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NICE recommendations have had little effect on multiple sclerosis services five years on

Lisa Hitchen LONDON

Nearly two thirds of patients with multiple sclerosis in England and Wales are unable to access neurological rehabilitation services, an audit shows.

The Royal College of Physicians of London and the MS Trust surveyed 1300 people with the condition, 127 acute NHS hospital trusts, 140 primary care trusts and local health boards, and seven strategic health authorities and regional offices during January and February 2008. Questions were based on guidelines for managing the illness from the National Institute for Health and Clinical Excellence (NICE).

Only 36% of patients with multiple sclerosis in England and 31% in Wales could access neurological rehabilitation services, the survey found. Commissioning more such services was "very limited." Access to specialists was also poor: 50% of patients reported that they had to wait more than 20 weeks from referral by their GP to diagnosis. NICE recommended that the maximum wait should be 12 weeks.

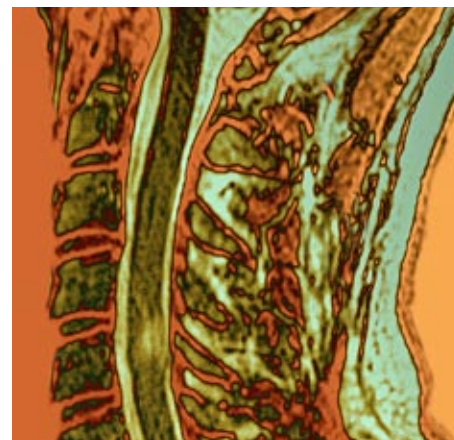
Sixty nine people (6%) had developed a

pressure ulcer in the past year, but only 37 of them knew that these had been investigated by the NHS. Development of pressure sores is mentioned in the NICE guidelines as a "quality marker" for services.

Nearly half (46%) of the patients thought that they were still poorly involved in the planning of individual personal care and in the provision and development of services. But 75% thought that their assessments were carried out sensitively and thoroughly by health professionals. Joined-up care between health and social services was still poor, they said.

Christine Jones, chief executive of the MS Trust, said that the audit showed a "postcode lottery" in services. "Quality services should not depend on the accident of finding a doctor or a nurse who really understands and responds to your needs," she said. "It should be built into the commissioning structure of the NHS—and it is not."

The report recommends eight changes across all levels of the NHS. These include having one specific person responsible for



ATHENAS, ISM/SPL

A spinal lesion in multiple sclerosis

services for people with long term neurological conditions. The audit found that only 48% of provider trusts had someone responsible for multiple sclerosis services.

National Audit of Services for People with MS 2008 is available at www.rcplondon.ac.uk.

Cite this as: *BMJ* 2008;337:a734

Junior doctors' desire to practise falls in first year of training

Zosia Kmietowicz LONDON

A number of trainee doctors became disenchanted with practising medicine in their first year of training, known as foundation year 1, a BMA study shows. It found that the number who said they strongly wished to practise medicine nearly halved between graduation from medical school and the end of foundation year 1.

The 10 year BMA cohort study is following the career paths of 435 doctors who graduated in 2006, to help with future workforce planning. The study found that on completing foundation year 1 just 30% of the 397 trainees who responded to a questionnaire said they had a very strong desire to practise medicine.

When they graduated 54% of the cohort had rated their enthusiasm for a medical career as very strong.

More worrying perhaps was the increase from 15% to 26% in the percentage of trainees who rated their desire to practise as either lukewarm or weak. Furthermore, 2% of respondents said they regretted becoming a doctor after foundation year 1, whereas a year earlier none had regrets.

The response of most doctors to their foundation year 1 posts was positive. Most doctors (92%) got their first choice of deanery or foundation school, and nearly half (43%) of those who didn't got their second choice. And four in five doctors thought that their foundation year 1

placements provided them with the confidence and ability to practise medicine independently.

However, more than a third of the trainees in the cohort considered that they had been asked to perform tasks during the year that were beyond their capabilities. And three quarters thought that some tasks, such as taking bloods, could be done more appropriately by other health professionals.

