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Target cheap drinking as we did passive smoking, says CMO

Zosia Kmietowicz LONDON

The chief medical officer for England has called for a minimum price of 50 pence (€0.54; \$0.70) to be charged for a unit of alcohol to reduce excessive drinking and its associated harms.

Liam Donaldson said that antisocial drinking should be targeted in the same way as smoking in public places so that being drunk is no longer an aim or socially acceptable.

“England has a drink problem and the whole of society bears the burden,” said Professor Donaldson at the launch of his 2008 annual report. “The passive effects of heavy drinking on innocent parties are easily underestimated and frequently ignored. The concept of passive drinking and the devastating collateral effect that alcohol can have on others must be addressed on a national scale.”

He said that evidence shows that price and access are the two key factors that can

help to change drinking habits, as they were for tobacco.

Research also shows that the impact of the minimum pricing strategy of 50 pence a unit will target heavy drinkers disproportionately; moderate drinkers would pay an extra £1 a month, but heavy drinkers would pay an extra £14.

Professor Donaldson also called for licence applications for new bars or clubs to be turned down in areas where there are high rates of alcohol related health problems, such as liver cirrhosis.

However, Prime Minister Gordon Brown said that he did not want to penalise most people who drink responsibly by charging them more for alcohol.

Professor Donaldson said that he would press for the minimum price because it was the only evidence based option proposed so far.

“These strong actions on public health are always going to be controversial,” he said. “The report has only just come out, and it needs to be debated and considered. A problem like this needs a backbone. Price and access are the backbone, and I will continue to champion it. If we don’t adopt the evidence then what is plan B? Do we just want to tolerate this problem?”

Selling a unit of alcohol for no less than 50 pence would mean a bottle of wine would cost at least £4.50, a bottle of whisky at least



Professor Donaldson said he would press for an alcohol tariff despite Gordon Brown's rebuff

£14, and six cans of lager at least £6.

Earlier this month Scotland became the first country in Europe to propose a minimum price per unit of alcohol to tackle binge drinking.

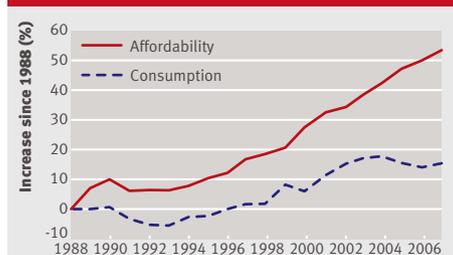
Although alcohol consumption has fallen in many European countries since 1970 it has increased by 40% in England, said Professor Donaldson.

Crime and antisocial behaviour associated with alcohol costs £7.3bn a year in emergency and criminal justice services. Costs to the NHS are estimated at £2.7bn a year.

The report, *On the State of Public Health*, is at www.dh.gov.uk.

Cite this as: *BMJ* 2009;338:b1124

ALCOHOL: AFFORDABILITY AND CONSUMPTION



Source: HM Revenue and Customs; Office for National Statistics

High court rejects challenge to NICE on chronic fatigue syndrome

Clare Dyer BMJ

A legal challenge to guidance that recommends that NHS patients with chronic fatigue syndrome should be treated with cognitive behavioural therapy and graded exercise therapy has been rejected by the High Court in London.

The judge, Mr Justice Simon, expressed concern at allegations by the two patients who brought the action that experts who had

helped formulate the guidelines were biased against other types of treatments and had approached the exercise with closed minds.

He said the “unfounded” claims were “damaging to those against whom they were made and were such as may cause health professionals to hesitate before they involve themselves in this area of medicine.”

He added, “A perception that

this is an area of medicine where contrary views are not to be voiced, and where scientific enquiry is to be limited, is damaging to science and harmful to patients.”

The two patients argued that a decision by the National Institute for Health and Clinical Excellence (NICE) to recommend the two treatments over other possible methods of management was irrational and perverse. They also claimed that four

members of the multidisciplinary guideline development group, which drew up the guidelines, were biased in favour of a psychosocial approach to managing chronic fatigue syndrome and against a biomedical model.

