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UN condemns Syria for denying protestors access to medical aid

John Zarocostas GENEVA

The United Nations Human Rights Council condemned Syria on Friday 29 April for resorting to lethal violence in its intensified crackdown against antigovernment protestors and for denying access to medical treatment.

"The preponderance of information emerging from Syria depicts a widespread, persistent, and gross disregard for basic human rights by the Syrian military and security forces," said Kang Kyung-wha, the UN's deputy high commissioner for human rights.

She said that information gathered showed "the widespread use of live fire against protestors . . . torture of detainees . . . and attacks against medical personnel, facilities, and patients."

In a special session the 47 member council adopted a resolution that unequivocally condemned the killings and "the hindrance of access to medical treatment" and launched a UN investigation into all the alleged violations and crimes perpetrated, "with a view to avoiding impunity."

Eileen Chamberlain Donahoe, the US ambassador to the council, who sponsored the resolution, told the *BMJ*, "The facts on the ground hit an emotional nerve and galvanised us into action." The adopted text also urges the Syrian government to put an end to all violations and "to allow the provision of urgent assistance to those in need."

Peter Splinter, Amnesty International's representative, said, "We have received harrowing, first hand testimony of torture and other ill treatment, including severe beatings with sticks, rifle butts, and cables, electrocution, and sexual assault, that have been meted out on detainees, some of them children."

Amnesty has also compiled, he said, the names of more than 450 persons reported to have been killed by government forces.

Earlier, on 27 April, B Lynn Pascoe, the UN's undersecretary general for political affairs, told the UN Security Council in New York that reliable sources had reported "the shooting of medical personnel who attempt to aid the wounded; raids against hospitals [and] clinics . . . [and] the purposeful destruction of medical supplies and arrest of medical personnel."

Cite this as: *BMJ* 2011;342:d2791

ROCHE

The NHS could save £100m a year if bevacizumab (above) were used instead of ranibizumab

Cheap drug for wet AMD found to be as good as costly rival

Nigel Hawkes LONDON

An eagerly awaited trial has shown that millions of pounds a year could be saved through the use of an anticancer drug to treat the neovascular or "wet" form of age related macular degeneration (wet AMD).

The trial showed that bevacizumab (marketed as Avastin) is as effective in improving sight as ranibizumab (Lucentis), at a fraction of the cost. Although unlicensed for the condition, bevacizumab is already widely used to treat wet AMD because its mode of action is similar to that of ranibizumab, and earlier trials have indicated that it works just as well.

The comparison of age related macular degeneration treatment trials (CATT) was funded by the US National Institutes of Health to determine whether the two drugs really are equally good. Its results, reported in the *New England Journal of Medicine* (doi:10.1056/NEJMoa1102673), show no difference in the primary outcome of change in visual acuity. But the trial, of 1185 patients in 44 clinical centres, was too small to show any significant differences in numbers of adverse events.

Both drugs are manufactured by Roche and act by inhibiting the growth of blood vessels. As a cancer treatment bevacizumab is sold in larger doses, making it possible for pharmacies to split them into the much smaller quantities needed for injection into the eye. Although a single dose of ranibizumab costs $2000 (£1215; €1350) in the United States, the equivalent dose of bevacizumab costs $50, the *New England Journal of Medicine* reports.

The trial randomised patients to monthly injections with either drug or to receive injections when signs of active disease recurred, and results were reviewed after a year of treatment.

Visual acuity improved in all four groups, with no evidence that one drug was inferior to the other, either when used monthly or when used as disease recurred. The average rise in the number of letters that patients could read on an optical chart was around 7.2 when the drugs were used monthly and slightly less under the alternative regime.

The team responsible concludes: "The drugs had equivalent effects on visual acuity at all time points."

Since NICE approved ranibizumab in 2008, primary care trusts in England have been legally obliged to provide it.

Calculations show that as much as £100m a year might be saved in England by a switch to bevacizumab.

Cite this as: *BMJ* 2011;342:d2794

IN BRIEF

Ivory Coast health services are depleted by conflict: The health situation in the conflict affected regions of Montagnes and Moyen-Cavally in Ivory Coast remains critical, with more than 50% of health centres and 62% of district hospitals not functioning, says the World Health Organization. Also, 58% of surgeons and gynaecologists and 72% of GPs (who have not received salaries for three months or have fled the conflict) are absent.

