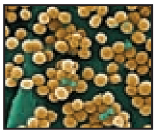


bmj.com US makes little progress in reducing hospital infections, report says
UK news UK ministers must “reconsider” payments to haemophiliacs, p 887
World news Dutch nurse jailed for seven murders in 2003 has conviction quashed, p 886

For the full versions of articles in this section see bmj.com

NEWS

Public to be quizzed on incentives for organ donation

Josephine Hayes BMJ

Members of the UK public are being asked their views on the ethics of offering incentives to people to donate organs and other material, in a consultation exercise launched on Monday 19 April by the Nuffield Council on Bioethics.

The council’s consultation paper aims to stimulate debate on whether more people in the United Kingdom should be expected to donate organs, eggs, or sperm or to participate in clinical trials and, if so, how far they should be encouraged to do so.

There is a huge demand for organs, sperm, eggs, and other human material that is currently not being met by supply. About 8000 people in the UK are waiting for an organ transplant of some kind, but last year only 3500 transplantations were carried out, said Marilyn Strathern, former professor of social anthropology at Cambridge, who is chairing the working party’s inquiry.

A thousand people a year die waiting for transplants, said Keith Rigg, a consultant transplant surgeon and member of the working party, so some people travel abroad to countries such as Pakistan where donors are more widely available.

But now some countries, including Pakistan, India, and China, are putting legislation in place to cut down on transplant “tourism.”

The law in the UK currently permits a wide range of incentives for donations, but these differ depending on what is being donated. Sperm donors can be paid up to £250 (€290; $380) in expenses, women who donate eggs can receive in vitro fertilisation free or at a reduced cost, and drug trial participants can be paid thousands of pounds. However, it is illegal to sell organs or any human material for the purposes of transplantation.

“Perhaps donating parts of our bodies should be seen as a moral obligation for all of us,” said Professor Strathern.

Give and Take? Human Bodies in Medicine and Research **is at www.nuffieldbioethics.org/go/ourwork/humanbody/page_1027.html.**

Cite this as: *BMJ* 2010;340:c2182

LUCAS JACKSON/REUTERS

The second eruption of the Eyjafjallajökull volcano left plans to reopen UK airports in disarray

Bone marrow patients critical as they wait for ash cloud to shift

Zosia Kmietowicz LONDON

At least 16 people in the United Kingdom are in a critical condition as they wait for stem cell transplantations using cells from bone marrow donors abroad that have been held up because of the flight restrictions caused by the shutdown of a large part of European airspace. The patients include a toddler who is waiting for cells from a match in Canada.

The Anthony Nolan Trust, which finds matches for people who need lifesaving stem cell transplantations in the UK and abroad, says that it is doing “everything humanly possible” to get the transplants through alternative routes.

Henny Braund, chief executive of the trust, said, “We have cells sitting in North America while patients in the UK are being kept in isolation waiting for their transplant to arrive.

“Once the stem cells have been taken from the donor, there is a window of only about 72 hours for the transplantation to take place before the cells die, so time is really critical.

“In addition, patients who are about to have their transplantation are in an extremely vulnerable state as their immune system is effectively stripped away before they receive the new stem cells. They will be kept in isolation, but this is obviously an extremely worrying time for all involved.”

Although some hospitals in England are reporting absences among doctors not being able to return home, these have not so far affected the delivery of services.

The BMA said too that although some general practices are affected by doctors stranded abroad they are currently able to provide a full service. However, if the situation continues it may become more difficult to cover shifts as more doctors are due to take leave, said a spokeswoman.

All UK airspace was closed at noon on Thursday 15 April after the Eyjafjallajökull volcano in southeast Iceland erupted and sent a plume of volcanic ash into some of the world’s busiest flight paths. Although some UK airports, mainly in the north of England and Ireland, were due to reopen on Tuesday 20 April, as the *BMJ* went to press, those in London were likely to remain closed because of a new ash cloud.

The World Health Organization has said that about a quarter of the particles in the ash being emitted by the volcano are less than 10 micrometres in size, the smaller size that is more dangerous to people with respiratory conditions because they can penetrate deeper into the lungs. But as long as these particles remain in the upper atmosphere they are unlikely to pose a risk to health, it said.

