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bmj.com First regional Darzi review is met with relief from doctors

Hospitals should use scoring system to spot serious illness in children, report says

Susan Mayor LONDON

Healthcare professionals need to be better trained in recognising serious illness in children, recommends a UK inquiry report published this week. And it says that an early warning scoring system should routinely be used in hospitals to help identify children who are at risk of developing life threatening illness.

The Confidential Enquiry into Maternal and Child Health, a government funded body, conducted the pilot study to test whether the confidential enquiry research method could identify ways to improve the outcomes of health care and social care for children. It concluded that it could.

The study collected data on all 957 deaths in children aged 28 days to 17 years 364 days that occurred in 2006. A multidisciplinary panel then carried out a detailed review of anonymised records and notes from a subset of 126 of the deaths, selected from across age groups and regions, with the aim of identifying factors that could have been avoided.

The inquiry found many examples of high quality care, including cases where, even though the care was outstanding, a child died. However, it identified avoidable factors in 26% of the deaths and potentially avoidable factors in a further 43%. The commonest factor was an “identifiable failure in the child’s direct care by an agency, including parents, with direct responsibility for the child.”

In several cases healthcare practitioners, in primary care and in hospitals, had difficulty in recognising serious illness in children. These cases often involved children with febrile illnesses who were assessed by healthcare providers with little or no experience in the medical care of children.

Specific problems included providing care in a non-paediatric unit, failing to take sufficient care in history or examination, inadequate observation, failure to anticipate or recognise complications, and failure to follow published guidance.

“These errors were made by individuals with little or no training in



CRISTINA PEDRAZZINI/SPL

Problems arose when children with febrile illnesses were assessed by healthcare staff with little or no experience in the care of children

paediatrics or where there was little paediatric supervision,” the review panel reported.

Gale Pearson, the group’s clinical director for child health and a consultant in paediatric intensive care at Birmingham Children’s Hospital, said, “One of the most important clinical skills required of doctors and other health professionals is an ability to recognise severe illness in a child.

To do this well requires training, experience, good judgment, and a willingness to review and consult when necessary.”

Dr Pearson added, “We have found, throughout this review, examples of failure to make thorough examinations and correctly interpret clinical signs.”

See **EDITORIAL** p 1083.

Why Children Die: A Pilot Study 2006 is available at www.cemach.org.uk.

Bill allowing creation of hybrid embryos passes first hurdle

Clare Dyer BMJ

Legislation to regulate the use of human embryos for research in the United Kingdom had its second reading in the House of Commons this week, but ministers face a fight to push the most contentious measures through.

The Human Fertilisation and Embryology Bill, which updates 1990 legislation to take account of advances in technology, passed the second reading by 340 votes to 78, with only nine Labour MPs rebelling.

The government imposed a whip to ensure that the bill achieved its second reading, but its real test will come next week when Labour MPs and ministers will have a free vote on the three most controversial issues.

These are the creation of “admixed” human and animal embryos for research (admixed is an umbrella term for embryos containing human and animal material); the removal of the requirement for infertility treatment centres to consider the child’s need for a father before authorising treatment; and a right for parents to select an embryo that is a genetic match for a seriously ill child to create a “saviour sibling” to donate tissue.

Equally contentious is an attempt by pro-life groups to use the bill to reduce the upper time

limit for most abortions from the present 24 weeks. Amendments propose various lower limits, the lowest being 13 weeks.

Health secretary Alan Johnson said during the debate that the government had “no plans” to change the abortion time limit but that it was up to MPs to decide whether they wanted to put forward amendments.

He said the use of hybrid embryos was “recognised by scientists across the world as an essential building block for establishing cures for . . . diseases such as multiple sclerosis, Parkinson’s, and Alzheimer’s.” The ability to use hybrid embryos would make up for a shortage in human eggs, and the hybrid would contain 99.9% human genetic material.

See **PERSONAL VIEW** p 1132.

Darzi's five pledges fail to quell doctors' fears about polyclinics

Adrian O'Dowd LONDON

Government reassurances over imminent reform of the NHS have failed to calm doctors' fears that large health centres, or "polyclinics," will become mandatory in all primary care trusts in England.