The legal action follows long-standing controversy over the causes and treatment of chronic fatigue syndrome.

Cite this as: *BMJ* 2009;338:b1110

EU directive threatens UK's "spectacular" record in clinical trials

Anne Gulland LONDON

A leading clinician has warned that patients are dying because a European Union directive that was intended to streamline the process of clinical trials has had the opposite effect.

Rory Collins, professor of epidemiology and medicine at Oxford University, told a briefing organised by the Science Media Centre on the threat to clinical trials that the "hugely increased bureaucratic burden" had made it much more difficult to investigate new treatments.

"It's killing people. I believe that's a fact," he said. "People are dying unnecessarily because the way in which the regulation and bureaucracy is working has prevented us getting the evidence we need."

The European Union Clinical Trials Directive came into effect in 2004 with the intention of harmonising clinical trials throughout Europe, lessening the bureaucratic burden, and improving the safety of patients. However, the opposite has happened, said John Bell, president of the Academy of Medical Sciences. He said that the directive had been applied differently in



Collins: bureaucracy is delaying evidence

different EU countries and that the bureaucratic burden has increased. "It is not clear what it has done to patient safety," he added. Governance of clinical research in the NHS has added another layer of bureaucracy in the United Kingdom, he added.

Professor Collins said that multinational, large scale trials were at particular risk because of the spiralling costs of carrying out research. A third of the cost of a large scale trial now goes on site visits to monitor the trial. "Empirical evidence shows that site monitoring is not an effective way of picking up problems," he said.

According to figures from the Medicines and Healthcare Products Regulatory Agency 1085 clinical trials were carried out in the UK in 2005 compared with 1252 in 2008.

Kent Wood, chief executive of the agency, said, "The number of trials is steady but not rising. Considering the investment that has gone into clinical trial infrastructure that is disappointing."

Professor Bell said that the UK's "spectacular" record in the field of clinical trials was in danger of being lost. Figures from the Centre for Medicines Research showed that in 2002 6% of global clinical trials took place in the UK, compared with 2% in 2007, three years after the EU directive took effect.

Cite this as: *BMJ* 2009;338:b1052

New measures to strengthen clinical trials by academics

Jacqui Wise LONDON

Medical research councils in Europe have devised a strategy to strengthen clinical trials that are instigated by academic researchers rather than commercial interests.

The European Medical Research Councils, part of the European Science Foundation, held a series of five workshops to examine the problems that are facing researchers who are conducting clinical trials. The resulting report, *Forward Look: Investigator-Driven Clinical Trials*, lists 26 recommendations to strengthen such research in Europe.

Investigator driven clinical trials tend to have a much broader scope and potential impact than clinical trials driven by industry. Typical topics include proof of concept studies, comparison of diagnostic or therapeutic interventions, surgical therapies, or new indications for registered drugs.

Another example of investigator driven clinical trials is research into rare or orphan diseases, such as osteosarcoma and fibrous dysplasia. The commercial returns are often not enough for drug companies to be interested, and there may be only a few patients in any one country, making research difficult.

The report recommends that regulations governing clinical research are revised. "We need to simplify the mechanisms and create more incentives for researchers to carry out pan-European studies," said Carole Moquin-Patthey, head of the European Medical Research Councils and author of the report.

The report says that central and eastern European countries are facing similar problems but these are more acute and extreme. It calls for funds from the European Union to fund clinical research infrastructure in these countries. "We would like to see the best practice of countries like the United Kingdom, France, and Germany shared and replicated in countries in central and eastern Europe," said Dr Moquin-Patthey.

The report is at www.esf.org/emrc/flidct.

Cite this as: *BMJ* 2009;338:b1111

Health service

Clare Dyer BMJ

The health secretary, Alan Johnson, "must immediately address the wariness of staff throughout the health services to engage with child protection work," a review of the current state of the system for protecting vulnerable children in England has concluded.