Cite this as: *BMJ* 2010;340:c2185

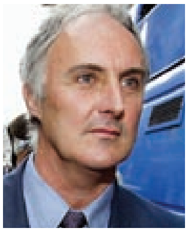
Paediatrician David Southall wins appeal against GMC finding

Clare Dyer BMJ

The paediatrician David Southall has won his appeal against a General Medical Council finding that he was guilty of serious professional misconduct, in accusing a mother of murdering her 10 year old son, and against an order striking him off the medical register.

Three judges in the Court of Appeal ruled that the High Court judge Mr Justice Blake "fell into error" when he turned down Dr Southall's original appeal last May (*BMJ* 2009;338:b2144).

But the full effect of the judgment on the possibility of the paediatrician's reinstatement to the medical register will not become clear until the court makes an order next week about what should happen next, after hearing submissions from his lawyers and from the GMC.


MARTIN RICKETT/PA

David Southall had his original appeal to the High Court turned down

The GMC said, "Our understanding is that the effect of the appeal court ruling is to require the fitness to practise panel in this case to provide more detailed reasons for its determination."

However, it is open to Dr Southall's lawyers to argue that the panel's whole determination of the case was prejudiced by its view that it should not have been for him to investigate personally the circumstances of the death. Lord Justice Leveson said it was "not fanciful" to suggest that this may have informed the panel members' approach to the whole factual dispute. If so, "their approach was not one based on evidence."

The judges allowed Dr Southall's appeal on the narrow ground that the case was an exceptional one where the doctor was entitled to have reasons for the GMC fitness to practise panel's findings spelt out.

Dr Southall was charged with accusing Mandy Morris, whose son Lee had been found hanging from a curtain rail in an apparent suicide, of drugging him and hanging him herself. He was instructed as an expert witness in care proceedings involving Mrs Morris's younger son.

He gave evidence that when interviewing her in April 1998 in the presence of a senior social worker, Francine Salem, he outlined three possible scenarios but did not accuse her of murder. If she felt accused, that was a misperception, he argued. Ms Salem, who took notes, denied that an accusation of murder had been made.

Cite this as: *BMJ* 2010;340:c2195

Wellcome Trust is to close its centre for history of medicine within two years

Wendy Moore LONDON

The renowned Wellcome Trust Centre for the History of Medicine at University College London (UCL) is to close within two years, following allegations of mismanagement and arguments over funding.

The decision, which was announced to staff before Easter and confirmed by the Wellcome Trust and UCL this week, has shocked the academic world. In a joint statement issued on Thursday 15 April UCL and the trust announced that they had agreed "with regret" to "work towards" the closure of the centre over the next two years. The statement said that the decision followed "discussions between the senior staff of both organisations and consideration by the board of governors of the Wellcome Trust."

No reason has formally been given for the closure, and a spokesperson for the trust declined to elaborate. But Sean Wallis, branch secretary at UCL of the University and College Union, said that doubts had been expressed about the centre's future since the trust started an investigation last October into alleged mismanagement. In the wake of this inquiry UCL and Wellcome Trust had failed to agree the basis to renew the centre's five year grant that was due from the trust this year. The trust spokesperson declined to comment on the investigation or financial issues.

Project launched to decode cancer genomes

Anne Gulland LONDON

Scientists from across the globe have launched a collaboration to decode the genomes from 25 000 samples of cancer cells, which will then be made freely available to researchers, it was announced last week.

Organisations in 10 countries, including Australia, Canada, China, India, Japan, and the US, and two European consortiums are conducting cancer genome projects under the umbrella of the International Cancer Genome Consortium. The consortium describes the venture as "one of the most ambitious biomedical research efforts since the human genome project."

The consortium, which is open to new members, will help to coordinate current and future large scale projects to understand the genomic changes in cancer, once thought of as a single disease but now understood to be the result of genetic mutations in cells.

In a paper in *Nature* last week (2010:464, 993-8) 200 scientists explained how the project will work.

Mike Stratton, one of the authors of the paper and leader of the project in the UK, said that the project was "big science" that would eventually lead to tailored treatment.