At the end of foundation year 1 around half of the trainees wanted to practise hospital medicine, a quarter wished to enter general practice, and almost a fifth were undecided. The most popular choice of specialty was general practice, followed by general medicine and surgery.

Around two thirds of the trainees had ambitions to become a consultant or a GP principal. Female trainees, however, were more likely than their male colleagues to plan a career in the associate specialist or staff grade or as a salaried GP.

Findings from the study also indicate that for these new graduates the future holds a number of uncertainties that perhaps were not present a generation ago. Just 8% of the respondents were confident of automatically getting a job after completing their training; a year earlier the percentage was 16%.

The BMA's cohort study of 2006 graduates can be seen at www.bma.org.uk.

Cite this as: *BMJ* 2008;337:a704

Internet crawler uses new information sources to track disease outbreaks



Susan Mayor LONDON

An automated data gathering system that crawls the internet to gather information from non-traditional sources such as online news outlets and experts' discussion forums, as well as government websites, is proving effective in tracking emerging infectious diseases, says a new study (*PLoS Med* 2008;5:e151).

Researchers from the Children's Hospital Boston and Harvard Medical School developed HealthMap as a freely accessible and automated system that monitors information on emerging diseases in real time.

"Web-based sources can play an important role in early event detection . . . by providing current, highly local information about outbreaks, even from areas relatively invisible to traditional global public health efforts," they wrote.

The existing network of traditional surveillance systems managed by health organisations and multinational agencies has wide gaps in geographical coverage and often suffers from poor information flow across national borders, they say.

"At the same time," explained the study's lead author, John Brownstein, assistant professor of paediatrics at the Boston Children's Hospital and Harvard Medical School, "an enormous amount of valuable information about infectious diseases is found in web accessible information such as discussion sites, disease reporting networks, and news outlets."

Although these new sources are potentially

useful, triggering most outbreak verifications now carried out by the World Health Organization, it can be difficult to cope with the volume of information and to distinguish "signal from noise."

HealthMap continually collects reports of new and ongoing outbreaks of infectious disease and then uses software similar to spam filters to integrate and filter the information to provide online summaries.

It currently gathers reports from 14 sources, including Google News and expert discussion sites, which summarise information from more than 20 000 different websites. The search criteria include disease names, symptoms, and keywords. The system collects an average of 300 reports a day, most of which (85%) come from news media sources. The articles are analysed for duplication and content. Duplicate articles are removed, while those that discuss new information about an ongoing situation are integrated with other relevant articles and added to an interactive map.

New data based on an evaluation of HealthMap over 43 weeks from 1 October 2006 to 18 July 2007 showed that reports on a wide variety of pathogens were detected, with information on 141 unique infectious disease categories reported through the Google News feed alone. The frequency of reports about particular pathogens was related to the direct or potential economic and social disruption rather than the associated morbidity or mortality. The greatest

numbers of reports were for avian influenza (877) and *Escherichia coli* (733), followed by salmonella (479).

Over the study period reports of outbreaks of infectious disease occurred in 174 countries, with the greatest number from the United States (4351 reports), the United Kingdom (1018), Canada (880), and China (737). A clear bias was shown towards greater reporting from countries with more media outlets, more developed public health resources, and greater availability of electronic communication.

The research group is now developing ways to improve coverage. In particular they want more information from Africa and South America, which have the highest risk and burden of emerging infectious diseases. To achieve this they are looking at monitoring other internet sources, such as blogs, discussion sites, and listservs (automated email forwarding systems that allow any member of a group of people to email all other members).

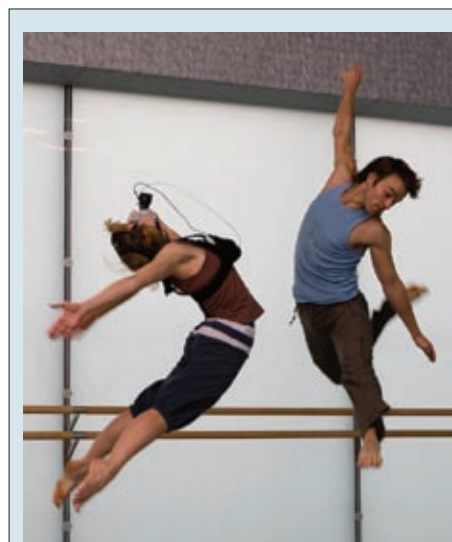
"We are also developing contacts with people in developing countries to provide further information," said Clark Freifeld, a research software developer at the Boston Children's Hospital and Harvard Medical School.