The junior health minister Ara Darzi has issued five pledges about how the changes to the NHS—expected to be announced next month—will be achieved, emphasising the central role of clinicians in any local decisions to change services.

Doctors' leaders, however, have launched a campaign directly opposing what they believe will be mandatory introduction of these large health centres, where GPs work alongside specialists.

Last week Lord Darzi published a report, *Leading Local Change*, ahead of his final report on the next stage of NHS reform, which is due in June. In it Lord Darzi says that any change will have to be transparent, based on clinical evidence, locally led, and for the benefit of patients. And importantly, he says, no existing service will close until a new and improved one is in place.

The specific pledges are:

- Change will always be for patients' benefit in terms of quality of care
- Change will be clinically driven
- All change will be locally led
- People affected by proposed NHS changes will have a chance to comment, and
- Existing services will not be withdrawn until new, better services are available.

BMA chairman Hamish Meldrum said that Lord Darzi's pledges were positive in principle but added: "As part of the initial Darzi review it appears that every PCT [primary care trust] will have to meet a centrally imposed requirement to have a new 'supersurgery.' This is despite a lack of sound evidence to show they all need one or that proper local consultation is always taking place."

Managers questioned how new services could operate alongside existing services.

See bmj.com doi: 10.1136/bmj.39581.404664.DB. *NHS Next Stage Review: Leading Local Change* is available at www.dh.gov.uk.



STEPHEN KELLY/PA

Lord Darzi's pledges are "positive in principle"

MPs question possible head of new English commission

Adrian O'Dowd MARGATE

The potential head of the new regulator for all health, mental health, and social care services in England has admitted that she has a lack of real knowledge of social care.

Barbara Young (Baroness Young of Old Scone) appeared last week before the parliamentary health select committee at its first ever pre-appointment hearing—a new type of session in which the committee vets people for posts relating to protecting public interests.

Baroness Young, currently chief executive of the Environment Agency, is the government's candidate to chair the new Care Quality Commission, which from October will take over the regulatory work of the Healthcare Commission, the Commission for Social Care Inspection, and the Mental Health Act Commission.

MPs on the committee said that Baroness Young had not worked in the health service for more than 15 years (she was chief executive of Parkside Health Authority until 1991), and they challenged her over her lack of experience in social care, asking whether that could create problems.

"I think it's going to be quite difficult to find somebody who has got the spectrum across the whole field," Baroness Young replied.

"I've had contact with social care services, but in terms of personal and individual social care I really can't claim expertise. But the most important thing to bring to this job is leadership, vision, and the ability to listen.

"I didn't know very much about the nuclear

industry, the electricity industry, or the waste industry before I arrived at the Environment Agency, but I think I have been a reasonably good regulator to date. I knew how to harness an organisation and deliver results."

During her final stage interview for the new post Baroness Young said: "One thing I had to keep saying was, 'Don't expect me to be an expert in health and social care because I have been away from the system for years.'"

Baroness Young said she was approached by "head hunters" to consider applying for the post to head the commission.

"It seemed it was something that was a very worthwhile job at a crucial point for health and social care, and I had some of the skills that were going to be needed."

Baroness Young told the MPs that she had, as part of applying for the job, spoken to various people in health and social care, in particular the chairs and chief executives of all the various organisations that the new commission will be replacing, to get their views.

When asked about the commission's board she said, "I think there are going to be some totemic issues, like how do we get a strong social care voice because of concerns that social care would become a poor relation.

"We have all of the expertise of the three existing commissions, and we must retain and build on that."

A report is expected to be published this week giving the committee's views on Baroness Young's suitability for this post.

Sharing of patients' data should require

Michael Cross LONDON

The NHS says it will continue to deploy electronically shareable summaries of health records in England, despite an independent evaluation's criticism of the way it obtains the consent of patients.

The study of the experiences of four "early adopter" primary care trusts in implementing the electronic summary care record finds fault with several aspects of the culture and methods of the controversial national programme for IT in

the English NHS. The report, published last week, criticises the programme's "narrow and instrumental focus on implementing a technology" rather than on broader change.

However, the report's authors reserve equal ire for the programme's critics in lobby groups and sections of the press for contributing to "demonisation" through "a lamentable lack of criticality," which overshadowed sensible debate.

