

Doctors complain about treatment of asylum seekers in Britain

Christina Bunce, *Cornwall*

Doctors and human rights activists have stepped up pressure on the British government to change its policy of incarcerating asylum seekers in prisons alongside criminals. The move follows the month long hunger strike by refugees detained at Rochester prison in Kent.

The BMA has written to the home secretary, Michael Howard, objecting in the "strongest possible terms" to the "inhumane" practice of holding refugees in prison while their applications to remain in Britain are processed. The association says that prison is an inappropriate place to detain people who are neither convicted nor suspected of criminal offences.

The BMA council chairman, Dr Sandy Macara, says in the letter that detention in a penal institution is likely seriously to affect the long term mental health of refugees who may already be deeply traumatised by torture and harassment in their country of origin.

The letter also points out that the physical effects of hunger strike, including neurological and kidney damage, may be irreversible. "The BMA would like to know what steps are being taken to prevent such damage by dealing with the issues against which they [the hunger strikers]

are protesting," it says.

Up to 48 of the 180 detainees at Rochester prison in Kent started a hunger strike on 6 January in protest at the way that their applications for asylum are being processed. At the time of going to press, 14 were still refusing food and one was also refusing fluids. At least two people had received emergency rehydration treatment at Medway Hospital in Kent, while six were being treated in the prison's medical wing.

BMA spokeswoman Dr Vivienne Nathanson called on the government to comply with the 1994 recommendations of the European Committee for Prevention of Torture and Inhuman or Degrading Treatment or Punishment, which urged the British government to stop detaining asylum seekers in penal institutions.

"These people come here as refugees because they have been subjected to inhumane treatment in their own country. They are already damaged individuals, and it makes no sense to damage them any more," she said. "If you have to detain anyone seeking political asylum, then there should be some kind of special facility that is unique and tailored to the needs of refugees rather than criminals."

In all, 44 000 applications for



Protesters demonstrate against Britain's policy on asylum seekers

refugee status are currently under consideration by the Home Office, and 754 of the people concerned are held in prison or detention centres. There is no official limit on the length of time that they can be detained. Support organisations claim that applications often take two years to process, and at least one detainee has so far waited three years.

The director of the Medical Foundation for the Care of Victims of Torture, Helen Bamber, said that the government should at least provide imprisoned asylum seekers with a written explanation of the reasons for their detention, which should

then be independently reviewed at regular intervals. "Our detained clients are under enormous stress—several have tried to commit suicide and a few have succeeded. Some have said that detention in Britain is as much of an ordeal as their previous experiences," she said.

A Home Office spokesman said that it could not intervene as no one has the power to force feed people who have consciously decided to refuse food. Last week Michael Howard said that Britain's immigration rules, including its policy on asylum seekers, had contributed to the view that Britain's race relations were "the envy of the Western world." □

Shackling of prisoners denounced

Jessica Westall,
Clegg scholar, BMJ

The head of the British prison service has said that shackling of prisoners in hospital should not occur. This follows the inquiry

into the case of 25 year old prisoner Geoffrey Thomas, who died in January of cancer while chained to his hospice bed.

Richard Tilt, director general of the prison service, apologised to Mr Thomas's mother about the additional suffering endured by her son. He said: "I am determined that we should learn the lessons of this case, and I have today issued new instructions to all governors making it crystal clear what I expect when they

and their staff are called upon to deal with sensitive situations like this. Security is important, but it should never blind us to the overriding need for compassion and humanity."

The new guidelines are intended to clarify when restraints should be used. They state that inmates should not be chained to furniture and that cuffs to prison officers should be removed if requested by a doctor or senior nurse.

Restraints may be removed if they are causing pain or discomfort and if they are interfering with the examination or treatment. However, requests for high security "category A" patients to be unshackled will need to be referred to the prison governor.

After last year's outcry about shackling women prisoners in labour to their beds, the new guidelines state that this practice should not occur. □

In brief

High rate of hospital errors found:

Research in two surgical intensive care units and a surgical ward of a large hospital in the United States found that errors occurred in the care of more than 45% of patients. Of these, 17.7% of patients had serious consequences ranging from temporary physical disability to death (*Lancet* 1997;349:309-13).

Pill use increases in Holland:

The Dutch central bureau of statistics reports that 45% of fertile woman aged between 16 and 49 use the contraceptive pill. Use increased from 27 per 100 women in 1981 but dropped slightly in 1995 because of safety fears.

