

paid for the costs of her medical care SFr87 030 (£38 500; \$73 300; €56 300) herself. However her health insurer, Insalud, refused to reimburse her costs arguing that she needed prior authorisation for treatment outside the EU.

Ms Keller opened legal proceedings in Spain which were taken up after her death, in October 2001, by her family. The action was eventually referred to the EU's highest court in Luxembourg.

Judges ruled that Ms Keller had fully complied with all the required formalities and the European Court of Justice ordered the Spanish social security authorities to reimburse the cost of Ms Keller's treatment to her heirs.

Rory Watson *Brussels*

## Vitamin E doesn't slow progression to Alzheimer's disease

Vitamin E, a widely used early intervention for Alzheimer's disease, had no effect on 769 patients with mild cognitive impairment enrolled in a three year randomised placebo controlled double blind study published online on 13 April by the *New England Journal of Medicine* ([www.nejm.org](http://www.nejm.org), doi: 10.1056/NEJMoa050151).

The study also showed that although donepezil (Aricept) showed no slowing of the rate of progression of the disease after three years compared with placebo, the drug was associated with a lower rate of progression during the first 12 months of treatment. Patients with an apolipoprotein E allele, which is a risk factor for Alzheimer's disease, showed a significant effect at one, two, and three years.

Results of the study and an accompanying editorial by Deborah Blacker of Massachusetts General Hospital and Harvard University (doi: 10.1056/NEJMe058086) were given early release to coincide with presentation at the American Academy of Neurology meeting in Miami, Florida. They will appear in the journal on 9 June.

Dr Blacker said that the biggest news is the disappointing lack of efficacy of vitamin E, but the news about donepezil "does leave us with some hope."

David Spurgeon *Quebec*

## Research councils' requirements could bankrupt academic journals

Journal publishers are concerned that a new proposal that requires all researchers who receive public research funding to post their results on publicly accessible electronic databases will lead to the financial collapse of many academic journals.

The proposal is in a consultation document from the Research Councils UK, which represents the eight research councils in the United Kingdom, including the Medical Research Council.

To achieve its objectives the research councils would require any researcher awarded a grant from 1 October 2005 to deposit any resulting journal article or conference "in an appropriate e-print repository (either institutional or subject-based), wherever such a repository is available to the award-holder."

This would mean that universities and other research institutions would each have an electronic archive of all research done by its staff.

Sally Morris, chief executive of the Association of Learned and Professional Society Publishers, added, "The problem is that, particularly for journals with relatively infrequent publication, or in slower moving fields, the free availability of content... after a short period may be sufficient to persuade cash strapped librarians that they can economise on those subscriptions. Of course, if the content is made free immediately on publication the threat is even greater."

The Research Councils UK said that it was unable to comment on the concerns of publishers until its consultation was complete.

Susan Mayor *London*

The Research Councils UK's statement is available at [www.rcuk.ac.uk](http://www.rcuk.ac.uk).

## Developed world is robbing African countries of health staff

Rebecca Coombes *London*

Entire African countries are being left with less than 500 doctors each because of the ongoing "brain drain" of healthcare staff to the developed world. Developed countries find it cheaper to recruit from abroad than to train enough of their own citizens, delegates were told at a BMA conference last week.

The meeting of delegates from the United States, Canada, Africa, the Commonwealth, and the United Kingdom was convened to discuss the growing crisis in developing countries caused by the escalating migration of doctors and nurses.

James Johnson, chairman of BMA council, criticised developed nations for failing to make adequate provision for their own needs: "The number of healthcare workers in many African countries is actually shrinking. The effect of this brain drain on the health of those in developing countries is incalculable and catastrophic. There is literally in some parts of these countries no health care of any sort."

Ghana, with a population of 20 million, has only 1500 doctors, and more than two thirds of young Ghanaian doctors leave the country within three years of graduation. In Mozambique, a nation of similar size, there are just 500 doctors.

Mandela Thyoka, a specialist registrar in general surgery at the Aberdeen Royal Infirmary, but originally from Malawi, told the conference that there were just 350 doctors in his home country, which has a population of 12 million. Malawi's one medical school has managed to train 203 doctors since it opened 12 years ago. Now 100 are abroad in postgraduate training. Mortality for children younger than 5 years is 250 per 1000. "I trained in Aberdeen. This temporary migration is welcome for people

of Malawi. In the long term I will be able to help the people of Malawi. But most people stay permanently," said Dr Thyoka.

The US, the UK, and Canada have recruited widely in the developing world. The conference heard that although the UK has at least recognised the problem, the US government does not even have a policy on overseas recruitment.

Richard Cooper, of the Health Policy Institute at the Medical College of Wisconsin, said that demand for doctors and nurses from abroad was set to rise. He said that the problem was "not even on the radar screen" in the US, even though it employs almost half of all English speaking doctors and nurses in the world. As many as 22% of doctors in the US, a total of 170 000, were born and trained abroad.

Linda Aiken, director of the Center for Health Outcomes and Policy Research at the University of Pennsylvania School of Nursing, said that there was booming demand for nurses in the US. But nursing schools turned away 150 000 Americans last year because they did not have the capacity to educate them. "We can solve the shortage problem in the US... but there is not the political will." □



Mozambique has only 500 doctors for a population of about 20m, yet developed countries are happy to recruit its doctors