In an implicit criticism of

the BMA the authors say that professional groups should not try to impose blanket rules concerning the use of the summary care record; as elsewhere in medicine "professional judgments should be made with attention to context and the needs, wishes and understanding of the patient," the report says.

The evaluation, by Trisha Greenhalgh and colleagues at University College London, was commissioned in part to defuse tensions between the national



The proportion of patients who failed to get help with feeding when they needed it varied from 3% to 42%

NHS sees a steady rise in patient satisfaction over five years

Lynn Eaton LONDON

A higher proportion of patients who used hospitals in England in 2007 were satisfied with the care they received than in the previous year, a Healthcare Commission survey shows.

The study, carried out by the Picker Institute, looked at responses from nearly 76 000 inpatients treated at a total of 165 English hospital trusts.

It showed that 42% of patients rated their care as "excellent," the top possible rating. In the 2006 survey this percentage was 41% and in 2002 it was 38%. In 2007 nearly all patients (92%) rated their care as good, very good, or excellent.

Overall, 67% considered that when they

asked doctors important questions they always got answers they could understand. Eighty per cent said they always had trust and confidence in their doctors. But 22% said they felt that their doctors talked about them as if they weren't there.

Two thirds (68%) said that the doctors always washed their hands between touching patients.

Satisfaction varied considerably from trust to trust, however, with 77% of patients at the best performing trust rating their care as excellent, while only 24% in the worst performing trust gave the same rating. On hand washing specifically, Maidstone and Tunbridge Wells NHS Trust had the worst

record: 22% of patients reported that they had not seen their doctors wash their hands between patients (the average across all trusts was 12%).

Patients were also asked whether they thought that the hospital staff dealt appropriately with any pain they felt, whether they were initially placed in a mixed sex ward, how clean the wards and toilets were, and whether their hospital admission date was altered.

They were asked whether they were able to get help with eating if they needed it. At the lowest scoring trust 42% of patients said they did not receive such help, yet in the highest scoring trust it was 3%.

The survey indicates that some improvements have occurred, although there were still areas where trusts could do better, the commission says. The percentage of patients who said they waited less than four hours to be admitted to a bed from the accident and emergency department rose from 67% in 2002 and 72% in 2006 to 73% in 2007. Although in 2007 more people said that the quality of the food was very good (19% of respondents, whereas it was 18% in 2002 and 2006), the commission considers that there is still room for improvement.

"Overall, it's encouraging that a steadily increasing percentage of patients say care is excellent," said Anne Walker, the commission's chief executive. "It's good to see advances on issues like the quality of food, waiting times, and team working between doctors and nurses.

"But the survey also shows that in some hospitals the NHS is struggling to deliver on some of the basics of hospital care."

The survey results are available at www.healthcarecommission.com.

their explicit consent

IT programme and the BMA over shared electronic records, which began to be deployed last year (*BMJ* 2008;336:1029-30). However, the report says that it is far too early to assess the benefits of the summary care record.

Instead, it makes a series of recommendations about the way the NHS's IT agency Connecting for Health manages the project.

The report notes "widespread desire from patients and staff" for a mechanism for obtaining patients' consent to replace the

current process, which assumes that patients have given "implied consent" to initial uploads to the summary record of basic information such as details of current treatment, allergies, and adverse reactions. This model is "widely seen as overly complex and unworkable" and is regarded by some GPs as unethical.

Summary Care Record Early Adopter Programme: An Independent Evaluation by University College London is at www.ucl.ac.uk/openlearning/documents/scrie2008.pdf.



Professional groups should not impose blanket rules over the summary care record

Drug industry is partly to blame for overdiagnosis of bipolar

Michael Day MILAN

Marketing tactics by the drug industry are contributing to a huge overdiagnosis of bipolar disorder, researchers have said.

A team from Brown University in Rhode Island says it has evidence that fewer than half of patients who were given a diagnosis of the disorder actually had it (*Journal of Clinical Psychiatry* www.psychiatrist.com/abstracts/oap/ej07m03888.htm). Their finding contradicts previous claims that the illness was underdiagnosed.

Lead researcher Mark Zimmerman of Rhode Island Hospital and Brown University, said: "There might well be some cases where the condition goes

undiagnosed. But the results from this study suggest that bipolar disorder is being overdiagnosed, and, given the serious side effects that the treatments can cause, we need to be aware of this."