Immunotherapy does not benefit asthmatic children:

A double blind placebo controlled trial of multiple allergen immunotherapy in 121 allergic children with severe asthma found no benefit over two years (*New England Journal of Medicine* 1997;336:324-31).

Polio campaign hits Asia: More than 250 million children under 5 have been immunised against polio in Asia in the past two months. The Indian subcontinent has up to three quarters of the global incidence of the disease.

First countries certified free of guinea worm disease:

The World Health Organisation has certified Pakistan, Iran, and 19 other countries as being free of dracunculiasis, a debilitating parasitic disease. Part of the eradication campaign entailed offering cash rewards to find any remaining cases.

Lawyer appointed to represent fetus:

A New Jersey judge has ruled that the unborn child of a female prisoner who is seeking an abortion must have legal representation. The decision will rekindle the debate about the legal rights of the fetus.

Gene therapy for Parkinson's disease holds promise:

Early experimental results show that rats given gene therapy showed a sharply reduced level of neuronal loss compared to those that did not receive the treatment (*Science* 1997;275:838-41).

Changes to mental health care proposed

John Warden, *parliamentary correspondent, BMJ*

Britain this week began a search for better ways to treat mental illness in the community with the publication of a green paper, *Developing Partnerships in Mental Health*. Recent homicides committed by people with mental illness have both raised public concern and exposed shortcomings in the present system of care in the community.

The government, while not abandoning the concept of care in the community, has now put forward four options to be considered by a new administration after the coming general election. Comments on the document are sought by 9 May, which will be after a new government is elected.

The four options, which would remove the division

between health and social care for adults with severe mental illness, are:

- The formation of a new mental health and social care authority, accountable directly to the health secretary and using ring fenced government funds. It would be neither a health nor a local authority but would need to work in association with both. The new type of authority would cover populations of between one and four million people

- The designation of either health authorities or local authorities as a single agency for mental health and social care. Health authorities are the most likely choice as they spend more on mental health care

- The establishment of a joint body by health and local authorities to provide services. It could cover the area of more than one present authority

- The delegation of particular functions or responsibilities by health and local authorities to each other. For example, a health authority may decide to delegate the purchasing of men-

tal health services to a local authority, accompanied by the necessary funds.

The government says that it is open minded about which, if any, option should be adopted. Retaining the present framework, with minor changes, remains an option, although existing structures may present barriers to progress.

The aim is to deliver mental health and social services that are seamless and effective. But before embarking on structural change, the government says that it would need to be convinced that the effort and cost required were justified.

Health minister Stephen Dorrell said: "Some health authorities and local authorities are already working successfully together. But there continue to be too many cases where cooperation between health and social services is not sufficiently close to deliver high quality mental health care." He added: "Successful joint working is often crucial to deliver high quality mental health care." □

FDA claims legal basis for tobacco control

Jacqui Wise, *BMJ*

The United States Food and Drug Administration (FDA) has defended its moves to control tobacco, saying that it has the legal and scientific backing to do so.

The outgoing FDA commissioner, David Kessler, and his colleagues write in *JAMA* that cigarettes and smokeless tobacco are subject to FDA jurisdiction because they contain a "drug" (nicotine) and a "device" for delivering this drug to the body (*JAMA* 1997;277:405-9).

Under the Federal Food, Drug and Cosmetic Act a product is a drug or device subject to FDA jurisdiction if it is "intended to affect the structure or any function of the body." When the FDA last considered the issue it decided that there was not enough evidence that cigarettes fell into that category.

However, since then a scientific consensus has emerged that nicotine in cigarettes and

smokeless tobacco causes and sustains addiction. Thousands of pages of internal documents from tobacco companies have also been disclosed, revealing that the companies know that nicotine causes significant pharmacological effects including addiction and that they have designed their products to provide pharmacologically active doses of nicotine.

The authors cite the surgeon general's report showing that nicotine exerts psychoactive or

mood altering effects on the brain that motivate repeated, compulsive use. Under some circumstances and doses it has either a sedating or tranquillising effect or a stimulating or arousal inducing effect on mood and brain activity, and it also affects body weight.

The FDA's two and a half year investigation of tobacco finally resulted in restrictions on the sale and promotion of cigarettes and smokeless tobacco on 28 August 1996. □



Nicotine exerts mood altering effects on the brain

DOO MILLER/NETWORK

Confusion reigns over official health statistics

Zosia Kmietowicz, *London*

The explanation given for the mix up over figures released last week on NHS spending has left statisticians puzzled and confused.