Cite this as: *BMJ* 2010;340:c2149

Researchers transfer genetic material between two eggs

Donald Asprey BMJ

Researchers at Newcastle University have developed a technique to transfer nuclear DNA between two human zygotes. The technique, published in *Nature*, could be used to prevent the transmission of maternally inherited mitochondrial diseases (*Nature*, doi: 10.1038/nature08958).

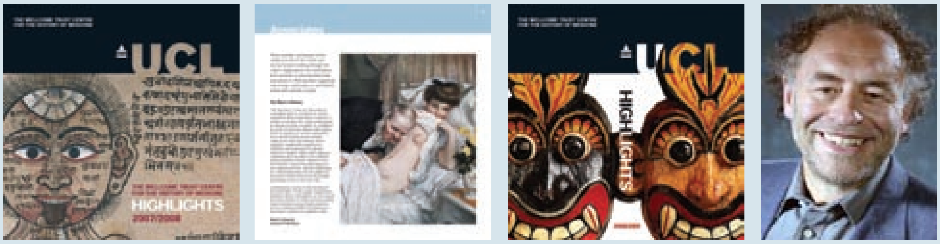
Dr Mary Herbert and Professor Doug Turnbull led the study, funded by the Muscular Dystrophy Campaign, in which pronuclei were extracted from one zygote and implanted into another—with its own pronuclei removed—in the exact same stage of development. The recipient zygotes were then cultured for six to eight days to see if they could develop to the blastocyst stage.

The study used abnormally fertilised embryos unsuitable for in vitro fertilisation. After the transfer of two pronuclei, 8.3% of the recipient zygotes developed to the blastocyst stage, around half the blastocyst rate for unmanipulated abnormally fertilised embryos.

The authors also honed their technique to minimise the transfer of donor mitochondrial DNA (mtDNA) to an average of less than 2%, thought to be well below the threshold to cause symptomatic mitochondrial disease.

"A child born using this method would have correctly functioning mitochondria, but in every other respect would get all their genetic information from their father and mother," said Professor Turnbull.

Around one in 250 children are born each year with pathogenic mutations in mtDNA but most experience mild symptoms or are asymptomatic.



The late Roy Porter (far right) was a leading figure at the centre, whose brochures (left) describe its work

WELLCOME LIBRARY

Uncertainty now hangs over the future of the centre's 12 academic and 17 support staff and over the fate of undergraduate and postgraduate courses, including the intercalated BSc in the history of medicine, taken by many medical students. There are currently 54 students on the courses, including 25 PhD scholars. The union hoped that negotiations would result in as many staff and as much academic activity as possible being absorbed into UCL, Mr Wallis said. "We believe the department can survive, but it is going to be rocky," he added.

The centre was founded in 1966 under the auspices of UCL with funding from the Wellcome Trust and quickly established a global reputation for research and teaching led by prominent historians, including the late Roy Porter. In 2000 the centre formally transferred to UCL, but the Wellcome Trust remained its main source of funding—providing £8.8m (€10m; $13.6m) for 2005 to 2010—and staff are still based in the trust's Euston Road building in central London.

The transfer agreement specified that any closure would be subject to academic review and include a two year winding down period. But although the two year timescale is being honoured, staff are angry that the closure decision has not been open to debate.

William Bynum, a former director of the centre who retired in 2003, said, "The decision has been made by people who are not historians of medicine."

The centre was given a top ranking last year in the UK-wide peer reviewed research assessment exercise when it received four stars or "world leading" status for 40% of its work.

Cite this as: *BMJ* 2010;340:c2094

NHS IT agency puts brake on roll-out of summary care records

Michael Cross LONDON

The NHS in England is insisting that its scheme to computerise the health records of all patients will go ahead despite the suspension of work in five strategic health authorities after concerns about "professional and public awareness."

Connecting for Health, the NHS's IT agency, said that it had halted the uploading of summary care records in five "accelerated roll-out areas," covering 70 primary care trusts, where strategic health authorities were informing patients of their right to opt out of the programme.

However, it said that in 16 areas where primary care trusts rather than strategic health authorities were handling information to patients the programme would continue. These trusts were early adopters that had decided to go ahead and upload summary care records even though their strategic authority had not yet instructed them to do so.

In a statement this week Connecting for Health said, "We are continuing to work to ensure that appropriate professional and public awareness has been raised."