GPs, community nurses, and paediatricians "must be helped to develop a wider range of skills and become much more confident in this important area of their work," urged the report, commissioned by the government from Lord Laming.

Ministers have accepted all 58 recommendations of the inquiry, which was set up after the death of baby P, a 17 month old boy who died in Haringey, north London, at the hands of his mother, her partner and their lodger. They announced the setting up of a cross government National Safeguarding Delivery Unit, and a review of the role of the health visitor in child protection, which was highlighted by Lord Laming.

Reforms to the child protection system to promote cooperation between social services, police, and healthcare staff were put in train after an earlier tragedy, the death of 8 year old Victoria Climbié, also from Haringey, in 2000.

But Lord Laming concluded that, although the changes were along the right lines, their

A journey through the

Wendy Moore

LONDON

A journey through 11 years of severe mental illness and recovery is portrayed in an exhibition of paintings and drawings that opens at the Wellcome Collection in London this week (wellcomecollection.org).

The performance artist Bobby Baker began making her cartoon-like drawings when she became a patient at a day centre in 1997. After being diagnosed with borderline personality disorder she continued

to produce her pictures as a way of charting her progress through the mental health system.

The exhibition, *Bobby Baker's Diary Drawings*, features 159 of the eventual 711 pictures that have been selected with the help of her daughter, Dora Whittuck, a trainee clinical psychologist.

"Part of my reason for doing this is to show there is hope. You can get better and there are good things going on alongside the challenging ones," said Ms Baker.

Cite as: *BMJ* 2009;338:b1115

needs to develop expertise in child protection

implementation had been patchy. "Staff across frontline services need appropriate support and training to ensure that as far as possible they put themselves in the place of the child or young person and consider first and foremost how the situation must feel for them."

The government must make sure that "systems are put in place to ensure that GPs and accident and emergency staff have the right information and training to identify and protect a child they fear may be at risk, especially across organisational boundaries."

As well as a shortage of experienced social workers, too few paediatricians are willing to undertake child protection work, after the cases of Roy Meadow and David Southall. These paediatricians were vilified by parents who claimed that they wrongly accused them of harming their children and they faced professional misconduct charges by the General Medical Council.

Doctors also risk their careers if they fail to notice signs of abuse in children who are being harmed. Jerome Ikwueke, the GP who looked after baby P, and Sabah A-Zayyat, a paediatrician who saw him shortly before he died, have been suspended by the GMC and await hearings to decide whether they can return to practise.

Lord Laming called for formal and explicit performance indicators for primary care



JOHN STILLWELL/PA

The march for Baby P called for urgent and far reaching changes to child protection

trusts on safeguarding children, with clarified and strengthened responsibilities on strategic health authorities to manage trusts' performance in child protection.

He recommended a national training programme for the children's health workforce, including paediatricians, midwives, health visitors, GPs, and school nurses, and training opportunities for GPs and social workers.

At present, he said, joint working between social workers, schools, police, and health professionals "too often depends on the commitment of individual staff and sometimes this happens despite, rather than because of, the organisational arrangements."

The report is at <http://publications.everychildmatters.gov.uk>

Cite this as: *BMJ* 2009;338:b1089

mental health maze



Plans for patient feedback criticised

Rebecca Coombes *BMJ*

The Medical Protection Society has criticised government plans to encourage patients to post feedback about their GP on a publicly funded health website.

NHS Choices (www.nhs.uk), a multimillion pound government website, already allows patients to rate hospitals.

Stephanie Brown, director of policy and communications at the Medical Protection Society, a non-profit making organisation that provides legal advice to healthcare professionals, said the plan to extend the NHS Choices service to primary care could lead to "extremely inappropriate" comments being posted online about individual GPs, remarks which may unfairly reflect on a doctor's clinical competence.

"Patients base their judgments of doctor's ability on many factors—especially, in our experience, the doctor's interpersonal and communication skills—and these factors can be extremely misleading when it comes to

judging a doctor's clinical competence."

Dr Brown added, "There is potential for anonymous online patient feedback to be uncontrolled, leading to inappropriate and even defamatory comments, which could unjustifiably damage a practice's reputation."