On 30 January the Office for National Statistics withdrew from sale the latest edition of *Social Trends* after claiming that a chart which showed that government spending on the NHS had fallen by £1bn (\$1.5bn) over three years in real terms was a mistake.

The figures ran contrary to ministers repeated declarations that NHS spending under the Conservative government has increased year on year.

Within 24 hours of the "error" having been spotted, the Office for National Statistics issued an amended version of the chart showing that government spending has risen consistently. The move prompted the *Guardian* newspaper to call for a statistics office that is completely independent of ministers.

Dr Tim Holt, director of the Office for National Statistics, said that his department had used incorrect figures when compiling the chart. "Cash spending on the NHS needs to

be adjusted for inflation to allow real comparisons to be made over time. An error in the calculations was made, which meant that the figures were meaningless."

However, Professor Adrian Smith, president of the Royal Statistical Society, believes that both sets of figures are valuable. The first set, showing a decrease in spending, had been adjusted for inflation and growth in the economy, while the second set had been adjusted only for inflation—and both made sense if presented in context.

"I was a bit puzzled and am not sure that the explanation added up," said John Appleby, senior lecturer in health economics at the University of East Anglia. "Compiling these figures annually one would assume there was a fairly standard procedure from which it would be difficult to deviate," he added.

A spokesperson for the Radical Statistics Health Group commented: "Had the figures been the other way round and the chart showed an increase in expenditure I do not think there would have been this enormous rush to correct it." (See p 400)

Health findings in *Social Trends*

- A baby boy can expect to live for 74 years while a baby girl can expect to live until she is 80, according to projected death rates
- Healthy life expectancy fell slightly from 59.9 to 59.7 years for men and 63 to 61.9 years for women between 1991 and 1992
- Only 9% of GP consultations now occur in patients' homes compared with 22% in 1971
- Death rates from heart disease fell by almost half between 1972 and 1995 for men aged under 65 years in the United Kingdom
- In 1994 over three fifths of men and just under a half of women aged 16 years and over in England were overweight or obese
- Lung cancer is the most common cancer among men; three times as many men are likely to develop lung cancer as women



The government hopes to restore public confidence in meat

Government proposes food safety adviser

John Warden, *parliamentary correspondent, BMJ*

Alternative systems for controlling food hygiene have been proposed for Britain, depending on who wins the coming general election. The Conservative and Labour parties have different methods for restoring public confidence in meat and other foods in the aftermath of the recent food scares concerning bovine spongiform encephalopathy and *Escherichia coli*.

The Conservative government announced last week that if re-elected it will appoint an independent food safety adviser, with a status analogous to the chief medical officer, to chair a new food safety council. Labour's alternative is to set up a free standing food standards agency to advise ministers and "ensure high standards of food safety and quality."

The minister for agriculture, fisheries and food, Douglas Hogg, admits that the public has become sceptical about what ministers say on food safety. The new proposal is to separate functions so that while ministers formulate and implement policy an authoritative and prestigious adviser would take an independent and possibly critical stance so as to bring about a high degree of public reassurance.

"We are creating a rod for our own back," the minister said.

In the Commons Mr Hogg criticised Labour's agency plan as flawed. An executive agency would have responsibility not just for implementing policy but for defending it. There would thus be an incentive for it to justify whatever it had done.

Labour's Dr Gavin Strang said that the government's proposal was inadequate. A food safety adviser and part-time council would command neither the resources nor the authority to tackle the problems of food safety.

Although no further action on either proposal will be taken before the election, the government has formally appointed the chief medical officer, Sir Kenneth Calman, as adviser to the Ministry of Agriculture, Fisheries and Food on public health matters. This formalises a practice that has applied for many years.

The proposed food safety adviser, a scientist, would report jointly to the Department of Health and the Scottish and Welsh Offices, with the ministry of agriculture taking the lead. Unlike the chief medical officer the adviser would not be a civil servant and would be free to criticise government policy.

The Conservatives do not plan to remove responsibility for food hygiene from agriculture to health, despite allegations of collusion with producers. The reason is that farmers are the first link in the food chain and should participate closely in food safety. □

South African court rules against rationing decision

Pat Sidley, *Johannesburg*

South Africa's Supreme Court has come to the rescue of a patient receiving dialysis who was denied treatment by a large state hospital in Durban, South Africa.

The section of law used by the patient is enshrined in South Africa's new democratic constitution and guarantees a "right to life" for all South Africans. The decision sends a worrying signal to hospital administrators rationing health care in their cash strapped institutions.