The suspension came after a campaign by the BMA about the pace of implementation. Welcoming the announcement, Grant Ingrams, chairman of the information technology subcommittee of the association's General Practitioners Committee, said, "We are pleased that Connecting for Health has listened to us."

Dr Ingrams said that the BMA is not opposed to the computerised record scheme in itself. "Summary care records have the potential to improve health care for patients if implemented appropriately. We will want to work with government in future to ensure that the many concerns of patients and doctors are listened to and addressed."

The five strategic health authorities in which the roll-out was suspended were NHS East of England, NHS London, NHS North East, NHS North West, and NHS Yorkshire and Humber.

Cite this as: *BMJ* 2010;340:c2158

NEIL WASP

Sharon Bernardi (above), from Sunderland, has a maternally inherited mutation of mitochondrial DNA, which resulted in the loss of six children, all of whom died within a few hours of birth. Her only son, Edward (above) has Leigh syndrome. The new technique could help women with her condition

One in 6500 will go on to develop mitochondrial diseases, including myopathy, neuropathy, retinitis pigmentosa, Leber's hereditary optic atrophy, and Leigh syndrome.

Genetic counselling coupled with prenatal or preimplantation diagnosis is increasingly being offered to women with low levels of pathogenic mtDNA mutations in oocytes. However, pronuclear transfer could enable women with severe disease to give birth to a healthy child. The team is now planning studies to show the efficacy and safety of this technique in normally fertilised embryos.

Pronuclear transfer requires an egg from the mother, which will undergo in vitro fertilisation, and an egg from a donor with healthy mitochondria that will also have to be fertilised. Professor Alison Murdoch, who led the ethical and regulatory aspects of the project, denied that for the children it would be like having three parents. "Less than 0.2 per cent of cellular DNA is transferred. It is like changing the batteries," she said.

Cite this as: *BMJ* 2010;340:c2079

VINCENT JANNINK/EPA/CORBIS

An expert witness said the chance of so many babies dying on Ms de Berk's shifts was one in 342 million

Dutch nurse jailed for seven murders in 2003 has conviction quashed

Tony Sheldon UTRECHT

In one of the worst miscarriages of justice in Dutch history, the nurse Lucia de Berk has had her conviction on seven charges of murder and three of attempted murder of babies and elderly people in her care quashed.

Ms de Berk, 48, who spent six years of a life sentence in jail for her alleged crimes, always denied the charges. Last week the chairman of the public prosecution service, Harm Brouwer, personally apologised and acknowledged her innocence.

The case has parallels with that of Sally Clark, the mother convicted in the United Kingdom of murdering her two children. In that case the expert witness Roy Meadow declared that the chances of Mrs Clark's babies having both died as a result of cot deaths was 73 million to one.

In the case of Ms de Berk the court was told by an expert witness that more children had died on her shifts than seemed possible by chance. He put the odds of it occurring by chance at one in 342 million, a figure that had a powerful effect on the court.

On Wednesday 14 April a court in Arnhem concluded that on the basis of expert reports it "cannot be maintained that a baby's death in 2001 was the result of a crime . . . even less likely is that the death can be attributed to the suspect's intention." The decision followed a review of toxicology and pathology evidence that cast doubt on whether the babies died of poisoning rather than natural causes.

The court also said that there was "completely insufficient" reason to think that the death of an elderly patient in 1997 was due to "anything other than natural causes." Of the other deaths the criminal investigation had produced "no facts or circumstances to suggest that their causes were unnatural or criminal."

In 2001 police were called to investigate the death of a 5 month old baby with heart defects at the Juliana Children's Hospital in the Hague. They found what they believed to be a pattern of unexplained deaths in three hospitals where Ms de Berk worked between 1997 and 2001. In every case she had been responsible for the patient's care or was the last person present before they died or became ill. She was charged with administering lethal doses of drugs. But there were no witnesses, and her defence team argued that her presence was due to her concern for her patients (*BMJ* 2003;326:680).

In 2003 she was convicted on charges of murder and attempted murder. The claim made at her trial about the astronomically high odds against her being present at or around the time of death occurring by chance was challenged by mathematicians writing in *Nature* who believed it could be just one in 48 or less (*Nature* 2007;445:254-5).