Comparing HealthMap with reports of emerging outbreaks from existing agencies has shown its validity.

The project is being funded by Google.org, the philanthropic arm of Google.

HealthMap is at www.healthmap.org.

Cite this as: *BMJ* 2008;337:a742



Dancers suffer a high rate of injuries

Project seeks to improve dancers' health

Jacqui Wise LONDON

A new research project aims to discover why dancers have such a high rate of injuries and to examine ways to keep them fit and healthy.

Matthew Wyon, reader in performance science at the University of Wolverhampton, said, "Dancers have a huge injury occurrence: 80% of dancers incur at least one injury a year that affects their ability to perform." In comparison, he said, footballers or rugby players have an injury rate of 20%. "And dance isn't even a contact sport. We need to look properly at why this is."

The dancers' health pilot scheme has been devised by Dance UK in partnership with the Olympic Medical Institute, the University of

Wolverhampton, and the Laban, a contemporary dance training centre in London. The Jerwood Charitable Foundation has committed the first £80 000 (€100 000; \$160 000) to the £500 000 scheme.

Dr Wyon said, "A proper prospective epidemiological study has never been done before. Previous research has all been on self reported injury rates."

The pilot scheme will take place over two and a half years, and the findings will be published in 2012. The 100 professional dancers taking part will receive an in-depth screening comprising a history of their injuries, a health questionnaire, and assessment of their physiological fitness,

Southall cleared of conducting trial without parents' consent

Clare Dyer BMJ

The paediatrician David Southall and two colleagues were cleared by the General Medical Council last week of experimenting on babies without their parents' informed consent.

Dr Southall, 59, and the consultant paediatricians Martin Samuels and Andrew Spencer were found not guilty of serious professional misconduct when the GMC hearing, which had been going on for two months, was halted after their lawyers successfully submitted that there was no case to answer.

The case concerned a long running controversy over a research project that involved placing premature babies with respiratory problems in low pressure incubators to help them breathe unaided.

Carl and Deborah Henshall, whose baby daughters took part in the continuous negative extrathoracic pressure trial, complained to the GMC that they were unaware it was an experimental treatment and denied that they had ever properly consented.

Their daughters, Stacey and Sofie, were placed in the incubators at North Staffordshire Hospital after their births in February and December 1992. Stacey died after two days, while Sofie survived but was later given a diagnosis of cerebral palsy.

The GMC's preliminary proceedings com-



Cleared: Dr David Southall

mittee had initially refused to send the allegations for hearing in 2004, but the complaint went forward after the Court of Appeal ruled by a 2-1 majority that the council must reconsider its action.

Lawyers for the doctors argued that witnesses had struggled to recollect the fine details of the case or the state of medical practice between 1989 and 1993, the period in question.

The lawyers contended that considerable variation in practice existed at the time, guidance to ethics committees was in the process of developing, and there was a real danger that the doctors would be judged by the standards of 2008 rather than those of the time.

Mr Henshall admitted in evidence that he had signed a consent form for Stacy but insisted that he had not read the written information provided or been made aware that she would be taking part in a trial.

Signed consent forms existed for all 224 babies in the trial.

Dr Southall is currently appealing against a decision last December in a separate case ordering him to be struck off the medical register. He was found guilty of serious professional misconduct for accusing a mother of murdering her 10 year old son.

Cite this as: *BMJ* 2008;337:a707

Lords decide against presumed consent for organ donation

Siddhartha Yadav BMJ

A proposed European Commission directive on organ donation must be flexible enough to allow for clinical judgment and for patients to be able to make an informed choice, a report by the House of Lords European Union Committee says.