There are already commercial doctor rating sites in the United Kingdom but this is the first time that government money has been used to support a service of this kind.

The plans, announced as part of the *Working Together: Public Services on your Side* package, which sets out the government's vision for the future of public services, also drew concern from Hamish Meldrum, chairman of the BMA.

He said, "The consumerist approach being advocated by the government is not well suited to the NHS. Patients are not supermarket customers, and doctors are doing more than providing an easily rated commodity."

Cite this as: *BMJ* 2009;338:b1102

See **HEAD TO HEAD**, p 688

Glasses for more people would help world economy, study says

Roger Dobson ABERGAVENNY

More than 150 million people worldwide are visually impaired or blind as a result of not having appropriate glasses, according to a report. Uncorrected and undercorrected refractive error is estimated to cost the world economy up to \$428bn (£308bn; €333bn) in lost productivity (*Bulletin of the World Health Organisation* 2009, doi:10.2471/BLT.08.055673).

It “has a potentially greater impact on the global economy than all other preventable vision disorders,” say the authors.

The authors, who used national population, epidemiological, and economic data, say that the size of this correctable burden has been overlooked because epidemiological studies have tended to focus on best corrected sight rather than presenting sight.

“Refractive error is correctable with eye-

glasses, contact lenses, or laser surgery. In the absence of correction, distance vision impairment may limit function,” they say.

In the study, visual impairment resulting from undercorrected refractive error was defined as a visual acuity worse than 6/18 in the better eye that could be improved to 6/18 or better.

An estimated 158.1 million people had visual impairment from undercorrected refractive error based on the 2007 global population. Of these, 8.7 million were blind. The Western Pacific World Health Organization region, including China and Vietnam, had the greatest caseload, with 62.0 million cases. The South East Asia region, including Bangladesh, India, and Nepal, had 48.7 million cases.

The highest prevalence was in the Western Pacific (3.98%) and South East Asia (3.23%).



The highest prevalence of undercorrected refractive error was in the Western Pacific and South East Asia

The lowest was in Africa (0.82-0.86%).

After adjustment for rate of participation of labour force and rate of employment for each country the total global loss in productivity associated with undercorrected

Obama plans to repeal Bush's “conscience clause” ruling

Janice Hopkins Tanne NEW YORK

President Barack Obama's administration began legal steps to reverse the controversial “conscience clause.” The ruling was issued in the last days of George W Bush's administration and took effect the day President Obama was inaugurated.

The ruling requires healthcare providers

to certify in writing that they do not discriminate against healthcare workers who refuse to take part in procedures to which they have moral or religious objections (*BMJ* 2008;337:a3122). The ruling mentions abortion but does not define it and could apply to workers who object to any procedure. Providers who do not sign up to the ruling could face financial penalties.

Medical, civil rights, women's rights, state officials, and advocacy groups oppose the ruling. They say that existing federal laws protect people who do not want to participate in abortions, sterilisations, giving contraceptive

advice, or other legal procedures.

The ruling applies to nearly 600 000 health providers, 5000 hospitals, 250 000 doctors' offices, and 60 000 pharmacies. Besides doctors and nurses, it applies to workers who clean instruments, schedule appointments, or perform other routine tasks. They are not required to refer patients to a provider who offers the services.

On 10 March the Department of Health and Human Services placed a notice in the Federal Register proposing to rescind the conscience clause and opened a 30 day comment period that will end on 9April.



Dr Margaret Hamburg specialised in internal medicine and is an expert in bioterrorism

Former New York health commissioner

Janice Hopkins Tanne

NEW YORK

President Barack Obama is expected to name Margaret Hamburg, a former New York city health commissioner and a bioterrorism expert, to head the Food and Drug Administration and Joshua Sharfstein, Baltimore's health commissioner, as her deputy, according to media reports.

The appointments are expected to be formally announced this week.

Dr Hamburg's appointment will need to be confirmed by the Senate.