When the appeal court judges dismissed her appeal in 2004, however, they said that they did not take into account the statistical claim. They said they made their decision because there was "concrete proof" that two babies were poisoned by digoxin.

Three experts recently concluded that there was nothing to suggest that the two "proved" deaths could be ascribed explicitly to treatment. So all charges against her were dropped.

Cite this as: *BMJ* 2010;340:c2100

Chiropractors drop libel action against writer Simon Singh

Clare Dyer BMJ

The British Chiropractic Association (BCA) has dropped its libel action against science writer Simon Singh, after a landmark appeal court judgment in his favour two weeks ago (*BMJ* 2010;340:c1895).

The association sued Dr Singh over an April 2008 comment piece in the *Guardian* newspaper that accused the association of "happily promoting bogus treatments" for such childhood ailments as colic and asthma.

The association won a ruling from High Court judge Mr Justice Eady that this was a statement of fact rather than opinion and that Dr Singh had accused the association of dishonesty.

But that judgment was overturned by the Court of Appeal, which said, on 1 April, that the statement was fair comment or an expression of "honest opinion," which is a defence to a libel action.

The association said in a statement that it had been advised it had "strong grounds" for an appeal to the Supreme Court. "However, while it was right to bring this claim at the outset, the BCA now feels that the time is right for the matter to draw to a close."

It added: "As those who have followed the publicity surrounding this case will know, Simon Singh has said publicly that he had never intended to suggest that the BCA had been dishonest. The BCA accepts this statement, which goes some way to vindicating its position."

The Singh case, and others in which scientists have been sued for libel after airing issues of scientific or medical controversy, prompted

15% of antibiotic sales in Greece are over the counter

Non-prescription sales were between 5% and 10% in Malta and Spain and more than 15% in Greece

a high profile campaign for reform of the libel laws. All three major parties promised libel reforms with the launch of their manifestos for the 6 May general election.

Dr Singh, who ran up a legal bill of more than £200 000 (€228 000; $307 000) defending the action, now expects to get most of his costs back from the association. But he is likely to be at least £20 000 out of pocket because UK litigants rarely get their full costs paid.

He had won "despite the libel laws," which still urgently needed reform, he said. "English libel law is so intimidating, so expensive, so hostile to serious journalists that it has a chilling effect on all areas of debate, silencing scientists, journalists, bloggers, human rights activists and everyone else who dares to tackle serious matters of public interest.

"In the area of medicine alone, fear of libel means that good research is not always published because those with vested interests might sue, and bad research that should be withdrawn is not pulled because the authors might sue the journal, and in both cases it is the public that loses out because the truth is never exposed."

He said he would not be able to celebrate his victory until the libel laws were reformed and Peter Wilmshurst, a British consultant cardiologist being sued for libel over comments he made to a US based cardiology website about clinical trials of a medical device, had won his case.

Tracey Brown of Sense about Science, spokeswoman for the Coalition for Libel Reform, said: "Perversely, the BCA have proved an important point by bringing this case—that we need a public interest defence that can protect discussions of evidence and research and many other types of discussion. At the moment we have laws that do the opposite."

Cite this as: *BMJ* 2010;340:c2086

UK ministers must "reconsider" payments to haemophiliacs

Clare Dyer BMJ

A British man with haemophilia who was infected with HIV and hepatitis C through contaminated blood products has won a legal challenge at the High Court in London over government compensation payments.

Andrew March, 36, an award winning composer, won a judicial review of the government's decision not to increase ex gratia payments in line with much higher payments made by the Republic of Ireland.

Mr Justice Holman quashed UK ministers' decision not to match the "very much higher" payments in Ireland, ruling that the government's approach "had been, and remains, infected by an error." The error was the belief that the Irish government decided to pay full compensation only after an independent inquiry found the Irish blood transfusion service to have been at fault.

The ruling obliges the government to reconsider its decision but does not require ministers to pay compensation at Irish levels. It remains open to ministers to say that higher payments are unaffordable, and the judge cautioned against "false optimism."

Thousands of people in England and Wales, most of them with haemophilia, were infected with hepatitis C and HIV through imported blood products, in what was described by the medical peer Robert Winston as "the worst treatment disaster in the history of the NHS." Some 2700 are still alive.


