

## bmj.com news roundup

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### Antiviral drug in poultry is blamed for drug resistant avian flu

China's Ministry of Agriculture has denied accusations that it approved the use of the human antiviral drug amantadine to prevent avian influenza in poultry. Its widespread use by Chinese farmers is now being blamed for producing strains of avian flu that are resistant to the drug.

A report by the *Washington Post* (18 June, p A01) said that Chinese farmers had been using amantadine since the late 1990s, a practice encouraged by government officials. The Ministry of Agriculture has strongly denied the allegations.

The *Washington Post* story reported officials of the Chinese pharmaceutical industry as saying that the Ministry of Agriculture had approved the production and sale of the drug for use in chickens. "Amantadine is widely used in the entire country. Many pharmaceutical factories around China produce amantadine and farmers can easily buy it in veterinary medicine stores," Zhang Libin, head of the veterinary medicine division of the Northeast General Pharmaceutical Factory in Shenyang, was reported as saying.

The H5N1 virus is now resistant to both amantadine and its sister drug rimantadine. The remaining treatments are oseltamivir and zanamivir, which are both prohibitively expensive.

Recent studies by WHO reference laboratories indicate that amantadine resistance has been steadily increasing worldwide, but it is well above the current average in China.

Jane Parry *Hong Kong*

### Cancer guidelines aim to cut variable referral times

The National Institute for Health and Clinical Excellence (NICE) has issued new guidelines for GPs on referring patients suspected of having the most common cancers in England and Wales, in a bid to ensure a



### Tobacco industry deliberately targets youth in Taiwan

Foreign tobacco companies have deliberately targeted young people in Taiwan, a study in *Tobacco Control* has found (2005;14:38-44).

The authors looked at trends in cigarette sales, advertising expenditure, and tobacco industry documents in the wake of the opening up of the cigarette market to western companies in 1987.

Within five years, the amount spent on advertising by foreign tobacco companies increased almost fivefold (by 451%), say the researchers from the National Health Research Institutes in Taiwan.

In the first five years after the market was opened to Western companies, the prevalence of smoking in young adults aged 18 to 24 increased from 36% to 42%.

The corporate plan of Philip Morris Taiwan repeatedly emphasised the need to place business priority on young and new smokers. Industry documents reveal that a manager in Taiwan said "Starters... are a very important source of (our) import development." The authors say "Targeting starters (new smokers) would be tantamount to targeting youth, as two thirds of new smokers were underage youth in Taiwan."

Foreign tobacco companies should be required to reimburse the higher health expenditures through increased tariffs levied on their products, say the researchers, while those unwilling to do so should be asked to leave Taiwan's market.

Roger Dobson *Abergavenny*

consistent approach to diagnosis and treatment.

The guidelines update previous recommendations from the Department of Health published in 2000, taking account of new published evidence.

They list symptoms that should alert GPs as to how quickly they need to refer patients. Recommendations are graded according to the evidence on which they are based.

The guidance also includes the support that primary care staff should offer to people suspected of having the disease.

Although deaths from some cancers are falling, nearly 140 000 people died from cancer in England and Wales in 2003.

And a recent National Audit Office report found that patients in England with cancer of the breast or bowel, older people, and those from deprived areas were more likely to have more advanced cancer at diagnosis.

The government has set a target to cut cancer deaths in people under 75 by 20% by 2010. Professor Mike Richards, NHS national cancer director, said that while progress had been made, "for some cancers, survival rates in the UK have compared unfavourably with those in other countries."

Zosia Kmietowicz *London*

*Referral Guidelines for Suspected Cancer* are available at [www.nice.org.uk](http://www.nice.org.uk).

### One in three NHS trusts face cash shortfall

The increasingly market oriented nature of the NHS reform programme is placing a growing number of trusts at financial risk, warns a joint examination of NHS financial management by the public spending watchdogs, the National Audit Office and the Audit Commission.

The report says that almost a third of NHS bodies—189 individual organisations—face cash problems this financial year (2004-5), which is almost double the previous year's figure of 18%. The accounts show that 12 NHS trusts overspent by more than £5m in 2003-4.

The Department of Health confirmed that the NHS is heading for its first deficit, of £140m (\$260m; €210m), for several years.

Payment by results and increased use of the independent sector threaten the financial stability of trusts, while information and technology programmes and new employment contracts will add to the pressures.

NHS trusts need to boost their financial management and forecasting skills considerably, warned John Bourn, head of the National Audit Office. "In the worst case scenario we will have another five years of just managing to keep the show on the road before the whole carriage goes into the ditch," he said.

Andrew Cole *London*

*Financial Management in the NHS. Summarised Accounts 2003-04* is available at [www.nao.org.uk](http://www.nao.org.uk).

### AIDS campaign will miss end of year target

The goal of providing antiretroviral treatment to three million people living with HIV/AIDS in low and middle income countries by the end of 2005 is unlikely to be met, says an interim report from World Health Organization and UNAIDS.

It estimates that a million people are currently receiving

the treatment, although an estimated 6.5 million people worldwide would benefit from it.