Cases of malaria rise by a third in UK: The number of reported malaria infections in the United Kingdom rose from 1370 cases in 2008 to 1761 in 2010, show figures from the Health Protection Agency. Most infected people had not taken precautions (850 (85%) of the 997 with information available). Over the past 10 years around half of all the cases have been in people who travel to West Africa or India, mostly to visit friends and relatives.

Spain's smoking ban has desired effect: One hundred days after Spain imposed a ban on smoking in public places, 64% of the citizens support the measure, 19% of smokers consume slightly less tobacco, and 10% smoke much less, shows a survey of 1562 people by the Spanish Consumers and Users Organisation. Overall numbers of visits to restaurants and bars have not fallen.

Mother withdraws request for daughter to be sterilised: The mother of a 21 year old UK woman with "significant learning difficulties" has withdrawn her application for a Court of Protection ruling allowing her to be sterilised. The case originally came to court in February, the day before the woman was due to give birth to her second child, but was adjourned for expert evidence to be obtained. Now the mother has decided she no longer wants the sterilisation to go ahead.

Eradicating avian flu will take a decade or more: Eliminating the highly pathogenic H5N1 avian flu virus from poultry in the six countries where it remains endemic—Bangladesh, China, Egypt, India, Indonesia, and Vietnam—will take 10 or more years and require consistent engagement rather than just an emergency response, says a report by the Food and Agriculture Organization. Avian flu in humans has a high death rate.

Cite this as: *BMJ* 2011;342:d2770

Safer care depends on in-depth investigation, not quick fixes

Jane Feinmann LONDON

Safe healthcare measures should be proactive, building on extensive investigation of the causes of high risk behaviour in medicine, rather than quick fix reactions to harmful incidents, a conference has heard.

Matthew Cooke, professor of emergency medicine at Warwick Medical School and leader of the UK Health Foundation's safer clinical systems programme, warned, "We don't treat patients before we know what's wrong with them, and in the same way we shouldn't assume there are transferable quick fixes for human factor issues in healthcare." He was speaking at a seminar in London last week organised by the Clinical Human Factors Group, an increasingly influential independent coalition of healthcare professionals and managers and users of services.

Professor Cooke was explaining the need for a second, two year phase of the safer clinical systems (SCS) programme, which is due to be launched next month. It will build on an initial two year study, launched in October 2008 (and piloted in Bolton, Hereford, Lothian, and Plymouth), to find out the extent and causes of unreliable practices in prescribing and clinical handovers that lead to patients being harmed.

"We have learnt important lessons from SCS phase 1," Professor Cooke told the seminar. "We know that clinical care becomes safer when practitioners are less tolerant of risks, for instance during the handover process between shifts. We also now have evidence that staff need to think about the whole patient pathway . . . rather than focusing on that part of it that is relevant to their own jobs.

"Furthermore, we have found that solutions themselves are less important than the motivation behind understanding the system and implementing the solutions."

But he said that before the programme could be rolled out nationally it was necessary to get feedback on the best way to achieve the standards that ensure high reliability all along the patient pathway. "That is why we are now seeking eight provider organisations . . . for a further two year phase of the programme," he said.

Stephen Moss, chairman of the Mid-Staffordshire NHS Foundation Trust, acknowledged the need for "systemic, sustainable improvements" that would take time to implement, but he told the seminar that quick fixes also had a place in restoring the confidence of patients.

Sir Stephen, who was appointed chair of the troubled trust in July 2009, said, "There has been huge pressure to deliver quick fixes to change the culture of an institution that had become insular and marginalised and had forgotten that a hospital exists to provide high quality, safe and compassionate care—and rightly so."

Cite this as: *BMJ* 2011;342:d2685

PETER SCHOLEY/ALAMY

The report says some decisions, such as building the Paddington Health Campus at St Mary's, need to be revisited when conditions change

Watchdog warns over future use of private finance initiative

Adrian O'Dowd LONDON

The United Kingdom national spending watchdog has issued a warning over future use of any private finance initiatives to build hospitals, saying other ways of funding public projects might be better value for money.