The report says that the commission must not impose requirements beyond those that are clinically justifiable.

It comes down against the idea of presumed consent, under which everyone is considered to have consented to their organs being used after death unless they have opted out of the scheme by signing a register. Such a system already exists in Spain, where it has been credited with greatly increasing the number of available organs.

The report says: "Clinicians and patients together must have the freedom to make informed decisions about the balance between the acceptability of organs to be transplanted and the medical needs of the patients."

Describing the opt-out system of organ donation as "premature" for the United Kingdom, the report says: "The system of presumed consent would be ineffective without the numbers of skilled staff and coordinated system needed to deal with the greater volume of donor organs this might generate."

Increasing the Supply of Donor Organs within the European Union is available at www.parliament.uk/parliamentary_committees/leuscommg.cfm.

Cite this as: *BMJ* 2008;337:a698

biomechanical and muscular function, and nutritional and psychological health. The dancers will then have quick access to treatment if they incur any injuries, which will be recorded on a central database.

Roger Wolman, a consultant rheumatologist in sport and exercise medicine at the Royal National Orthopaedic Hospital, London, and an adviser to Dance UK, said, "Dancers frequently do not get early access to top class medical advice and treatment. This is due to lack of financial support and difficulty accessing the NHS. The pilot scheme will address these problems for a group of dancers and should provide the evidence of the cost effectiveness of this approach."

More details about the project can be found at www.danceuk.org.

Cite this as: *BMJ* 2008;337:a721

Portraits highlight women's contribution to surgery



Lynn Eaton LONDON

A series of portraits of women surgeons by the Edinburgh based artist Jane Brettle have gone on show at the Royal College of Surgeons of England. Pictured is Linda de Cossart, a vascular surgeon, who was elected vice president of the college in 2008.

The other portraits are Phyllis George, the first woman to be elected to the college's council, in 1979; Averil Mansfield, vice president of the college from 1998 to 2000; Valerie Lund, a member of the college council from 1994 to 2006; Leela Kapila, vice president of the college from 2003 to 2004; and Anne Moore, who was vice president of the college from 2005 to 2008.

The exhibition runs at the Royal College of Surgeons from 11 July until 22 November 2008.

Cite this as: *BMJ* 2008;337:a724

IN BRIEF

BMJ wins three awards: The *BMJ* won the medical publication of the year award at the recent Medical Journalists' Association annual awards. The *BMJ*'s news editor, Annabel Ferriman, won the health editor award, and Susan Mayor, who writes for the journal's news section, was voted medical journalist of the year.

Vitamin A could save babies' lives: A single oral dose of vitamin A given to infants shortly after birth could save the lives of 300 000 children in Asia every year, say researchers from Johns Hopkins Bloomberg School of Public Health, Baltimore. The vitamin is thought to reduce the severity of potentially fatal paediatric infections (*Pediatrics* doi: 10.1542/peds.2007-3448)

Fall in breast feeding in Indonesia is linked to rising malnutrition: The decline in breast feeding is one of the main reasons why one in four Indonesian children are malnourished, the *Jakarta Post* quotes Anne Vincent, head of the health and nutrition section at Unicef Indonesia, as saying (www.thejakartapost.com, 7 Jul, "Malnutrition in RI linked to decline in breast-feeding"). Sales of infant formula have nearly doubled in five years.

Quitters survive heart surgery longer than smokers: Smokers who quit after coronary artery bypass surgery at the age of 51 survive longer than those who don't. The cumulative 10, 20, and 30 year survival rates were 88%, 49%, and 19%, respectively, in the group of patients who quit smoking, whereas they were 77%, 36%, and 11% in those who continued smoking (*American Heart Journal* doi: 10.1016/j.ahj.2008.04.007).

Food diaries aid weight loss: In a US study of nearly 1700 obese or overweight people, those who kept daily food records lost twice as much weight as those who didn't. (*American Journal of Preventive Medicine* doi: 10.1016/j.amepre.2008.04.013).