The patient, Stephen Bock, aged 31, was refused treatment by Addington Hospital after he had altered his treatment following a kidney transplant operation. He had cut back on his antirejection drug treatment without his doctors' authorisation in the hope of reducing the side effects. Because he feared losing his job he had also missed visits to the transplant clinic at the hospital.

As a result of this, the trans-

planted kidney was removed and the hospital decided that it would no longer allow him to use its dialysis equipment—a resource needed by others who had complied with their treatment. His parents had then tried to pay for dialysis at a private hospital but had run out of money.

Mr Bock then applied to court to force the hospital to reinstate his treatment. He told the court that his behaviour had been "due to immaturity, lack of insight and, with the benefit of hindsight, just plain stupidity on my part. I reduced the intake, which resulted in a significant improvement to the skin and cyst problem, and I felt well." He added: "I simply did not appre-

ciate the life threatening consequences of my childish actions."

He said that he was frustrated by long waiting periods at the hospital and by seeing many different doctors.

The Supreme Court granted his application for an urgent interdict, which will force the hospital to treat him for the next month. The court will, however, then hear further argument and decide the issue in a month. The decision, whichever way it goes, is likely to go to appeal and could eventually be the subject of a decision by the Constitutional Court. Either way it is a signal that rationing decisions are increasingly likely to be contested through the courts. □

US recommends screening for colon cancer

Fred B Charatan, *Florida*

The American Gastroenterological Association has recommended that everyone over 50 should have an annual faecal blood test to detect colorectal cancer as early as possible. Faecal blood tests can be bought at pharmacies in the United States without a prescription for \$5 (£3.50), and these are then sent off to a designated laboratory for analysis.

The American Cancer Society estimates that 133 500 people in the United States developed new cases of colorectal cancer in 1996, with 94% of all cases occurring in people over 50. Early detection could reduce deaths from colorectal cancer by about a third, making the test about as effective as mammography is for breast cancer.

The new guidelines, drawn up by an expert group of the American Gastroenterological Association, advises that symptom free people over 50 who have no other risk factors should have the annual faecal blood test. The guidelines, which have been endorsed by the American Cancer Society and seven other medical groups, also recommend a sigmoidoscopy every five years, a barium enema every five to 10 years, and a colonoscopy every 10 years.

For those at higher risk—for

example, those with a close relative with colorectal cancer or an adenomatous polyp—annual faecal blood testing should start at 40, together with more frequent colon examinations.

The association warns that a positive faecal blood test simply indicates bleeding within the bowel requiring further investigation and that a negative test does not necessarily rule out cancer. A false positive result can also result if the diet is not free from red meat for a few days before the test.

Some managed care companies already cover these routine cancer examinations, but Medicare, the federal healthcare system for elderly people, will pay only if the patient has symptoms of cancer. US President Bill Clinton will ask Congress for Medicare financing for routine colorectal tests in his 1998 budget.

Michael Farthing, professor of gastroenterology at St Bartholomew's hospital in London said that although faecal occult blood tests are inexpensive they are non-specific and result in many false positives. "The problem is not the expense of occult blood testing itself, but that of subsequent colonoscopic investigation estimated to cost up to \$1000 (£650)." He added: "The problem of false positives will almost certainly be reduced somewhat following the introduction of new screening regimens but, even so, any nationwide screening programme will require massive investment in new endoscopy and radiology resources." □



Sickle cell disease affects 9000 people in London

Sickle cell disease is poorly managed

Jessica Westall, *Clegg scholar, BMJ*

Sickle cell disease is on the increase and is not being adequately dealt with, according to a report from St Thomas's Hospital in London. It says that the true size of the problem needs to be recognised to improve the services available to patients.

The report estimates that 9000 people in London have the disease, making it more common than cystic fibrosis. Two thirds of the affected population in the United Kingdom live in London, yet the report found a lack of knowledge and understanding of the disease by teachers, health professionals, and local authority staff.

Patients thought that health authorities concentrated on the management of the acute painful episodes and neglected the wider problems caused by the chronic nature of the illness. They felt dissatisfied with the lack of understanding of their special housing and educational needs. The report suggested that local authority staff and teachers could be trained to be aware of sickle cell disease and understand that crises require time away from school and work and necessitate warm, easily accessible housing. Above all, it emphasised the importance of good communication and coordination of services.

Dr Alison Streetly, a report author and a senior lecturer in public health, said that there needed to be specific training programmes for GPs to enable some pain management to be dealt with in the community. □

Italians ban Hib vaccine in BSE scare

Kwame McKenzie, *Brussels*

The Italian ministry of health has suspended the use and marketing of a vaccine against *Haemophilus influenzae* type b (Hib) because of fears that it could transmit bovine spongiform encephalopathy (BSE) to humans.