KATIE COLLINS/PA

Andrew March wants better compensation

KEVIN CURTIS/SPL

After the government refused repeated calls for a statutory inquiry, an independent inquiry was set up under a former solicitor general and peer, Peter Archer, with funding from private donors. It blamed government procrastination in achieving self sufficiency in blood products for "a horrific human tragedy."

The Archer inquiry, which reported in February 2009 (*BMJ* 2009;338:b808), recommended that payments in England and Wales should be at least as high as those in the Irish Republic.

After the inquiry, payments to people in England and Wales infected with HIV from the infected blood were increased to £12 800 (€14 600; $19 700) a year, and the government promised to review lump sum payments to those with hepatitis C in 2014.

Mr Justice Holman said that the UK government had given a reason for refusing the Archer inquiry's recommendation that contained an error and did not withstand scrutiny.

He emphasised that he was merely quashing the government's existing decision and was giving no "steer" as to what the future decision would be.

Cite this as: *BMJ* 2010;340:c2123

Rory Watson BRUSSELS

Fifteen European Union countries have national strategies in place on the prudent use of antimicrobials, a further eight are preparing them, and just four have no plans to do so, a new European Commission report says.

This is the second assessment of the extent to which the recommendation agreed by EU governments in 2001 on the prudent use of antimicrobials in humans is being put in place by the 27 member states and Norway.

The initiative listed specific areas where action needed to be taken. These include the implementation of national strategies and action plans, collaboration between the human and animal heath sectors, education of the public on the proper use of antibiotics, appropriate infection control, nationally accepted guidelines on antibiotic treatment, and introduction of a prescription only policy.

The commission's analysis of the progress made by the end of 2008 noted that Cyprus, Estonia, Hungary, and Latvia had made no moves towards developing a strategy. Just eight of the countries that had done so—Finland, France, Germany, Greece, Ireland, the Netherlands, Slovenia, and Norway—together with England and Northern Ireland (the United Kingdom provided separate data on its four constituent nations), had action plans containing all the items listed in the 2001 non-binding recommendation.

In 2008, 11 countries indicated that no antibiotics were sold without a prescription, while a further seven, including the UK, reported that such sales might reach less than 1% of total antibiotic use. However, the percentage of non-prescription sales was between 5% and 10% in Malta, Romania, and Spain and was more than 15% in Greece.

All but four countries—Cyprus, Estonia, Latvia, and Spain—have national guidelines on the use of antimicrobials, and 22 EU member states have programmes for infection control. All healthcare professionals in EU countries now receive undergraduate training on antimicrobial resistance, except in Belgium, where it is given only to medical and pharmacy students, and in Estonia and Greece, where it is given only to medical students.

During 2007 and 2008 17 countries in the EU ran campaigns to alert the public to the dangers of inappropriate use of antibiotics.

Both reports are available at http://ec.europa.eu/health/index_en.htm.

Cite this as: *BMJ* 2010;340:c2143

IN BRIEF

Joint approach increases use of mosquito nets: Distributing mosquito nets and "hang-up" education campaigns by community volunteers can together reduce the spread of malaria, the results of pilot projects in Burkina Faso and Togo show. The International Federation of Red Cross and Red Crescent Societies says that the joint approach raised use of nets by 70%. In Togo use of nets rose by 23% after a single visit by a community based volunteer.

WHO chief urges experts to make frank assessment of its H1N1 response: The head of the World Health Organization, Margaret Chan, urged 29 external health experts who began a review of how WHO managed the H1N1 pandemic to deliver a "frank, critical, transparent, credible, and independent review of our performance." Critics have said that WHO's handling of the outbreak heightened fears about its severity. The experts will present an interim assessment to WHO's annual world health assembly in May.

Probiotics improve survival in very premature babies: Adding probiotics to feeds for very premature babies increased survival rates, says a review of 11 randomised trials involving more than 2000 premature babies (*Pediatrics*, doi:10.1542/peds.2009-1301). Survival of babies who received certain probiotics was double that of others.