Dr Hamburg, aged 53, is a graduate of Harvard University and Harvard Medical School. She trained at New York Presbyterian Hospital and specialised in internal medicine. She later did neuroscience research at Rockefeller University in New York and at the National Institute of Mental Health in Bethesda, Maryland. She then worked on

AIDS research at the National Institutes of Health.

She was appointed New York city health commissioner in 1991, when the city was plagued with an epidemic of tuberculosis, with many of the drug resistant cases in people also infected with HIV. In 1992 New York had 14% of US tuberculosis cases, but 61% of the nation's drug resistant cases. Funding for tuberculosis control and treatment and health department staffing had



INDRANIL MUKHERJEE/GETTY IMAGES

refractive error was \$268.8bn.

Almost half of the potential productivity loss was in the Western Pacific (\$111.2bn). The Africa and the Eastern Mediterranean regions had fewer cases (6.7 and 3.4 million

and an estimated loss in productivity of only \$3.5bn each.

“We estimated that visual impairment resulting from URE [undercorrected refractive error], including blindness, affected 0.8 to 4.0% of the world’s population in 2007,” say the authors.

They say the cost of providing eyeglasses to tackle the problem is not known. The authors calculate that based on glasses being replaced every three years, an additional 53 million pairs would be needed annually to tackle the problem.

They estimated, by extrapolation from a US based study, that the direct costs of spectacle provision to this many people might be about \$26bn.

“This is an order of magnitude less than the estimated cost to the global economy associated with URE,” they say. “The indirect costs of scaling up existing refractive services to meet this burden is unknown, but the estimates suggest that global provision of eyeglasses to those with visual impairment may result in net economic gain.”

Cite this as: *BMJ* 2009;338:b994

The health department will review comments and may then issue a new ruling.

The department notes that people who criticised the Bush ruling “asserted that the rule would limit access to patient care and raised concerns that individuals could be denied access to services, with effects felt disproportionately by those in rural areas or otherwise underserved. The Department [of Health and Human Services] believes that the comments on the [previous] rule raised a number of questions that warrant further careful consideration.”

The Federal Register document notes that

it would cost an estimated \$43.6m (£31m; €34m) each year to comply with the Bush certification rule. The healthcare industry would save that amount if the rule was rescinded. It would also save money under a paperwork reduction act.

Numerous conservative groups have objected. David Stevens, chief executive officer of the Christian Medical Association, said, “The real threat to healthcare access is driving out every healthcare professional who conscientiously practices medicine according to life affirming ethical standards.”

Cite this as: *BMJ* 2009;338:b1126

to lead Food and Drug Administration

been substantially cut in the 1970s and 1980s.

Dr Hamburg brought organisational skills to the job and enlisted a team of eager young doctors and outreach workers. They developed a plan to combat the epidemic using directly observed therapy and convinced the mayor and state and federal health officials to provide much more funding. The epidemic was controlled at an estimated cost of \$1bn.

As health commissioner, Dr

Hamburg also raised childhood immunisation levels and set up a programme to prepare for a possible bioterrorist attack with an infectious agent such as anthrax.

After leaving the New York post in 1997, she served as assistant secretary at the Department of Health and Human Services during the Clinton administration, where she worked on bioterrorism. She then moved to the Nuclear Threat Initiative, which focuses

on nuclear, chemical, and biological threats.

Dr Sharfstein, nominated to serve as her deputy, is a 39 year old paediatrician who was educated at Harvard. Before becoming Baltimore’s health commissioner he was a health policy adviser to the representative Henry Waxman, the California Democrat who is a leader on health matters in Congress. He also worked on Mr Obama’s transition team.

Cite this as: *BMJ* 2009;338:b1042

China tells doctors to quit smoking to set example for patients

Ben Bland SINGAPORE

The Chinese health ministry has launched a campaign to stop smoking among doctors and other medical workers. More than half of male Chinese doctors smoke, reflecting the widespread consumption of tobacco in the country, which is the world’s biggest producer of cigarettes.

