

## In brief

**Terri Schiavo dies:** Terri Schiavo, who provoked fierce debate about end of life issues in the United States, died on 31 March in Florida, 13 days after her feeding tube was removed. A postmortem examination has been done in the presence of a certified neuropathologist to establish the degree of brain damage. The results will be reported soon.

**Claim for "price fixing" in NHS settled:** A settlement has been reached between the Department of Health and Ranbaxy in respect of claims for alleged "price fixing" of generic drugs supplied to the NHS between 1996 and 2000. Under the terms of the settlement, Ranbaxy have agreed to pay £4.5m (\$8.4m; a6.6m) in compensation.

**New curriculum for trainee doctors announced:** From August this year, newly qualified doctors will be able to enter the new two year foundation programme in the UK, which precedes entry into specialist or general practice training. Trainees will be given placements in a variety of specialties and will be expected to prove competency in a broad range of areas, including communication.

**More avian flu cases confirmed:** The World Health Organization has confirmed a family cluster of cases of H5N1 avian influenza in Vietnam's northern port city of Haiphong. All five, the 35 year old father, the 33 year old mother, and three daughters aged 13 years, 10 years, and 4 months were hospitalised on March 22 and remain under care. This brings to 33 the number of cases reported in Vietnam since mid-December 2004, of which 15 have died.

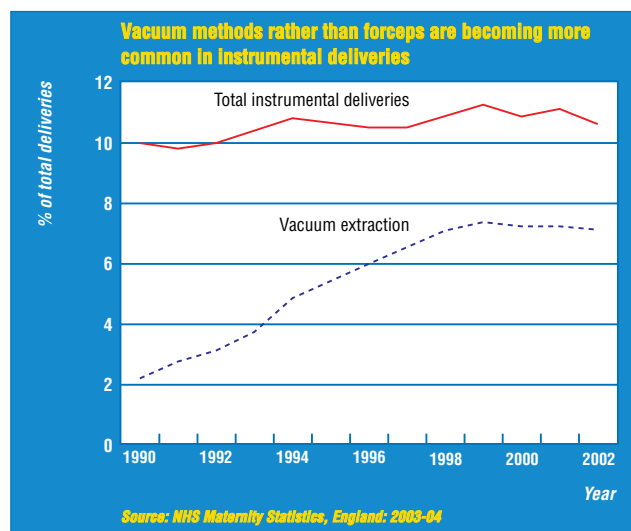
**Second wave of prison health services transferred:** Responsibility for the health services of 86 public sector prisons has been transferred to local primary care trusts in England, in a bid to improve the standard of health care for inmates. The move follows 34 similar transfers, which were completed last April.

## 23% of babies in England are delivered by caesarean section

Susan Mayor *London*

Rates of caesarean deliveries in England have increased slightly, according to figures published last week, which continued the long term trend of increasing medical intervention in child-birth. The *NHS Maternity Statistics, England: 2003-04*, based on hospital episode statistics, showed that the rate of caesarean sections increased slightly from 22.0% in 2002-3 to 22.7%. The total number of births also rose by 5% to 593 600 deliveries.

Just less than half the caesarean deliveries (9.6% of all births) were planned, an increase of 0.3% from the previous year; the remainder were emergencies. One in eight women (12%) had instrumental deliveries. Only 46% of the total, an increase of 5% from 2002-3, were considered normal deliveries, defined as occurring without surgical intervention, use of instruments, induction, epidural, or general anaesthetic.



The report noted that the proportion of women having a caesarean delivery had increased slowly from under 3% in the 1950s to 9% by 1980, and to 12% by 1990-1. The rate then increased more rapidly during the 1990s, reaching 22% by 2001-2 before rising slightly in the latest figures.

Malpresentation of the fetus accounted for about a quarter of planned caesarean sections and 10% of emergency caesarean procedures. Induction of labour, which occurred in a fifth of women, was also associated with an increased rate of caesarean deliveries. Nearly one in five women (19%) whose delivery was induced by drugs went on to have an emergency caesarean section. A further 14% of women whose labours were induced had instrumental deliveries. In contrast, three quarters of deliveries were spontaneous in women whose onset of labour was spontaneous, 11% were instrumental, and 11% were by emergency caesarean section.

Prolonged labour was also more likely to result in caesarean deliveries. Two thirds of women with prolonged first stage of labour had an emergency caesarean section, accounting for about 15% of all emergency caesarean deliveries. □

The report, *NHS Maternity Statistics, England: 2003-04* is available at [www.dh.gov.uk](http://www.dh.gov.uk).

## Government pledges £2.5m for academic medicine

Geoff Watts *London*

The UK government has promised an initial £2.5m (\$4.7m; €3.6m) in 2005-6 to begin the process of establishing a new integrated academic training programme. Health minister Lord Warner made the pledge in reaction to a report by the UK Clinical Research Collaboration (UKCRC) and the Department of Health's Modernising Medical Careers initiative.

The report aims to revitalise clinical academic medicine and to establish the United Kingdom as

the best place in the world to do medical research. Declaring that warning bells have been ringing for some time, the report identifies three main deterrents to a career in academic medicine: the lack of a satisfactory career structure, insufficient flexibility in the balance of clinical and academic training, and a shortage of properly supported posts.

The number of clinical academics in the UK has been in rapid decline, from 4000 in 2001 to 3500 today. In the same period, the number of clinical lecturers has fallen 30%. The report recommends tackling this decline by introducing changes at each stage of a clinician's academic career. This would begin at medical school with attempts to persuade students of the attractions of research and teaching. "One way of achieving this goal," the report argues, "is to make sure

that students are taught by leading clinical academics."

After a restructured two year foundation programme, specialist training should be revised to create an explicit academic pathway. Particular efforts should be made to develop programmes in those specialties that have had the most severe decline.

To accommodate the new generation of trained clinical academics emerging from these programmes, the report recommends a cohort of "new blood" senior lectureships. There should also be parity of pay between clinical academics and their NHS counterparts. (See p 810.) □

The report, *Medically and Dentally Qualified Academic Staff: Recommendations for Training the Researchers and Educators of the Future*, is available from [www.mmc.nhs.uk](http://www.mmc.nhs.uk).