Access to health care is still poor in Iraq: Access to health care remains "a serious concern" for more than 1.3 million Iraqis internally displaced since the sectarian violence in 2006 and for nearly 380 000 people who have returned to Iraq, says the International Organization for Migration. Although 86% have some access, care services are described as poor, with shortages in qualified staff, drugs, and equipment.

Most pandemic flu spreads during symptomatic phase: "Silent spreaders" who shed virus while asymptomatic are less important in spreading pandemic flu than previously thought, researchers in Hong Kong and the United States have found. They noted that most viral shedding occurs during the first few days of symptomatic illness, with only 1% to 8% occurring before this time (*Journal of Infectious Diseases* 2010;201:1509-16).

Cite this as: *BMJ* 2010;340:c2147

UN launches new action plan to improve maternal and child health

Peter Moszynski LONDON

The United Nations has pledged to focus on child and maternal health, as a new report says that nearly 0.5 million women die in childbirth each year and 3.6 million babies die in the first month of life.

The figures, presented at the New York launch of a campaign to improve maternal and child health, also showed that 5.2 million children die before the age of 5 years.

The UN secretary general, Ban Ki-moon, said, "Of all the millennium development goals maternal health has advanced the least and it is a key to all the rest. That is why, today, we are putting women's and children's health front and centre in the push to meet the millennium development goals."

The meeting was presented with an analysis by the Countdown to 2015 interagency think tank, which showed that there has been a general fall in maternal mortality worldwide but that progress has lagged in sub-Saharan Africa and South Asia, where an estimated 82% of maternal, newborn, and child deaths occur.

Flavia Bustreo, director of the Partnership for Maternal, Newborn & Child Health and one of the key contributors to the research, told the *BMJ* this showed that "there's been considerable progress in maternal and child health in a number of low income countries."

She said the research, compiled for Countdown's 2010 report, due to be published in June, provides "concrete examples" of how such progress had been achieved and shows that "this is a multilayered problem that can be addressed with a combination of many very simple interventions."

The latest figures "offer hope at last that the lives of women are finally being counted and that our collective actions are starting to reduce this tragedy in the new millennium," she said.

Dr Bustreo said new estimates published in the *Lancet* (doi:10.1016/S0140-6736(10)60518-1) showing a 35% drop in maternal deaths between 1980 and 2008 "underline our key message: progress is possible and must be pursued vigorously."

However, she added, "These encouraging results are no reason for complacency." The rate of progress "needs to accelerate, the poorest need to have full access to quality services, and investments need to increase dramatically if we are to meet our millennium development goal targets of a three quarter reduction in maternal deaths and universal access to reproductive health by 2015."

Zulfiqar Bhutta, who co-chairs Countdown to 2015, said that "no single intervention is sufficient." What is needed is "a seamless continuum of care, including family planning, breast feeding, hand washing, skilled attendance at delivery, and childhood immunisations."

More information is at www.countdown2015mnch.org.

Cite this as: *BMJ* 2010;340:c2122

Institute recommends urgent "changes across the board" at US cancer trials network

Bob Roehr WASHINGTON, DC

The National Cancer Institute should offer greater direction, says a report

The large Clinical Trials Cooperative Group Program sponsored by the US National Cancer Institute has become "inefficient and cumbersome," says a report from the Institute of Medicine. It needs to be "redesigned to improve value by reducing redundancy and improving effectiveness and efficacy of trials," it says.

The cooperative group programme involves more than 3100 institutions, 14 000 investigators, and 25 000 patients in clinical trials each year. But it takes two years to plan and initiate a new trial; only about half are ever completed; and funding has fallen by 20% since 2002.

These changes have occurred while basic science has yielded an avalanche of insights into genomic and molecular mechanisms of disease (see News, *BMJ* 2010;340:c2149). The report says that "a robust, standing cancer clinical trials network is essential to effectively translate discoveries into clinical benefits for patients."

The role of the National Cancer Institute should shift from one of oversight of 10 largely autonomous groups to one that offers greater direction and support to high priority trials, it says. The groups should be consolidated and all be placed on the same timeline for evaluation and funding


JIM YOUNG/REUTERS

An HIV positive mother at a PEPFAR clinic meets President Bush in Dar es Salaam, Tanzania

Obama aims to extend Bush's relief project beyond AIDS

Bob Roehr WASHINGTON DC

US president Barack Obama's global health initiative will produce more value for money than current government aid programmes, a senior government official has said.