Man sentenced for dealing in counterfeit drugs: Viraj Shah, from Harrow, Middlesex, has been sentenced to 51 weeks' imprisonment, suspended for two years, for dealing in counterfeit drugs. The sentence follows an investigation by the Medicines and Healthcare Products Regulatory Agency, which became suspicious when examining healthcare products at Heathrow airport.

Cite this as: *BMJ* 2008;337:a738

German watchdog investigates drug companies' online education courses

Ned Stafford HAMBURG

Germany's Federal Cartel Office is investigating whether professional continuing education courses offered online by drug firms for free to doctors violates healthcare reform laws that went into effect in 2004.

Hans-Jörg Freese, the Berlin based spokesman for the German Medical Association, said that the cartel office outlined its concerns to the association in a 19 page letter in February. The association and 17 regional member groups are responsible for certifying all continuing education courses, which doctors must regularly take to remain licensed to practise medicine.

"They [cartel office officials] think that the [medical associations] should not be allowed to certify professional training courses that are offered by pharmaceutical companies over the internet, because those companies have 'commercial interests,'" Mr Freese said.

The two sides have had discussions since then, Mr Freese said. However, the issue did not become widely publicised until last week, when the daily newspaper *Süddeutsche Zeitung* obtained a copy of the cartel office's letter and published an article.

The article says that cartel officials believe that drug companies might be using the free courses to tout their own drugs and gain influence with doctors. Furthermore, the cartel office believes that the free courses could be viewed as unfair competition against independent firms offering courses for which doctors must pay.

Silke Christina Kaul, the cartel office's spokeswoman in Bonn, said she could not comment in detail on the case. She said that the case was still being investigated and that the office had not yet started any official legal proceedings to halt the courses.

Mr Freese said that the medical association believes that the cartel office is basing its investigation on a "false interpretation" of major healthcare reform laws approved in 2004 that decree that training of doctors "must be free of commercial interests."

Axel Munte, head of the Bavarian Association of Statutory Health Insurance Physicians, said that drug companies are offering free courses to market their products. About 90% of all doctors' courses are being paid for by the industry, he said.

"I am in full agreement with the current investigation by the cartel office," he said. "Continuing education for doctors should be objective."

Cite this as:
BMJ 2008;337:a723



Legitimise Sydney's injecting centre, says

Melissa Sweet NEW SOUTH WALES

The medical director of Australia's only medically supervised injecting centre has called for it to be recognised as a legitimate health facility and for an end to its trial status.

Speaking on the eve of her departure from Sydney's Medically Supervised Injecting Centre (MSIC), Ingrid van Beek said it was time to declare the seven year trial a success.

"I wholeheartedly support the ongoing rigorous evaluation and monitoring of health services to ensure their effectiveness, particularly in the illicit drugs area, as needs can change over time, but the MSIC's apparently endless trial status is a barrier to

its integration with the rest of the public health system," she said.

"This affects continuity of care, workforce development, and staff morale, especially as the end of each trial period draws near.

The centre was initially established as an 18 month trial in 2001, licensed jointly by the New South Wales police and health departments and run by a branch of the Uniting Church. In June last year the New South Wales government extended the trial for another four years.

Dr van Beek said that more than 10 000 injecting drug users had registered to use the facility to date and that more than 200 injecting episodes took place there every day.

Pfizer stops funding education run by for-profit companies

Janice Hopkins Tanne NEW YORK

Pfizer, the world's second largest drug company, said last week that it would no longer pay profit making communication and medical education companies to provide continuing medical education courses. It will continue to pay for education prepared by non-profit organisations, academic institutions, teaching hospitals, and medical societies.

Pfizer said it was making the change to avoid the appearance of having conflicts of interest, because critics had said that courses supported by the industry were not purely educational but promoted the use of specific drugs.

US doctors are required to complete a certain number of hours of medical education to keep their medical licences current.

Pfizer's press release quoted Dave Davis, vice president for continuing education and improvement at the Association of American Medical Colleges, who said, "This move by Pfizer, to my knowledge the first among commercial supporters of CME [continuing medical education], represents a significant advance in the profession's ability to address the complex issue of conflict of interest."