The police were called in to seize batches of HibTITER from the Italian outlets of the US manufacturer Wyeth-Lederle on 17 January. The vaccine was used in the Italian national vaccination programme, but the use of bovine heart-brain infusion agar to promote bacterial growth early in the manufacturing process has worried the Commissione Unica per il Farmaco, which is part of the ministry of health.

Last year the ministry was given new powers to minimise the risk of transmission of BSE

to humans after the possibility of a link between BSE and the new form of Creutzfeldt-Jakob disease was raised. It has subsequently closely monitored the manufacturing processes of all drugs and vaccines used in Italy.

Don Barret, a spokesman for Wyeth in the United Kingdom, said: "We are aghast, we do not know why the Italian government has taken this action. There is no scientific basis for it. We strongly disagree and remain thoroughly convinced of the safety of our product."

The European Agency for the Evaluation of Medicinal Products, the key advisory body overseeing safety of medicinal products for the European Union, discussed the issue on 22 January. Its Committee for Proprietary Medicinal Products (CPMP) concluded that it "remains confident about the safety of HibTITER and is reassured that the manufacturing process complies with all relevant CPMP guidelines on prevention of the risk of transmission of animal spongi-

form encephalopathy."

The committee said that careful examination of materials used in the manufacture of vaccines was carried out, including a review of the sources of bovine material, before the vaccine was licensed. Bovine material was used only in the first step of the manufacturing process and was not an ingredient in the finished product. The bovine material came from herds in countries free of BSE such as Australia and the US. There had been no breeding from outside the herds, and the material was obtained under veterinary supervision.

The Italian ministry of health said that there was little or no risk to the public and that people who had received the vaccine should not worry, but that under Italian law even the remotest risk of transmission of BSE was a reason to act. The ministry added that there was another Hib vaccine which was not made using bovine heart-brain infusion and that it would be used in the national vaccination programme. □

France to investigate leukaemia near nuclear plant

Alexander Dorozynski, *Paris*

The French government has set up a special committee to investigate the possible link between childhood leukaemia and exposure to ionising radiation near a nuclear reprocessing plant in France.

The move follows a study published recently in the *BMJ* by Professor Jean-François Viel and Dr Dominique Pobel that linked the incidence of leukaemia among young people to radioactive waste from the reprocessing plant of La Hague (*BMJ* 1997;314:101-6).

The report received widespread coverage in the French press, including strong criticism from Dr Jacqueline Clavel of the French national institute of health and medical research (INSERM).

However, Corinne Lepage, minister for the environment, promptly decided the possible link deserved further investigation and set up the special committee with Hervé Gaymard, secretary of state for health. The committee is to be headed by Professor Charles Souleau, dean of the faculty of pharmacy of Châtenay-Malabry near Paris, who is also president of the environmental section of the French superior council of public hygiene.

Other members are Professor Guy Leverger, a paediatrician at the Trousseau Hospital in Paris and a specialist in childhood leukaemia; Dr Sylvie Médina of the regional health observatory for central France; and Professor Viel, professor of biostatistics and epidemiology at the faculty of medicine in Besançon and coauthor of the *BMJ*'s original report. The committee will also include representatives from INSERM, a representative from the national centre for scientific research, a representative from the institutes of nuclear protection and safety, and two foreign epidemiologists, who have not yet been named.

The results of the study are expected next June and will be made public. □

Evidence supports earlier use of intravenous salbutamol

Susan Mayor, *London*

Intravenous salbutamol should be used earlier in children with acute severe asthma, say researchers who have found that it cuts recovery time by two thirds compared with nebulised salbutamol.

Fifty children admitted to the emergency department of Westmead Hospital in Sydney, Australia, were treated with nebulised salbutamol after

assessment. If their condition did not improve they were given nebulised salbutamol, oxygen, and intravenous hydrocortisone. The children were then randomly allocated intravenous salbutamol or intravenous saline. Recovery time—time to the end of nebulised salbutamol every 30 minutes—was four hours in the 14 children given intravenous salbutamol, which was

significantly quicker than in the control group (11.5 hours). Children treated with intravenous salbutamol were also discharged nearly 10 hours earlier (*Lancet* 1997;349:301-5).