The National Audit Office (NAO) says, in a report published on 28 April, that there has been no thorough value for money evaluations of existing private finance initiative (PFI) projects by government departments, so future projects have to be approached with caution.

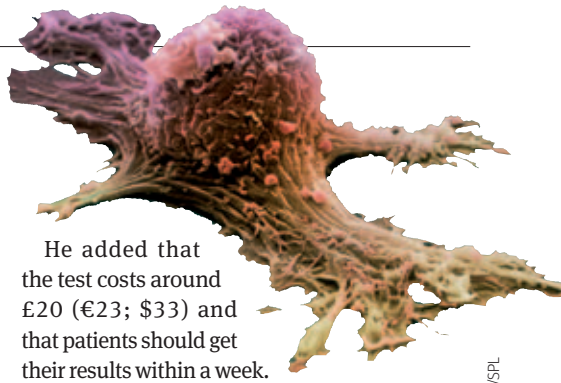
Currently 698 PFI projects have been signed in the UK with a combined capital value of £52.9bn (€59.4bn; $87.3bn). Such projects include agreements in which private companies build hospitals and NHS trusts repay the cost over a period of years, typically 30 years. In England there are 98 operational PFI NHS schemes.

The report says there are many useful lessons that have been learnt from using PFI in the past that can be used to improve other forms of procurement.

The government could do more to act as a "demanding and intelligent customer" in the procurement and management of projects, says the report, because it had so far failed to use its market position to obtain economies of scale.

Most PFI schemes are procured and managed locally, even though local bodies are often not well placed to use the government's buying

Use CA125 test for symptoms of ovarian cancer, says NICE



STEVE GSCHMEISSNER/SPL

Anne Gulland LONDON

GPs should test the blood of women who present with persistent symptoms of ovarian cancer, the UK National Institute for Health and Clinical Excellence has recommended.

In its first clinical guideline for England, Wales, and Northern Ireland on ovarian cancer, NICE is recommending that women be offered a blood test to detect the concentration of protein CA125 if they have experienced any of the following symptoms more than 12 times a month: persistent abdominal distension; early satiety or loss of appetite; pelvic or abdominal pain; and increased urinary urgency or frequency.

Women over the age of 50 who have experienced symptoms within the past 12 months that suggest irritable bowel syndrome should also be investigated for ovarian cancer, because the syndrome rarely presents for the first time in women of this age, NICE says.

If the concentration of serum CA125 is 35 IU/ml or greater then patients should undergo ultrasonography of the abdomen or pelvis. If the result of the blood test is negative but symptoms persist, "the symptoms need to be investigated, and it may well be an ultrasound test that the GP arranges," said Sean Duffy, medical director of the Yorkshire Cancer Network and chairman of NICE's ovarian cancer guideline development group.

The guidelines overturn current NICE recommendations that doctors carry out an abdominal palpation and consider pelvic examination if women present with symptoms of ovarian cancer (*Referral Guidelines for Suspected Cancer*, 2005).

Ovarian cancer is the fifth most common cancer among women in the UK, with around 6800 cases diagnosed every year. Five year survival is just 35%.

The UK lags behind other European Union countries in treatment of ovarian cancer because the nature of the symptoms means that many women are sent down a gastrointestinal treatment pathway.

Charles Redman, a consultant gynaecological oncologist who helped develop the NICE guidelines, said, "For the majority of women who present with ovarian cancer [their cancer] will be diagnosed when the disease is advanced. If the disease is diagnosed at an early stage the overall five year survival rate approaches 90%."

The blood test is already available in secondary care, and NICE does not believe that wider use of the test will be a great financial burden on the NHS. The cost will be offset by fewer patients going to gastrointestinal clinics, said Dr Duffy.

He added that the test costs around £20 (€23; $33) and that patients should get their results within a week.

Willie Hamilton, professor of primary care diagnosis at the Peninsular College of Medicine and Dentistry in Exeter, welcomed NICE's guidance but said that the issue of testing for ovarian cancer was "a tricky one." There is pressure from the government to improve diagnosis of four major cancers, of which ovarian cancer is one, but the evidence for the tests available is still minimal, he said.

Professor Hamilton told the *BMJ*, "We really have precious little evidence of how useful CA125 is as a diagnostic test for ovarian cancer in primary care. But that is also true for transabdominal and transvaginal ultrasound. Both tests will have a number of false positives.