The health ministry hopes to convince doctors to quit the habit and set a better example for the 350 million Chinese people who smoke. Ten medical schools and 10 medical associations have signed up to the campaign and pledged to make their premises smoke-free.

“The aim is to develop smoke-free hospitals and create a generation of tobacco control experts in the medical community who will champion a reduction in smoking,” Sarah England, a tobacco control



ANDREW WONG/GETTY IMAGES

Almost 57% of male doctors smoke, just below the population average

expert in the World Health Organization’s Beijing office, told the *BMJ*. “We want doctors to be role models and advocates of good, healthy behaviour, rather than exposing patients and other staff to a toxic substance.” China’s health minister, Chen Zhu, was reported by state media as saying, “Medical workers and those who take the decisions regarding people’s health should take the lead to quit smoking and completely ban indoor smoking to set a good example for their patients and others who look up to them. International experience has it that when doctors give up smoking, it encourages a lot of others to kick the habit.”

China has the highest rate of smoking among doctors in the world, according to the China Preventive Medicine Association, with 56.8% of male doctors using tobacco. In the general population 57.4% of men and 2.6% of women smoke, according to the latest national survey, which was completed in 2002.

In China, more than 670 000 people died of smoking-related illnesses in 2005.

Cite this as: *BMJ* 2009;338:b993

IN BRIEF

Experts to review cervical screening age:

The health minister Ann Keen has asked the Advisory Committee on Cervical Screening to review the evidence to determine whether women younger than 25 in England should be routinely screened for cervical cancer. The findings will be presented later this year.

UN predicts fall in fertility rates:

The United Nations estimate that global fertility will decline from 2.56 children per woman in 2005-10 to 2.02 in 2045-50. The biggest reduction is projected in the world's least developed group of nations, falling from 4.39 to 2.41 children per woman.

Breast screening uptake high among older women:

Many more older women attended for breast screening after an invitation than had previously referred themselves, according to a study that looked at English screening units that began inviting women aged 65-70 between 2001 and 2004 (*British Journal of Cancer* 2009 Mar 10, doi:10.1038/sj.bjc.6604981). Average uptake was 72.8% for women aged 65-70 and 76.7% for women aged 50-64.

Spanish GP dies after shooting:

María Eugenia Moreno Martínez, a 34 year old Spanish general practice registrar, died on 11 March in hospital after being shot by a 74 year old retired taxi driver while on duty at a primary healthcare centre in Moratalla, in Murcia. According to Spain's civil guard, the man had attended an appointment there the previous day which had apparently left him dissatisfied.

First palliative care service for homeless people in the UK:

The charities Marie Curie Cancer Care and St Mungo's have launched the United Kingdom's first palliative care service for homeless people with a terminal illness. About 30 men and women die each year while resident in one of St Mungo's hostels or supported housing projects. Their average age is about 40.

Pharmacist to be sentenced for fraud:

The pharmacist Hooman Ghalamkari was due to be sentenced this Wednesday at Worcester crown court after pleading guilty to offences against the NHS worth £34 000 (€37 000; \$48 000). Dr Ghalamkari was dispensing the lower priced non-proprietary drug simvastatin and claiming payment for the more expensive branded Simvador. He also kept prescription charges and said patients were exempt.

Cite this as: *BMJ* 2009;338:b1130

Dutch experts refute claims that HPV vaccination is risky

Tony Sheldon UTRECHT

Public health experts in the Netherlands have moved to refute "demonstrably incorrect" claims made against the new national human papillomavirus (HPV) vaccination programme that threaten to reduce uptake of the vaccine.

The Dutch Institute of Public Health and the Environment, which is responsible for the programme, fears that girls are being deterred by "irresponsible" and "unfounded statements" made through websites, chain letters, and fly posting at vaccination centres.

Vaccination began on 2 March, when the first 70 000 of a total of 380 000 13 to 16 year old girls were invited to be vaccinated against



ROBERT VOS/ANP

Uptake in the first week of the campaign was only 60% compared to an anticipated 80%

the HPV 16 and 18, which are thought to account for three quarters of infection. In the first week about 42 000 responded, a national uptake of 60%. The institute had hoped that uptake would exceed 80%.