The study centred on psychiatric outpatients who received a diagnosis of bipolar disorder at Rhode Island Hospital between May 2001 and March 2005. The researchers discovered that in fewer than half of the 145 patients (43%) the diagnosis was made according to the relevant gold standard, the structured clinical interview for DSM-IV (SCID).

Subsequent investigations found that patients whose illness had not been diagnosed according to SCID almost certainly did not have bipolar disorder.

"The marketing tactics of drug companies are absolutely a contributing factor," Dr Zimmerman told the *BMJ*. You cannot go to a meeting on bipolar disorder that doesn't have a big discussion right at the start about how underdiagnosed this illness is and how doctors need to ensure that patients are treated.

"These meetings are usually sponsored by drug companies, and I think they must be having an effect on doctors. I think it's reasonable to assume this is happening elsewhere. I've have spoken to several other doctors who also think it's happening."

His paper also says that advertising directly to the consumer in the United States has meant that patients are increasingly prompting their doctors to

Slow delivery of aid adds to risk of epidemic in Burma after cyclone that killed 100 000

Peter Moszynski LONDON

Two weeks after Cyclone Nargis, aid agencies warn that Burma (also known as Myanmar) stands on the edge of a "public health catastrophe." Lack of access to safe water and sanitation, largely as a result of delays in mobilising a sufficient emergency response, means that the risk of epidemics of water-borne diseases is high.

More than 100 000 people are thought to have died as a direct result of the cyclone. Aid workers now fear a second wave of deaths from disease. Although the government has begun to ease its previous restrictions on aid workers and supplies entering the country, people who are experienced in

natural disasters warn that the first days are crucial in preventing outbreaks.

"With the likelihood of 100 000 or more killed in the cyclone, there are all the factors for a public health catastrophe which could multiply that death toll by up to 15 times in the coming period," said Oxfam's regional director for East Asia, Sarah Ireland.

"In the Boxing Day tsunami 250 000 people lost their lives in the first few hours, but we did not see an outbreak of disease, because the host governments and the world mobilised a massive aid effort to prevent it happening. We have to do the same for the people of Myanmar."

The United Nations Office for the

Coordination of Humanitarian Affairs warns that relief is still coming far too slowly: "It's still very much too piecemeal for our liking. . . One week on, we would normally expect to have far greater coverage. With this many people affected, everybody is very concerned. We do not want to see a second wave of tragic deaths caused by disease and starvation."

The UK charity Oxfam said: "People's resistance to disease is weakened daily because of lack of food and shelter and exposure to the elements and through drinking surface water that is more than likely to be contaminated with human and animal waste. This creates an effective breeding ground for diseases such as cholera, typhoid, and shigella."

Merlin, one of the few medical agencies with a presence on the ground, had a network of 600 trained community health workers, but 50 of them are dead or missing, and much of their transport and equipment was lost to the storm.

Linda Doull, Merlin's health director, said: "Without rapid medical aid, thousands of people will die. The immediate concern is clean water. In such hot temperatures and with so little food available, diarrhoea and dehydration kill quickly—and young children are the most vulnerable."

As the flood waters recede, malaria and other vectorborne diseases are also a concern, as are snake bites and long term food insecurity resulting from the loss of the entire rice harvest.

More information is available from the Disasters Emergency Committee at www.dec.org.uk.



SIPA PRESS/REX

Bodies lie in the water in the Irrawaddy delta area of Burma in the aftermath of Cyclone Nargis

disorder, study says

consider a diagnosis of bipolar disorder.

As a result of “the campaign against under-recognition,” some anxious, agitated, or irritable and depressed patients with insomnia and racing thoughts are being given a misdiagnosis of bipolar disorder, the study claims.

Ken Johnson, of the trade organisation Pharmaceutical Research and Manufacturers of America, said, “Where we don’t see eye to eye is the researchers’ assertion that overdiagnosis of this disorder is a greater problem, particularly when the National Institute of Mental Health last year suggested that bipolar disorders are often under-recognised.”