The drug industry spent about \$1.1bn (£0.6bn; €0.7bn) in 2006 on medical education, while Pfizer spent \$80m last year. Drug companies' support of continuing medical education courses has been criticised by Congress and professional organisations.

Cite this as: *BMJ* 2008;337:a708

departing director

The centre successfully treated 2458 drug overdoses on the site in the past seven years, while the number of ambulance callouts to attend people who had taken a heroin overdose fell by 80%.

"There is no doubt that the MSIC has improved the health of the most marginalised injecting drug users who often are not in contact with any health services," she said. "This means that instead of injecting in unsupervised, often public and squalid circumstances, they are injecting in a clinical setting where in the event of a medical emergency ... specially trained registered nurses provide ... resuscitation."

Cite this as: *BMJ* 2008;337:a732



Women queue to get treatment for their malnourished children in Lerra village, southern Ethiopia

JOSE GENDONIA/GETTY IMAGES

UN warns of millions at risk of starvation in Ethiopia and Somalia

John Zarocostas GENEVA

The United Nations has warned that millions of people face life threatening shortages of food, aggravated by the global food price crisis, in drought stricken Ethiopia, Somalia, and Afghanistan. Emergency humanitarian aid is desperately needed to avert another calamity, the UN says.

John Holmes, the UN's emergency relief coordinator, said that 4.6 million people are in need of help in Ethiopia, including 75 000 children suffering from acute malnutrition. "Urgent intervention" was needed to save their lives, he said.

Sir John, who also heads the UN's task force on the food crisis, said that 2.6 million people were in "desperate need" of humanitarian assistance in Somalia, currently affected by drought and conflict. He said that "there was a dramatic deterioration of the situation."

After an urgent request from the Ethiopian government for food and nutritional assistance the UN's World Food Programme said it will expand its operations to reach those affected with emergency food supplies.

"We hear the government's plea, and we support it," said Josette Sheeran, the programme's executive director.

The food agency is currently providing emergency assistance to 3.2 million people in Ethiopia but said it will scale up the assistance. It added, however, that it "urgently needs additional contributions to reach all those in need."

The agency said it will also support the Ethiopian government "in supplying emergency nutritional support to 750 000 of those

most vulnerable, including children, pregnant mothers and HIV and AIDS patients."

Sir John said that the ongoing severe drought and security issues in war ravaged Somalia had led to a vast displacement of people from Mogadishu, who were now living in camps.

Sir John, a former diplomatic adviser to the United Kingdom's former prime minister, Tony Blair, told reporters that UN relief agencies were feeding 1.1 million people and providing three million litres of water daily, but he emphasised that "more had to be done."

He said that attacks on humanitarian workers had become common and were making the work of reaching people in need more complicated. Such attacks were completely unacceptable and contrary to humanitarian law, he said.

"We are witnessing the worst tragedy of the past decade in Somalia," said Pascal Hundt, head of the International Committee of the Red Cross delegation in Somalia.

"The living conditions for many families are extremely difficult . . . Finding water and food for the family is a daily challenge. Shelter and medical attention are also increasingly difficult to obtain," he said.

In addition to distributing 2.3 million litres of water each day to nearly half a million people in more than 400 locations, the Red Cross said that it had also provided four months food rations to 435 000 people and stepped up its support to Mogadishu's main hospitals.

Meanwhile the humanitarian situation was also worsening in Afghanistan, Sir John said.

Cite this as: *BMJ* 2008;337:a709

BMA chairman denies reports that he opposes copayments

Zosia Kmiotowicz EDINBURGH

The BMA's chairman has strongly denied reports that he supports a continuation of the policy that denies further NHS treatment to people who have part of their care privately.

Speaking on the eve of the BMA's annual representatives' meeting in Edinburgh, Hamish Meldrum said that his words in an interview with a *Sunday Telegraph* journalist had been "distorted" and that he was "particularly horrified" by an editorial on copayments that appeared in the paper at the weekend (www.telegraph.co.uk, 6 Jul, "The NHS should help patients, not harm them").