The institute now highlights on its web page "the fables and the facts," refuting "the wildest stories doing the rounds." These include claims that the vaccine "changes human genetic structure," resulting in infertility; that HPV infection can be prevented through vitamin A and folic acid; and that if women are already infected with HPV then vaccination will increase their chance of developing cervical cancer by 45% (www.prikenbescherm.eu).

Roel Coutinho, director of the institute, has written a public letter to the Dutch Association of Critical Vaccination, a group set up in 1994 by people with a negative experience of vaccination. He accuses it of damaging women's health by spreading claims that are not based on scientific knowledge.

Professor Coutinho explained that until now groups that oppose vaccination had little impact in the Netherlands. "Last week that changed. When we saw we were close to 60% we realised they were doing a lot of harm. That triggered a change in attitude, and we had to confront them directly," he said.

Hester Visser, chairwoman of the critical vaccination group, said, "Our aim is to give people information to make them aware of their own responsibility and their own choice." The group opposes the HPV vaccine because "it has not been on the market long enough to guarantee the promised results."

Cite this as: *BMJ* 2009;338:b1109

Trust sacrificed patient care to financial matters,

Oona Mashta LONDON

The government's flagship policy for hospitals to become foundation trusts has been blamed for staff cuts at one trust that compromised patient safety and led to some patients' deaths, according to the Healthcare Commission.

Mid-Staffordshire NHS Foundation Trust "significantly" reduced staff in a bid to save money in its drive to become a foundation trust, which resulted in higher than normal death rates in emergency care, an investigation by the health watchdog has found.

The report said, "Its strategic focus was on financial and business matters at a time when the quality of care of its patients admitted as emergencies was well below acceptable standards."

Ian Kennedy, the commission's chairman, said, "This is a story of appalling standards of care and chaotic systems for looking after patients. There is no doubt that patients will have suffered, and some of them will have died as a result."

He added, "Trusts must always put the safety of patients first. Targets or an application for foundation trust status do not lessen a board's responsibility to its patients' safety."

The commission warned trusts nationally to ensure that a preoccupation with finances and strategic objectives did not compromise patients' care.

Problems identified by the commission during its investigation between March and October 2008 were failings in emergency

Screening is effective in early detection of ovarian cancer

Jacqui Wise LONDON

Population screening for ovarian cancer is feasible and can detect tumours at an early stage, preliminary results from a large randomised controlled UK trial show (*Lancet Oncology* 2009 Mar 11). However, the screening tests missed about 10% of cases of ovarian cancer, and some women had surgery for suspected cancer when they were, in fact, healthy.



Professor Ian Jacobs said the test was not yet perfect

primary care trusts in England, Wales, and Northern Ireland, the researchers recruited a total of 202 638 postmenopausal women aged 50-74 by random invitation. The coordinating team at UKCTOCS, led by Usha Menon, senior lecturer at the Institute for Women's Health, used a number of innovative approaches to recruit the large number of women needed for the trial (*BMJ* 2008;337:a2079).

The UK Collaborative Trial of Ovarian Cancer Screening (UKCTOCS) involves more than 200 000 women. The full mortality results will not be released until 2014, but the results of the preliminary screening have been published.

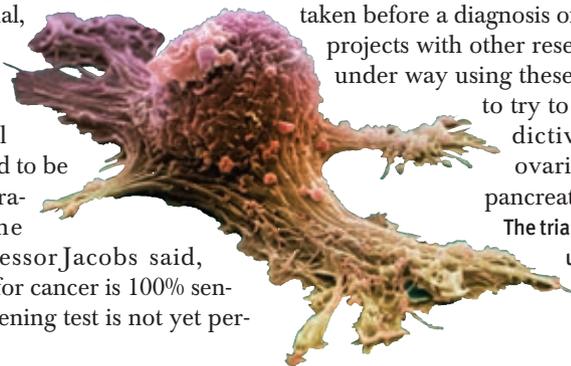
The preliminary screening detected 84 primary ovarian and three tubal cancers. Almost half of the cancers detected were at an early stage (I or II). However, 13 ovarian cancers were missed and were diagnosed clinically in the ensuing year.