Stephen Fry drew attention to bipolar disorder in a BBC television documentary in 2006

ITV/REX

Health in southern Sudan is still critical despite truce

Peter Moszynski LONDON

More than three years after warring factions in Sudan signed a peace agreement, “health needs in southern Sudan remain critical, and simmering tensions create a precarious security situation,” Médecins Sans Frontières said last week. Its report was issued to coincide with a conference in Norway bringing together countries and organisations that donate to Sudan.

The charity says that it is “struggling to maintain its primary healthcare services while reinforcing secondary care and emergency outbreak response. People continue to die from preventable diseases or curable conditions because of the shortage of clinics, trained medical staff, and medicines.”

The report continues: “Diseases like tuberculosis, malaria, and visceral leishmaniasis (kala-azar) continue to take a heavy toll.

“Outbreaks of meningitis, measles, and cholera are all too common, and maternal mortality rates are among the highest in the world, the result of years of war and no development.”

It says that in southern Sudan 2053 mothers die in every 100 000 live births. This maternal mortality rate is four times higher than in northern Sudan, where it is estimated at 512 in every 100 000 live births, twice as high as in the Darfur region (994 per 100 000 live births), and 300 times higher than in the Netherlands (seven per 100 000 live births).

The charity’s health coordinator for Sudan, Koert Ritmeijer, said that international relief agencies were still responsible

for most health care in the area, as there was almost no local capacity, and “a viable health system for southern Sudan’s estimated eight million people will take years and significant investment, while acute health needs remain unmet.”

The slow release of funds for longer term development is hampering the maintenance and improvement of existing health structures, he said, so “the few emergency medical organisations that remain in southern Sudan are shouldering an impossible burden trying to meet basic health needs.”

The report says, “It is impossible to apply conventional notions of ‘post-conflict’ to southern Sudan, which in many ways is starting from scratch. Before the war the region had a severe lack of general infrastructure and health systems, and decades of conflict destroyed what little existed. Today, there are few roads, a crippling absence of health-care staff and health structures, and limited investment from the government.”

The donors’ conference pledged almost \$5bn (£2.6bn; €3.2bn) in aid for reconstruction across Sudan for the next three years, although donors were warned that more than 90% of the reconstruction funding received in the previous three years had actually been spent on emergency aid rather than development and that it was largely diverted from southern Sudan because of the ongoing crisis in Darfur.

Last weekend the Foreign Office issued emergency advice warning against all travel to Sudan, after thousands of Darfuri insurgents launched an attack on Khartoum. As the *BMJ* went to press the capital was under a 24 hour curfew.

Greater Upper Nile, Southern Sudan: Immediate Health Needs Remain Amid a Precarious Peace is available at www.msf.org.

Study suggests that PSA screening for cancer may be useful

Roger Dobson ABERGAVENNY

General screening with the prostate specific antigen (PSA) test may be effective in reducing the number of deaths from prostate cancer, new research indicates.

In the United States and six other countries mortality from the disease is now lower than it was before the PSA test was introduced in the late 1980s, the study says (*International Journal of Cancer* doi: 10.1002/ijc.23520), indicating that PSA screening “could reduce prostate cancer mortality in the male population.”

The authors of the study, which looked at recent trends in prostate cancer mortality in 38 countries, say that only ongoing clinical trials in the US and Europe—whose results are expected over the next two years—will be able to distinguish between the contributions of screening and advances in treatment.

However, they add, “From a general public health point of view, to observe a decrease in mortality, even before the availability of experimental evidence, might suggest that things are going in the right direction.”

The authors based their analysis on World Health Organization mortality data from the International Agency for Research on Cancer for the 38 countries for 1975 to 2004. Their results show that in seven countries—the US, Germany, Switzerland, Canada, France, Italy, and Spain—mortality fell in recent years to a level lower than that seen before the PSA test was introduced in the 1980s. In Australia, New Zealand, Austria, Finland, the Netherlands, Norway, the United Kingdom, Hungary, Slovakia, Israel, Singapore, Sweden, and Portugal mortality also fell, although rates remain higher than those seen before the test was introduced.

Prostate cancer mortality continued to rise in Belgium, Denmark, Greece, Ireland, Bulgaria, the Czech Republic, Belarus, Ukraine, Russia, Romania, Poland, Argentina, Chile, Cuba, Mexico and Japan.