Latin America and the Caribbean have 62% of the estimated 465 000 people who would benefit already receiving treatment; followed by East, South, and South East Asia (14% of 1.1 million); Europe and Central Asia (13% of 160 000); sub-Saharan Africa (11% of 4.7m); and North Africa and the Middle East (5% of 75 000).

The heaviest burden of disease is in sub-Saharan Africa, where half a million people are now receiving treatment, a threefold increase in the past 12 months.

"We are going to get to three million, though it will take a little longer than we had wanted," Jim Yong Kim, director of the WHO Department of HIV/AIDS, said in an interview.

Bob Roehr *Washington*

*Progress on Global Access to HIV Antiretroviral Therapy: An Update on "3 by 5" is available at [www.who.int/3by5](http://www.who.int/3by5).*

## Poor countries may not benefit from GM food

Genetically modified foods can help to combat hunger and malnutrition in the developing world, but market forces mean that developing countries risk missing out on the huge health benefits, argues a report from the World Health Organization.

It warns that the concentration of research in the private sector means that companies are unlikely to tailor products to the needs of poorer countries if they anticipate little financial return. And poor countries may not have the infrastructure needed to assess new products for health and safety, says the report.

Genetically modified crops have been on the market since the mid-1990s, and now cover an estimated 4% of global arable land. Crops farmed include soybeans, maize, rape, and cotton.

WHO hopes that genetically modified crops, including those with added pest and weed resistance, will not only reduce environmental damage, but help provide new sources of food for

the developing world. If population predictions for the next 25 years are correct, grain production will need to increase by 26 million tonnes a year, it says.

Madeleine Brettingham *London*

*Modern Food Biotechnology, Human Health and Development: an Evidence-Based Study is at [www.who.int/en](http://www.who.int/en).*

## Handling of complaints must improve in trusts

The UK Healthcare Commission has warned NHS trusts that they must improve their handling of patients' complaints. Since the commission took over the independent second stage of the complaints process last August, the number of unresolved complaints has trebled from less than 3000 a year under the old system to an estimated 9000-10 000 this year.

A progress report says that in its first 10 months the commission received nearly 7000 requests to review complaints, of which only 2164 have so far been resolved. More than a quarter of these complaints were sent back to NHS trusts because the investigators did not feel that enough had been done to resolve the issue at local level.

Most complaints were about poor communication, poor clinical practice, an unsatisfactory patient experience, poor staff attitude, and poor complaints handling. Case managers also highlighted a substantial number of complaints about poor handling of bereavement and patients being removed from GPs' lists.

Complaints about communications, staff attitudes, and the patient's experience amounted to 40-50% of all the cases they were seeing—more than for patient and clinical safety. About 60% of all unresolved complaints come from the acute sector and 15% from primary care providers.

Marcia Fry, the commission's head of operational development, warned: "...if the situation doesn't improve, trusts will feel the effect in their annual rating."

Andrew Cole *London*

The report is available at [www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk).

## American Medical Association fights pharmacists who won't dispense contraceptives

Janice Hopkins Tanne *New York*

A battle is looming in the United States between doctors and the pharmacists who refuse to fill prescriptions for emergency contraception, birth control pills, and other drugs on grounds of conscience. "The [American Medical Association] has called for a meeting with pharmacists and others to get a national consensus about how this problem is to be handled," Peter Carmel, a paediatric neurosurgeon at the University of Medicine and Dentistry of New Jersey and a trustee of the association, told the *BMJ*.

"This is a problem of some urgency. We are all upset when our patients can't get a legal prescription filled," he said. In some states, he said, a substantial minority of pharmacists—perhaps even as many as half—are refusing to fill emergency contraception prescriptions. The "conscience clause" arose to protect health workers who did not want to be involved in abortion when the *Roe v Wade* decision made abortion legal in 1973.

Initially, a few pharmacists refused to provide emergency contraception because they believed that it was an abortifacient, but now their number has grown. Some have also refused to fill prescriptions for birth control pills and psychotropic and pain relief drugs (*BMJ* 2005;330:983).

The association's House of Delegates meeting in Chicago on 21 June voted to support legislation requiring pharmacists or pharmacy chains to fill valid prescriptions or immediately refer the patient to a pharmacy that would and to work with state medical societies to protect patients' rights. They also voted to enter discussions with representatives from all the relevant stakeholder bodies, in a bid to guarantee the filling of prescriptions.

As a last resort, the House of Delegates voted to seek state legislation to allow physicians to dispense drugs to their own patients when there is no pharmacist within 30 miles (48 km) who will.

William Golden, an internist and delegate of the American



KEVIN FEWREX

College of Physicians, said at the June meeting that pharmacists' refusals were "a growing problem," with many patients affected. The college, along with the American Academy of Family Physicians and the American College of Obstetricians and Gynecologists, supports the American Medical Association's position. The House of Delegates includes representatives from most specialty and subspecialty medical groups.

The American Pharmacists Association says that pharmacists should not have "to engage in activity to which they object," but arrangements should be made to handle the situation before a patient presents a prescription.

The conscience clause had also spread to hospital workers who refuse to clean surgical instruments or handle paperwork tied to abortion as well as police officers refusing to protect reproductive health clinics, according to the US Alan Guttmacher Institute, a non-profit organisation concerned with sexual and reproductive health. □