Dr Gary Browne from the emergency department at the Royal Alexandra Hospital for Children in Westmead, Australia, suggested: "Adding a 10 minute infusion of salbutamol in the early treatment of children with acute severe asthma has the potential to curtail the clinical progression of asthma and improve the quality of care provided." Dr Browne argued that using inhaled drugs in acute asthma is unlikely to achieve good penetration of the small airways because of the airways obstruction. "Administration of the drug via the blood stream, intravenously, is the natural answer," he suggested.

Dr David Heaf, consultant respiratory paediatrician at Alder Hey Children's Hospital in Liverpool and convenor of the British Paediatric Respiratory Society, agreed: "We have been looking for a better way to manage acute asthma in children. I would like to see a larger study on the earlier use of intravenous salbutamol, but results so far look good." □



Intravenous salbutamol may be better than nebulised therapy

Care of Dutch mentally ill prisoners criticised

Tony Sheldon, *Utrecht*

Urgent action is needed to ensure the care of mentally disturbed prisoners, recommends a joint report for the Dutch ministries of health and justice. It says that more secure beds within mental health services are needed before the summer.

The hard hitting report by a group of experts in forensic psychiatry warns of both a substantial increase in the numbers of mentally disturbed prisoners and an increase in the severity of their psychiatric complaints.

It says special skills and a higher level of care are required which cannot always be provided within the prison services. It calls for an increased capacity in secure psychiatric hospitals and more special care within prisons.

The report was ordered last year by the Dutch parliament, which called for certain mentally disturbed prisoners to be treated in closed psychiatric wards rather than prison. It also addresses the problem of the increasing number of suicides in prison, highlighted by a recent investigation into deaths in Rotterdam's Noordsingel prison.

The number of mentally dis-



Mental health problems affect one in 10 Dutch prisoners

turbed prisoners is estimated at 1100, 10% of the Dutch prison population. Of these, around 330 have serious psychiatric problems and are likely to do physical or mental damage to themselves or others, which qualifies them for transfer to the health services.

Problems identified in the report include a lack of treatment possibilities within prisons, insufficient capacity within mental health services, and poor understanding of the long term problems of such patients within psychiatric hospitals.

The report recommends close cooperation between health and legal services. Prisons should set up more specialist departments offering safe indi-

vidual care with reinforcement by community care facilities such as forensic polyclinics. Within mental health services it calls for revival of the "asylum function" for some long term patients.

Irma Ballering, who is from the ministry of health and sat on the working group, emphasised that it was essential that both health and justice ministries shared responsibility for mentally disturbed detainees, which they had failed to do in the past. Psychiatric care should be available within prisons, if necessary using community services. □

The report of the forensic care working group is available from the Ministry of Health, Postbus 5406, 2280 HK Rijswijk, Netherlands.

PHLS will not be privatised

Jacqui Wise, *BMJ*

The Public Health Laboratory Service (PHLS) and the research establishments of the Medical Research Council (MRC) are to remain in the public sector.

The British government's Prior Options review accepted that there was a need for all 28 public sector research establishments and concluded that they should not be privatised.

Sir Leslie Turnberg, the new chairman of the PHLS, said he was delighted that the service was firmly established within the public sector and that there was no question of fragmentation or hiving off any of its functions. But he said that he was worried about the impact of a planned further efficiency review. "We remain anxious about the impact on the service of continuing cuts in government funding; the vital importance of infectious disease surveillance is clear from the global increase in infectious diseases and the looming threat of antibiotic resistance."

He added: "The public is still reeling from the shock of the *Escherichia coli* outbreak in Scotland. The effectiveness of the PHLS is beyond question, and the astonishingly swift identification of the cause of the recent outbreak of salmonellosis from powdered baby milk undoubtedly saved many babies from becoming ill."

The review concluded that there is some scope for rationalisation and introduction of private sector management within the MRC units. The MRC Dunn Nutrition Unit at Cambridge is to be closed and reconstituted when it moves to a new site in 1998, and the MRC Virology Unit is to be transferred to Glasgow University. MRC research services and facilities are also to be reduced at the Mammalian Genetics Unit and Radiation and Genome Stability Unit in Harwell.

The Labour party attacked the government for spending taxpayers' money in pursuing their own "privatisation dogma." Adam Ingram, Labour's science spokesman, said that the review had cost £4.3m (\$6.5m) and that the money would have been better spent in support of Britain's science base. □

France plans compulsory treatment of sex offenders

Alexander Dorozynski, *Paris*

The French council of ministers has approved a bill that would allow compulsory treatment of sex offenders.

People found guilty would be ordered to follow psychological or chemical treatment, or both, after serving their prison sentence, if any. The projected legislation, proposed by Jacques Toubon, minister for justice, also calls for more severe sanctions against sex offenders whose victims are children.