The authors say that a lack of good data on the use of the PSA test makes it hazardous to try to compare mortality with the rate of testing in a population. What data are available, they say, indicate that testing is more common in the US than in Europe.



Death rates fell in seven countries

STEVE GSCHEISSERS/SPL

IN BRIEF

Number of Dutch euthanasia cases rises by 10%:

The number of cases of euthanasia and assisted suicide reported by doctors in the Netherlands in 2007 rose by 10% from the previous year to 2120. Most involved patients with cancer treated at home. Three cases were judged to have failed the legal requirements.

Germany intends to ban cosmetic surgery in young people:

Germany's government is preparing a law that will ban surgery done for cosmetic reasons in young people unless there are also medical reasons. Currently around 100 000 such operations are carried out each year in Germany in patients aged under 18.

Breast feeding improves academic performance:

A Canadian led study of about 14 000 children in 31 hospitals and clinics in Belarus over more than six years has shown that prolonged and exclusive breast feeding improves children's cognitive ability (*Archives of General Psychiatry* 2008;65:578-84). Michael Kramer, professor of paediatrics and epidemiology at McGill University, Montreal, and colleagues found that the IQ of children in a breastfeeding promotion intervention was an average of 3-4 points higher than that in the control group.

Smoking bans may lead to more road crashes:

Banning smoking in bars may have resulted in an increase in the number of fatal road crashes involving alcohol, shows research that was based on geographical variation in smoking bans in the United States. Drinkers may be driving further to find a bar where they can smoke, say the authors (*Journal of Public Economics* 2008;92:1288-305).

Wal-Mart to cut price of drugs:

The *Wall Street Journal* (6 May, p D2) reports that Wal-Mart will sell 90 day supplies of more than 300 generic drugs for \$10 (£5; €7), undercutting the price of many mail order pharmacy businesses and reducing delivery times.

Firm "misled" customers over antimalarial:

The UK firm Neal's Yard Remedies has stopped selling a homeopathic drug after a watchdog body said that customers were being misled that it could treat malaria. The Medicines and Healthcare Products Regulatory Agency said that the product was "clearly intended to be viewed as a treatment or preventive." Neal's Yard Remedies has accepted that no clinical proof existed that *Malaria Officialis* 30c worked.

Nuffield Council seeks views on ethics of caring for people with dementia

Zosia Kmietowicz LONDON

Patients, carers, and families affected by dementia and health professionals are being asked to contribute to a consultation on the ethical dilemmas of managing the disease.

The Nuffield Council on Bioethics, a UK independent body that examines ethical issues raised by new developments in biology and medicine, has launched the consultation this week to gather the views and experiences of people who face the challenges of dementia.

"Issues about access to medication have recently hit the headlines, but there are other important questions that urgently need to be addressed to help people with dementia and their families live their lives," said Tony Hope, who chairs the council's working party on dementia.

"We want to hear people's views on these questions to help us develop some guidance and advice for families, carers, and professionals."

The working party, which was set up in November 2007, is seeking views on how carers, families, and doctors weigh up what treatment and care a person would have wanted before they developed dementia and what they seem to want now.

Some people believe that everyone should make advance directives or living wills to set out what treatment they would like if they become unable to make decisions for themselves. For example, they might not wish to accept treatments that extend their life. How-

ever, others are sceptical that people are able to fully imagine how they will feel if they develop dementia and therefore whether they can predict the kinds of decisions they would make in that situation.

The working party is also asking whether it is ever right to restrain a person with dementia, for example to reduce the risks of wandering, and whether it is ever right to deceive a person with dementia, such as by disguising drugs in food.

"Although the law offers guidance on how decisions for people with dementia should be made, it is often more complicated in real life," said Rhona Knight, a GP and member of the working party. "For example, taking account of someone's 'past and present wishes and values,' as stated in the Mental Capacity Act, can be difficult if these appear to be vastly different."

Currently an estimated 700 000 people in the United Kingdom have dementia, although the number is predicted to more than double by 2051 to 1.7 million.

The consultation paper also asks whether it is ethical to collude with someone with dementia by concealing the truth so as to avoid distressing them, for example by agreeing that their dead spouse is still alive. It also raises the issue of how far carers and nursing home staff should go to reduce the risks that people with dementia face.