Amie Batson, deputy assistant administrator for global health, USAID, was speaking at a forum organised by the US think tank the Kaiser Family Foundation in Washington, DC, and said the initiative was an effort to create programmes that have "more value for the money than the US government is investing in the field."

The initiative is billed as more comprehensive than the Bush administration's international AIDS initiative known as the Presidents' Emergency Plan for Aids Relief (PEPFAR). The global health initiative will tackle not only HIV and AIDS but maternal and child health, tuberculosis, malaria, and other tropical diseases.

Jennifer Kates, an analyst with the Kaiser Family Foundation, compared it to trying to move a very large ship on to a different course, "not just rearrange the deck chairs." The global health initiative commitment is $63bn (£41bn; €46bn) over six years, compared with an earlier pledge of $50bn over five years for the Bush plan. "There is some redistribution going on," she said.

Ms Batson said that health clinics should offer a range of services. "We want to make sure that a patient or a client at a health facility has all of their needs met," she said. For example, a woman should be able to access HIV, reproductive health, and child services at the same facility.

The speakers from the Obama administration focused their comments on programmes for women and girls.

When pressed on how the United States would deal with the wave of homophobia that is sweeping through Africa and imperiling HIV activities, Ann Gavaghan from the office of the global AIDS coordinator said the US was committed to serving marginalised populations, including men who have sex with men, by working with non-governmental organisations. She said officials in Kenya have realised they must target men who have sex with men as part of their HIV programmes.

Meanwhile the *Boston Globe* reported that several HIV clinics in Africa supported by PEPFAR have been told to freeze the number of patients they are treating with antiretroviral drugs.

PEPFAR's administrator, Eric Goosby said they will continue to defer starting treatment until a patient's CD4 count drops below 200, rather than follow the guideline of starting treatment when the CD4 count drops below 350 that WHO adopted last December.

Cite this as: *BMJ* 2010;340:c2131

---

decisions, to facilitate direct comparisons.

The report points to the recent merging of four paediatric cancer trials into a single group. "Pediatric patients are assured that they will be offered the best possible trial of the program rather than the trial preferred by a particular group," it says.

"Back office" administrative and data management operations should be consolidated across all the remaining groups for greater efficiency. Greater effort should be put into harmonising all operations, from nomenclature to operations and data fields. Standardisation across trials will allow for more accurate comparisons of outcomes and better direct the next iteration of trials.

The report warns that piecemeal implementation of its recommendations will not suffice; "changes across the board are urgently needed" to bring the 50 year old programme into the 21st century.

A National Cancer Clinical Trials System for the 21st Century is at www.iom.edu.

Cite this as: *BMJ* 2010;340:c2142

US spends the most but doesn't get the best results, a comparison of health data shows

Janice Hopkins Tanne NEW YORK

A multinational comparison of health systems data has found that the United States spends more on health care than other countries but often doesn't get the best results; the United Kingdom comes out in the middle on most measures.

Drs Gerard Anderson and Patricia Marcovich of Johns Hopkins University did the study with funding from the Commonwealth Fund, a non-profit foundation in New York that seeks to improve health care.

They compared data on healthcare spending and outcomes from nine industrialised countries (the US, Switzerland, Canada, France, the Netherlands, Germany, Australia, the United Kingdom, and New Zealand) with the median for the 30 countries in the Organization for Economic Co-operation and Development (OECD). The study compares data between 1996 and 2006, the latest year for which data are available.

In 2006, healthcare spending per capita in the US was double that in OECD countries and the UK ($6714 (£4400; €5000), $2880, and $2760, respectively). During the study period the percentage of gross domestic product spent on health care rose in all countries. In 2006 it was highest in the US (15.3%) and lowest in the UK (8.4%).

The number of patients discharged from hospital per 1000 population in 2006 was highest for France (284), 125 for the UK, 119 for the US, and 87 for Canada. Hospital stays for acute care patients were longest in Germany (8.5 days).

The study is available at www.commonwealthfund.org on the home page at "Multinational Comparisons of Health Systems Data, 2008".

Cite this as: *BMJ* 2010;340:c2144