Ian Jacobs, director of UKCTOCS and of the University College London Institute for Women's Health, said, "We have shown that it is possible to detect the majority of women with ovarian cancer before they show symptoms of the disease. This is very encouraging. The key end point is whether we can reduce mortality, and we will know this in four or five years."

Using the health authority registers of 27

The women were randomly assigned to no treatment or annual screening with one of two methods: a blood test for the protein CA125 with transvaginal ultrasonography as a second line test (multimodal screening) or transvaginal ultrasonography alone. Concentrations of the protein CA125 are often raised in women with ovarian cancer. The researchers used an algorithm with CA125 concentrations and age to triage the women into groups at normal, abnormal, or intermediate risk.

The sensitivity of the multimodal screening was found to be 89.4%, and for ultrasonography alone it was 75%. Professor Jacobs said, "No screening test for cancer is 100% sensitive, and this screening test is not yet per-



fect. But we are encouraged with the level of sensitivity that we reached, and hopefully in the future, possibly with more markers, we will get closer to the 100% level."

The specificity between the two strategies differed: 99.8% in the multimodal group and 98.2% in the ultrasonography group. This was partly because of the number of women who have benign ovarian cysts that are detected by ultrasonography. A proportion of these women have to have surgery and examination of the ovarian tissue before ovarian cancer can be ruled out.

Professor Jacobs said, "False positives are a real issue. With the multimodal approach the rate was low and acceptable, but with ultrasonography there were 20 false positives for each case of ovarian cancer, which, if this level was sustained, would be of concern." However, he added that the rate of false positive results is always higher in the initial screening because of the high number of benign ovarian cysts, and once these are screened out the false positive rate should be lower.

Blood samples were collected from all the women at the beginning of the trial. This biobank is likely to be a useful resource for researchers, because the samples were taken before a diagnosis of cancer. Several projects with other research groups are under way using these serum samples

to try to find better predictive markers for ovarian, breast, and pancreatic cancers.

The trial website is www.ukctocs.org.uk.

Cite this as: *BMJ* 2009;338:b1084

STEVE GSCHEWESSNER/SPFL

commission says

health care, leadership, and management as well as a shortage of adequately trained doctors and nurses, and a lack of equipment.

The most senior surgical doctor in the hospital after 9 pm was often junior and inexperienced, it found. The commission also found serious concerns with the emergency assessment unit, where patients were not properly monitored.

The new chief executive Eric Morton, who apologised for the poor standard of care in the past, said, "As an NHS foundation trust we have made significant changes and put in place new management."

Investigation into Mid-Staffordshire NHS Foundation Trust is at www.healthcarecommission.org.uk.

Cite this as: *BMJ* 2009;338:b1141

No progress made on illicit drug use since 1998

Rory Watson BRUSSELS

The global illegal drug problem has not reduced during the past 10 years despite stronger policies to help users and tackle traffickers, according to a report prepared for the European Commission.

The assessment came as the United Nations Commission on Narcotic Drugs met in Vienna last week, to review the progress made since the 1998 special session of the United Nations General Assembly on drugs.

The authors of the study maintain that despite the political impetus that the UN gave to an antidrug policy, the global drug problem has clearly not improved over the past decade.

"For some countries (mostly rich ones),

the problem declined, but for others (mostly developing or transitional) it worsened, in some cases sharply and substantially... We think that drug policy had no more than a marginal positive influence."

The report notes that although the number of cannabis users may have declined, the sudden and substantial rise in people who seek treatment suggests that consumption and harm may have increased.

Cocaine consumption has remained roughly stable, but its use has been redistributed among more countries.

A Report on Global Illicit Drug Markets 1998-2007 is at http://ec.europa.eu/justice_home/doc_centre/drugs/studies/doc_drugs_studies_en.htm.

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