"I did not say whether I was in favour or not of copayments," said Dr Meldrum.

He described the editorial as taking a "leap of logic" when it took his comments on the "doubtful and uncertain harm" of some treatments bought privately and extended them

to cover all medical treatments, including anaesthetics during surgery, because they all carry some risks.

"In a grossly exaggerated and illogical editorial I have been accused of indifference and cruelty and of sacrificing people for the sake of my ideals," he said. "Nothing could more distort my commitment to patients and their free and fair treatment."

The *Sunday Telegraph* editorial described Dr Meldrum's call for a fair NHS for all—interpreted as his being against copayments—as "cruel."

A commentary in the *Times* on Monday 7 July by Stephen Pollard, president of the Centre for the New Europe, also attacked Dr Meldrum for the "cruelty" and "callousness" of his position on the issue (www.timesonline.co.uk, "Bloody-minded unions? Yes, the BMA is deadly").

"He [Dr Meldrum] would

The Sunday Telegraph
 The NHS is there
 to help patients,
 not harm them

let patients die rather than use a drug their health authority will not supply. Equity it may be; but it can be the equity of death," Mr Pollard wrote.

Dr Meldrum said that only after a full debate with the public, the healthcare professions, and politicians on what the NHS could afford to pay for would it be possible to decide what should happen with copayments.

He added, "I do worry that without that debate and to simply go down the road of copayments would [go against] one of the founding principles of the NHS, which is equity to all."

The meeting is due to debate copayments on Wednesday.

Cite this as: *BMJ* 2008;337:a715



TONY MARSH/BMA NEWS

"Darzi palaces" are being introduced in England without proper local consultation, say doctors

Zosia Kmiotowicz EDINBURGH

Doctors' leaders have expressed their opposition to the blanket introduction of polyclinics across England, which they believe are unproved, risk undermining care of patients, and threaten the future of general practice.

George Rae, of the BMA's General Practitioners Committee, whose motion against the current plans for polyclinics was passed by representatives at the BMA's annual conference in Edinburgh, said that doctors acknowledged that polyclinics—or GP led health centres, as the Department of Health is calling them—would serve a need in some parts of the country.

"However, that is not what is happening," he told the meeting. "We are getting this precipitous rush into polyclinics and super-surgeries all over the country, with no opportunity to reject the idea."

Dr Rae added that polyclinics provided a "portal into entry into general practice" for multinational commercial companies. The

playing field on which such companies competed with GPs bidding to run polyclinics was "as level as Mount Everest," he said.

"We are facing yet another example of scarce resources being diverted out of the NHS on a policy that is potentially harmful to some GPs' viability," said Dr Rae.

The holistic and long term care that GPs provide would be jeopardised by polyclinics, he added. And many patients, especially infirm, elderly, and disabled people, would find it harder to make the longer journey to them.

Jaswinder Bamrah, of the Central Consultants and Specialists Committee, said that many primary care trusts were already procuring what he referred to as "Darzi palaces" without local consultation.

"PCTs [primary care trusts] do not have enough resources to deliver all this," he said, referring to the NHS review by the health minister Ara Darzi. "Lord Darzi has unwittingly put the NHS at a crossroads." The proposals

could lead the NHS to an early retirement.

Chaand Nagpaul, also of the General Practitioners Committee, won support from some representatives in his call for a rejection of Lord Darzi's recommendations for London, which he said had been published after "a sham consultation."

Many of the plans were based "on minimal, if any, supporting evidence" and were being imposed without proper consultation with the medical profession or the people that the changes will affect.

"Each PCT [in London] unanimously accepted the consultation in full. But only 0.05% of Londoners responded to the consultation. [The Darzi review] is changing the landscape of London's services but failed to consult Londoners," said Dr Nagpaul.

Earlier Hamish Meldrum, chairman of the BMA, said that the "profession has had enough" of its views being ignored.

Cite this as: *BMJ* 2008;337:a730

Market reforms have failed to deliver better health

Andrew Cole EDINBURGH

Doctors at the BMA's annual conference in Edinburgh have united in calling for an end to England's market driven reforms in health care, which, they claimed, threaten to undermine and fragment core NHS services.

