by suing in a state court for products that have received federal approval.

Charles Riegel survived open heart surgery but died in 2004 after a catheter ruptured in his coronary artery. His widow, Donna Riegel, brought a suit against device manufacturer Medtronic. The catheter had received premarket approval from the FDA. Mrs Riegel alleged that the device was designed, labelled, and manufactured in a manner that violated New York common law.

The Washington based consumer watchdog Public Citizen has represented Mrs Riegel since 2005. Seven federal appeal courts, including the one in Mrs Riegel's case, have interpreted federal law that governs medical devices as prohibiting state lawsuits. Only the 11th US Circuit Court of Appeals in Atlanta and the Illinois Supreme Court have ruled otherwise.

Medtronic issued a statement, "[The US Supreme Court] decision reaffirms that the FDA premarket approval process for medical devices, which expertly balances the patient benefits and risks, appropriately preempts state tort lawsuits involving devices approved through that process . . . The decision of the court is the first ever to rule on the legal effect of FDA premarket device approval on tort lawsuits."

Bill Hawkins, Medtronic's president and chief executive officer, said, "This is a very important decision that ensures that patients continue to have appropriate access to innovative, life saving medical devices. The decision recognises the rights and interests of the vast majority of patients who benefit from a medical device."

Lawyers for Mr Riegel's estate argued that a manufacturer can use FDA approval as a legal defence but cannot use the law to block state lawsuits altogether. They also said that FDA procedures are far less rigorous than Medtronic asserts.

But the US Chamber of Commerce welcomed the decision.

cluster bombs

They included the United States, Israel, Russia, and China.

Jody Williams, professor of social work and global justice at the University of Houston Graduate College of Social Work, USA, who received the 1997 Nobel peace prize for her work towards the landmine ban, addressed both the meeting and the cluster bomb survivors demonstrating outside. She told the *BMJ*, "With this important meeting the world is one step closer to an international treaty banning cluster munitions."

Final diplomatic negotiations on the proposed convention are scheduled for May 2008 in Ireland.

See www.banadvocates.org.

Quebec task force proposes doctors' fees

David Spurgeon QUEBEC

A cross party task force set up to tackle the spiralling costs of Quebec's provincial healthcare system has recommended an increase in sales tax, introduction of user fees, and greater privatisation.

The much anticipated report from chairman, Claude Castonguay, a former Liberal health minister in 1970 when Quebec joined Canada's federal health system, proposes among other recommendations a $C25 (£12; €17; $25) fee for each visit to a doctor and an increase of up to one percentage point in the province's sales tax. The report has encountered considerable resistance.

Quebec's healthcare costs are increasing by 5.8% a year—surpassing annual government spending increases of 3.9%—and the task force recommends that the province should cap healthcare spending at 3.9% of its total budget.

It also suggests that Quebec residents pay fees of as much as $100 a year to belong to a medical clinic, and that physicians be allowed to practise in both public and private sectors to increase access to services. The Canada Health Act, on which the current national healthcare system is based, prohibits doctors from working in public and private systems simultaneously.

The current health minister, Philippe Couillard, immediately rejected the idea of a tax increase and dismissed many other recommendations. But he said the Liberal government is ready to discuss some of the report's other recommendations, including the suggestion that hospital management be opened to private companies, although he questioned how this might work.

Healthcare worker unions warned that the task force's recommendations would lead to American-style medical care and a two tiered system, but the Quebec Medical Association endorsed the task force recommendations, while its president, Jean-Bernard Trudeau, agreed it was time to review the public health system.

Floods in Mozambique result in cholera and displacement

Pat Sidley JOHANNESBURG

A cholera outbreak has hit Mozambique after severe flooding, with many people dying from the disease, which has spread to the capital, Maputo.

Aid agencies, such as Médicins Sans Frontières, said that more than 70 people had died, but Mozambique's health ministry, working from registered cases, put the figure at 48.

Mozambique's plight has been mirrored in Zambia and Zimbabwe, with Unicef reporting that about 70 000 Zambian families have been displaced by the floods and their homes destroyed.

One concern that Unicef is trying to tackle is the availability of treatment for people with AIDS, whose regimens may have been interrupted.

Although most of the country's flooding has taken place in the more northern parts of Mozambique, tens of thousands of people have been displaced, and many have found their way to Maputo and its environs. Much of that area consists of slums, with little sanitation and running water.

Many deaths from diarrhoeal diseases have been recorded, which have either not yet been confirmed as cholera or are caused by other waterborne organisms.

The United Nations emergency response has provided $4.3m (£2.2m; €2.9m) to help about 300 000 people in need of humanitarian help in Mozambique, many of whom are in camps that have little or no sanitation and are hard to reach by road.

Food assistance, which has been delivered largely by the World Food Programme, the UN's food aid agency, is threatened by a rapid increase in the price of agricultural commodities, the *Financial Times* reported (25 Feb, p 1). The paper cites rises of 35% in the prices of cereal imports in poor countries, with rationing and cutbacks a looming probability for the programme. Unicef has reported widespread malnutrition among children in the flood hit areas of Zambia.

Malaria, endemic in the region, and still Mozambique's largest killer, is on the increase again largely because of the floods, which hit earlier this year than last year. Various UN agencies are spraying areas with insecticides as well as supplying mosquito nets impregnated with insecticides to people affected by the floods and at risk from mosquitoes.

Many families have been split in the chaos of the flooding.

GRANT LEE NEUENBURG/REUTERS

Submerged homes on the banks of the Zambezi River in central Mozambique