The consultation runs until the end of July. Details of the consultation on dementia are at www.nuffieldbioethics.org.

UK lags behind similar countries in stroke services, report says

Adrian O'Dowd LONDON

Services in the United Kingdom for stroke patients are lagging behind those in other developed nations, a new report says, and



Two in five patients have a scan within 24 hours

targets are now being called into question.

The Health Foundation, an independent body that works to improve the quality of health care in the United Kingdom, has published a report that brings together data on performance of services with evidence of what works and the cost implications of stroke.

The state of stroke services across the whole of the UK is a matter of concern, says the report, which looks at the quality of care of stroke patients, focusing on effectiveness, access, capacity, safety, patient centredness, and equity.

Stroke is the third largest cause of death in the UK, and the Department of Health estimates that in England alone more than 110 000 strokes occur each year. In England, stroke costs the NHS £2.8bn (€3.5bn; \$5.5bn) a year in direct costs.



FI ONLINE/ALAMY

Home secretary Jacqui Smith said there was a compelling case to act rather than risk people's health

UK tightens rules on cannabis despite advice not to do so

Owen Dyer LONDON

The UK government has announced that it will reclassify cannabis as a class B drug, four years after it downgraded it to class C. It made the move despite the advice of its own experts, who said that no change was needed.

The change raises the maximum penalty for possession from two years' imprisonment to five. The home secretary, Jacqui Smith, told parliament that stiffer penalties would be combined with a crackdown on drug paraphernalia, health warnings on cigarette papers, and a drive to track down hydroponic cannabis farms through monitoring of electricity consumption.

"There is a compelling case to act now rather than risk the future health of young people," she said.

Her speech came just hours after the publication of an expert review commissioned by the government, which concluded that cannabis should remain a class C drug because of its modest health risks.

A review panel of the Advisory Council on the Misuse of Drugs voted by 20 members to three to recommend against changing the drug's classification. The panel's report pointed to a "probable, but weak, causal link between psychotic illness, including schizophrenia, and cannabis use."



"We [the council] don't take into account the 'message'; we don't take into account policing priorities; we are obliged by law only to take into account the harmfulness," he said. "The government may want to take into account other matters. That's their right: they are the government."

In parliament the Conservative party's shadow home secretary, David Davis, applauded the "U turn" but accused the government of "dithering and indecision." The Liberal Democrats' home affairs spokesman, Chris Huhne, said that the government was "crazy" to ignore its own experts and suggested that Ms Smith "establish a new committee of tabloid newspaper editors" for advice on drugs.

Cannabis: Classification and Public Health is available at <http://drugs.homeoffice.gov.uk>.

The report was published on the same day the government announced that £77m will be spent over the next three years as part of its national stroke strategy for England. Every strategic health authority will appoint a dedicated stroke care coordinator to support stroke survivors and their carers, said the Department of Health.

The Health Foundation's report underlines the need for such investment, as it shows that less than half (43%) of people in England undergo computed tomography scanning of their brain within 24 hours of a stroke. This is despite the recommendation in the national clinical guidelines for stroke that everyone receive a scan within 24 hours of the onset of symptoms of stroke.

Building the Quality Gap: Stroke is available at www.health.org.uk/quality_gap.

Doctors should be able to combine medicine and management

Zosia Kmietowicz LONDON

A new career pathway that lets doctors straddle the worlds of clinical medicine and management in the NHS is needed to allow doctors' careers to flourish in today's health-care system, a new report says.

The role of doctors is changing, states the report from the healthcare think tank the King's Fund and the Royal College of Physicians, and other health professionals are taking responsibility from doctors for managing some aspects of patients' care.

Consultations about the meaning of medi-

cal professionalism with more than 400 doctors at 10 events in England and Wales between May 2006 and April 2007 found that although many doctors are keen to develop new and better relationships with patients, NHS managers, professional leaders, and the government, they also want a clearer understanding of their distinct role in the modern NHS.

Ian Gilmore, president of the Royal College of Physicians, said that the findings echoed recommendations from John Tooke's recent inquiry into Modernising Medical Careers to strengthen medical leadership and enable the profession to develop new relationships with government, patients, and the local community.

Understanding Doctors: Harnessing Professionalism can be seen at www.kingsfund.org.uk.