Members of the representative body voted by large majorities to press to keep NHS services within the public sector and to inform the public of the detrimental effects of handing over health services to the private sector. They also proposed that NHS providers should have "preferred provider" status in delivering NHS care to NHS patients.

The private sector should be used to treat NHS patients only when the NHS had insufficient capacity, said Stephen Austin from Northern Ireland (eastern division).

Yet at the moment patients were being forced to have private treatment even though NHS clinicians were willing and able to take on the work, because commissioners favoured using private companies.

The public were being kept in the dark about the way in which their taxes were being "siphoned off" into private companies that were charging more for treatment that could be done just as effectively in the NHS.

Earlier the BMA's chairman, Hamish Meldrum, pointed out the contrast between the "shoddy supermarket war" that was happening in England and the more collaborative approach that Scotland, Wales, and Northern Ireland had adopted.

Devolution in the United Kingdom in general had been portrayed as the three Celtic nations breaking away from England, but with the NHS it was the other way around: "England has broken away from the rest of the UK."

"The BMA wants to see an NHS untarnished by a market economy, true to its beginnings, [and] giving the public a fair, caring, equitable, and cost effective health service. If it can be done here in Edinburgh it can be done in England."

The market had now been operating in England for 20 years, but Dr Meldrum saw no evidence that it had delivered benefits. Where there had been benefits, he said, these had more to do with greater funding than competition. "And if you ask clinicians if they think the market works, the answer is a resounding no."

Cite this as: *BMJ* 2008;337:a725



Children's smoking is blamed on pro-smoking images in films, such as *Bridget Jones's Diary* (above)

ALEX BAILEY/MIRAMAX/UNIVERSAL/KOBAL

BMA calls for ban on smoking images that "keep the habit cool" among children

Zosia Kmietowicz EDINBURGH

The BMA has called on the UK governments to introduce a raft of tough measures to protect young people from the positive images of smoking seen regularly in films and magazines and on television.

Film censors should have to take account of a movie's pro-smoking content when deciding on its classification, the BMA recommends. And it should be a legal requirement that all films and television programmes that portray positive images of smoking be preceded by an advertisement against smoking.

The BMA believes that these and other policies could help to make the United Kingdom free of tobacco by 2035.

Most people who smoke start before the age of 18, and virtually all smokers start by the age 25, which makes young people a key target in the tobacco industry's marketing strategies, says the BMA's report on the influence of smoking imagery on young people.

It blames the fact that many children continue to take up smoking on the wide prevalence of pro-smoking images in the media, which help "keep the habit 'cool', despite its addictiveness."

"The long term trends for people quitting have slowed down in recent years, so it is essential that further action is taken to promote a tobacco-free lifestyle that deglamorises smoking," said Vivienne Nathanson, head of science and ethics at the BMA.

Surveys show that in 2006 nearly one in 10

(9%) of 11 to 15 year olds smoked regularly. This percentage rose to 20% of 16 to 19 year olds and 31% of 20 to 34 year olds.

Dr Nathanson said that the media are littered with images that link smoking with success and power, whether it is a newspaper photograph of a celebrity holding a cigarette or films such as *Independence Day*, in which actor Will Smith lights a cigar every time he kills an alien.

Research indicates that although young people take away positive messages about smoking when they see its portrayal in films, these are significantly diminished if the film is preceded by an anti-smoking advertisement.

The report also recommends a licensing system to restrict the number of shops allowed to sell tobacco. In addition, tobacco products should have plain packaging, with only the health warning visible, and be kept under the counter, it says. Vending machines should be banned, and minimum prices for cigarettes and other tobacco products should be set.

"We all have a role to play in protecting children and young people," said Dr Nathanson, "and the UK governments must act now to introduce policies that will limit young people's exposure to pro-smoking imagery, thereby helping to prevent a new generation falling victim to tobacco addiction."

Forever Cool: The Influence of Smoking Imagery on Young People can be seen at www.bma.org.uk.

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