The most innovative aspect of the bill is the compulsory treatment that would be part of the sentence, subject to a medical opinion of its potential effectiveness. Offenders condemned

for a sexual misdemeanour—including sexual exhibition—could be condemned to five years of treatment and those convicted of a sexual crime to 10 years. The treatment would start after release from prison. Refusal would be sanctioned by an additional two to five years of imprisonment, depending on the gravity of the offence.

If the legislation is adopted France may be one of the few countries where so called chemical castration could be imposed. In Germany and Sweden, for example, chemical castration is authorised only if the sex offender agrees to it. Last year California authorised chemical castration of repeat offenders.

Treatment would be carried

out by a doctor under judicial control. A "coordinating doctor" would liaise with the treating doctor and the judge, who would be empowered to ask at any time for expert opinion on the effectiveness of the treatment.

The national ethics committee, which examined the proposed legislation last January, did not object to it but questioned whether the abrupt cessation of treatment—notably, by antiandrogenic substances—after the prescribed period may cancel out its preventive action.

The proposed legislation will now be examined by the national consultative committee on human rights and then debated in parliament. □

US doctors urged to treat stroke fast

Janice Hopkins Tanne,
New York

Stroke should be considered to be a medical emergency, with treatment started within three hours of symptoms, say 10 leading medical organisations in the United States.

The new national education campaign recommends that patients with ischaemic strokes—about 80% of patients with stroke—should get tissue plasminogen activator (tPA) unless it is contraindicated.

The campaign, endorsed by the National Institute of Neurological Disorders (part of the National Institutes of Health), the American Medical Association, the American Heart Association, and the American Academy of Neurology, aims to educate ambulance dispatchers and emergency medical technicians that stroke is a life-threatening emergency.

Dr Steven Levine, a stroke expert at Henry Ford Hospital in Detroit, Michigan, said: "In the hospital you must assemble a multidisciplinary team that is available 24 hours a day. You need to model it after burn and trauma centres, so you can provide an expert team in the emergency room with one beeper call."

"Stroke has gone from being the worst thing you could have to the most treatable neurological disease," said Dr Patrick Lyden, director of the stroke centre at the University of California, San Diego. "Between 30% and 50% of patients treated with tissue plasminogen activator had complete or near complete resolution of symptoms at three months."

The new recommendations call for computed tomography to identify ischaemic stroke; assessment by an experienced doctor; and intravenous administration of tissue plasminogen activator at a dose of 0.9 mg/kg (maximum 90 mg), with 10% of the dose given as a bolus followed by an infusion lasting 60 minutes.

Doctors should not treat patients whose computed tomograms show a major infarction or who might have bleeding complications because of recent major surgery, stroke, head injury, myocardial infarction, or treatment with heparin or warfarin.

Patients who have mild defects or are improving should not get tissue plasminogen activator. Also excluded are those with a low platelet count, high blood pressure, very high or low blood glucose concentrations, or a seizure at the onset of stroke. Neurosurgery must be available because treatment carries a 6% risk of intracranial bleeding.

The United States has about 500 000 strokes a year, which costs \$40bn (£27bn). Dr Sanford Schwartz, head of the health economics institute at the Wharton School of Finance in Philadelphia, says that effective treatment is good medicine and good economics. Treatment with tissue plasminogen activator costs \$2200, but it shortens hospital stays and reduces the costs of rehabilitation, nursing home care, and home care. □

Patients go hungry in British hospitals

Jacqui Wise, *BMJ*

Some patients are not getting enough to eat and drink when they are in hospital, claims the Association of Community Health Councils for England and Wales.

Their report *Hungry in Hospital?* catalogues several cases in which patients have gone hungry because they have not been given help with feeding or because food and drink has been placed out of reach. The report, based on over 200 letters from community health councils and members of the public, acknowledges that it has not measured the scale of the problem. But it says: "The problem appears to be sufficiently widespread to be of serious concern."

The National Association of Health Authorities and Trusts said the numbers in the report were small compared to the 10 million treated every year. □

Focus: Sydney

Aboriginal housing: abandon hope all ye who enter

Simon Chapman

Any town or city dwellers can expect that the house they move into will be adequately supplied with sewers, water, power, and garbage disposal. The West Australian Supreme Court decision establishes that local Aborigines can have no such expectation. Contrast this with the perception, fanned by populist politicians, that Aborigines are "privileged" by being provided with such housing as government handouts.