"However, the bottom line is that we have two tests that GPs are being offered, neither of which has a strong primary care evidence base. But having two tests is better than having just one—or none at all."

The Recognition and Initial Management of Ovarian Cancer **is at http://guidance.nice.org.uk/CG122.**

Cite this as: *BMJ* 2011;342:d2695

power on common services such as catering, cleaning, and building maintenance.

Uncertainty in finance markets, since the onset of the credit crisis in 2008, has made the use of private finance more expensive, say the authors.

The watchdog says it has identified several "enablers of success" for the public sector to use when procuring, including:

- collecting better data to inform decision making
- establishing effective arrangements to test, challenge and, if necessary, stop projects
- using commercial awareness to obtain better deals.

Automatically using PFI to fund public projects should be questioned more, according to the report, which says: "In the current climate, PFI may not be suitable for as many projects as it has been in the past. The lessons from PFI can, however, be applied to improve other forms of procurement."

Lessons from PFI and Other Projects **is at www.nao.org.uk/publications.aspx.**

Cite this as: *BMJ* 2011;342:d2761

MPs raise fears over government's lack of plans if NHS reforms result in failure

Adrian O'Dowd LONDON

The government has inadequate safeguards in place to deal with any failures that may happen as part of the NHS reforms in England, MPs have warned.

No fully developed risk management protocol exists for the new commissioning bodies or providers under the new style NHS as envisaged by the Department of Health, said MPs on the House of Commons Public Accounts Committee in a new report.

The report, published on 27 April, raises several concerns about plans to reform the NHS, as outlined in the government's Health and Social Care Bill, published in January (*BMJ* 2011;342:d418).

The government wants to transform the NHS into a devolved, market based model in which local commissioners (consortiums of GPs) and providers of health services are freed from central control.

MPs, however, said it was clear from the evidence they took as part of their recent inquiry that many critical issues had yet to be resolved.

"Most important, for instance, the Department [of Health] has not yet got a framework to deal with failure in the system, be it on the provider side or the commissioning side," says the report.

"Establishing strong, effective systems of governance and clear lines of assurance and accountability supported by robust flows of information will be key to ensuring that public money is safeguarded."

The report asks how continuity of services would be safeguarded if a GP consortium or foundation trust hospital was failing or failed.

National Health Service Landscape Review **is at www.parliament.uk.**

Cite this as: *BMJ* 2011;342:d2683

Margaret Hodge, chair of the Public Accounts Committee, said patients needed protection

DOMINIC LIPINSKI/PA WIRE

Spanish surgeons perform country's first transplant chain

Aser García Rada MADRID

Surgeons from Barcelona and Granada have just carried out Spain's first renal transplant chain. This was innovative not just because it was a chain operation involving six people but because it involved an altruistic "good Samaritan" donor, who offered a kidney not knowing who the recipient would be. The other people were two married couples and one recipient who was on the transplant waiting list.

The successful series of transplantations was announced in Madrid on 27 April by Leire Pajín, the health minister. Spain is the third European country to use this technique, which has also been used in the United Kingdom, the Netherlands, and the United States. "The whole of Spanish society and the entire public health system can be proud," Ms Pajín said.

The chain was coordinated by the Spanish National Transplant Organisation. The altruistic donor was a priest. Each couple comprised one donor and one recipient, but because of incompatibility between the partners in each couple an elaborate swap of kidneys was needed (figure). Laparoscopic techniques were used in all of the grafts.

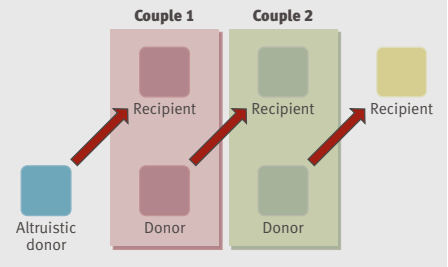
The surgery took place on 6 April at the Hospital Virgen de las Nieves in Granada and the Fundación Puigvert in Barcelona. The six participants have all been discharged from hospital and are progressing well, Ms Pajín said. "Although any donation is altruistic, the good Samaritan is the ultimate altruistic donor," she said. "The generosity of Spanish people is one of the pillars of our country's global leadership in terms of donation and transplantation," she added.