A further dent in the image of Australia as being in the forefront of civilised nations came from last week's US State Department report on international human rights.

This stated, "Indigenous Australians continue to experience significantly higher rates of imprisonment, inferior access to medical and educational infrastructures, greatly reduced life expectancy rates, elevated levels of unemployment and general discrimination which contribute to an overwhelming feeling of disenfranchisement." Over 45% of Aboriginal men aged 20-30 have been in prison. Currently life expectancies at birth are 57-60 years for Aboriginal men and 61-64 years for Aboriginal women, compared with 75 (men) and 78.8 (women) years for Australians at large.

Two weeks ago Australia's foreign minister, Alexander Downer, emerged ashen faced from a meeting with the European Union's vice president, Sir Leon Brittan. An economic agreement had soured after Australia refused to sign it because of the European Union's inclusion of

a mandatory human rights clause. This was the same Downer who on Human Rights Day in December said: "Human rights are an integral element in Australia's foreign policy because they express values which are central to Australian society."

Aboriginal activist Noel Pearson interpreted the refusal as a sign of the Australian government's imminent intention to legislate away native title to land. Ownership and obligations about land were also at the centre of a case in December. The remote Halls Creek council took the Western Australian state government's Aboriginal Lands Trust to the Supreme Court. The council sought a judgment on whether, as landowner of Aboriginal lands, the trust was obliged under the state's health act to provide standard sewage facilities and sanitary and refuse disposal for houses it erected for Aborigines. Unimaginably squalid

Aboriginal settlements through many parts of the outback produce chronically high levels of hookworm, dysentery, and eye, ear, and skin infections.

Remarkably, the court ruled that because it was a government body, the trust had no obligations under the act. The case revolved around the doctrine of crown immunity, which the court upheld.

Legal speculation suggests that local government health inspectors could even be in breach of the law for entering lands owned by the trust. Historically both state and federal governments have been long on Aboriginal health rhetoric but negligent in allocating enough funds for ensuring environmental health standards in housing. While colourful Aboriginal cultural motifs feature prominently in tourism promotions, the probability is that the 2000 Olympics in Sydney will be disrupted by a bitterly alienated Aboriginal community.

The need for independent statistics

Professor Adrian Smith, the president of the Royal Statistical Society, talks to Zosia Kmietowicz about why Britain needs a statistics office which is independent of ministers



Professor Smith believes more investment is needed in statistics

Last week—after much government activity—Britain's Office for National Statistics withdrew from sale a document which showed that government spending on the NHS had fallen in real terms (p 395). Inevitably this episode gave rise to questions about the independence of national statistics.

Professor Adrian Smith, president of the Royal Statistical Society and professor of statistics and head of mathematics at Imperial College in London, says that the controversy highlights important points. "This has shown the potential confusion if statisticians are trying to communicate with government employees and ministers without an agreed vocabulary," he said.

After 24 hours revised figures were released by the Office for National Statistics. The chart that had shown a fall in NHS

spending in real terms of £1bn (\$1.5bn) was replaced by a new one which showed that spending had risen by £2.4bn. The explanation given was that the first and incorrect set of figures had been double deflated—adjusted for inflation and

growth in the economy—while the second set had been adjusted only for inflation.

"There is a sense that nobody is lying," said Professor Smith. "It appears that the two different ways of calculating these figures produce two different answers and neither of them is wrong. They are both meaningful if put in context." In real terms health spending has increased, but as a proportion of national wealth it

has gone down. Professor Smith believes that, although the episode does not reflect badly on the profession, it is "annoying and dispiriting."

He thinks that there is a problem with the current structure of the statistical services in this country. The Office for National Statistics was set up as an independent and separate agency from the government. Because its main customers are the various civil service departments, close links have been forged between it and statisticians working in government departments such as the Department of Transport, the Department of Health, and the Treasury—known collectively as the Government Statistical Service.

Government pressures

The director of the Office for National Statistics also happens to be the head of the Government Statistical Service, with control over statisticians in all departments. With such a structure there is little doubt that the government pressures felt by those employed within government will rub off on to those who are supposed to be independent.

"The Royal Statistical Society has consistently said that this structure cannot persist. Clearly, there have to be close links with government departments, but they should be independent of ministers," said Professor Smith.

Ministers have got statisticians into trouble before. When bovine spongiform encephalopathy and Creutzfeldt-Jakob disease (CJD) first appeared a minister was quoted as saying that there was "absolutely no risk" to the general public. Of course, there was no way of backing this statement up. The Royal Statisti-

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