In 2009 the Netherlands had 25 transplantations involving an altruistic donor, and in 2010-11 in the UK 40 operations involving an altruistic donor were carried out. Altruistic donation is relatively new in Spain.

Paired, pooled, and chain kidney transplantations are outlined in the *Student BMJ* (2010;18:c1602).

Cite this as: *BMJ* 2011;342:d2798

HOW THE CHAIN TRANSPLANT WORKED



Less than a fifth of US medical students choose primary care

Jeanne Lenzer NEW YORK

Far fewer US medical students plan to go into primary care than two decades ago, a study shows.

The United States faces a "troubling shortage in its primary care medical workforce," say the authors of the analysis, published this week in the *Archives of Internal Medicine* (2011;171:744). Surveys of graduating students in 1990 and 2007 show that although about a quarter of graduating medical students in both years planned to go into internal medicine, the proportion planning to go into general internal medicine fell from 9% to 2%.

General internal medicine, along with paediatrics and family medicine, comprise what is referred to as "primary care" in the US.

Primary care doctors are becoming rarer overall in the US as many paediatricians and internists elect to go into subspecialties or to become hospital doctors. The authors report that only 16% to 18% of medical students will go into primary care.

A "pending crisis," say the authors, is being caused by "a convergence of increased demand (aging, chronically ill baby boomers, and an obesity epidemic) with decreasing supply (retiring physicians, fewer clinical work hours among younger physicians, and fewer students choosing primary care careers)."

Medical students are increasingly likely to be female (52% versus 37%) and to graduate with greater debt: 86% of 2009 graduates owed an average educational debt of $158 000 (£95 000; €107 000), and the overall average debt was $132 000.

Money figures prominently in the choices made by graduating students. Mark Schwartz, lead author of the analysis and associate professor of medicine at New York University, said that the income gap between generalist and specialist doctors has widened over the years. Over a 40 year career a specialist can expect to make $3.5m more than a primary care physician.

Dr Schwartz told the *BMJ* that money "is a proxy for prestige and status"—two considerations that affect the choices of graduating medical students.

US doctors were complicit in Guantánamo Bay torture, report says

Helen Mooney LONDON

Inspection of medical records, case files, and legal affidavits shows compelling evidence that the medical personnel who treated detainees at Guantánamo Bay US Naval Base in Cuba were complicit in the torture perpetrated at the base's prison, a report says.

The paper, published in *PLoS Medicine* (2011;8(4):e1001027), says that medical staff at the base failed to inquire into or document causes of physical injuries and psychological symptoms that they observed in the detainees.

Doctors working for the organisation Physicians for Human Rights reviewed the base's medical records and relevant case files of nine people detained there, looking for evidence of torture and ill treatment and its documentation by medical personnel.

They found that the specific allegations of torture and ill treatment made by the detainees were highly consistent with physical and psychological evidence documented in the medical records. But they also found that US Department of Defence medical personnel who treated the detainees failed to ask about the causes of physical injuries and psychological symptoms among detainees, despite recording them.

Medical staff often attributed psychological symptoms seen in detainees after interrogations to "personality disorders" and "routine stressors of confinement" rather than to the circumstances and pressures imposed on them during interrogations.

In each of the nine cases the detainees reported abusive interrogation methods that are consistent with torture as defined by the United Nations' Convention against Torture and with the more restrictive US definition of torture known as "enhanced interrogation techniques" that were operational at the time.

Examples of the torture included severe beatings resulting in bone fractures, sexual assault or the threat of rape, mock execution, mock disappearance, and near asphyxiation by water.

Detainees were also subject to enhanced interrogation techniques such as sleep deprivation, exposure to temperature extremes, serious threats, forced positions, beatings, and forced nudity.

Over 40 years a specialist can expect to earn $3.5m more than a primary care doctor, shows research from the Robert Graham Center

A report by the Association of American Medical Colleges says that the overall shortage of doctors was already acute before the recent health reforms. Under the Affordable Care Act, passed in March 2010, increased demand from newly insured patients will mean even greater stress on the system. The association projects a shortage of 63 000 doctors by 2015 and 130 600 by 2025.

Dr Schwartz said that it is not clear whether the total number of doctors needs to be raised. Instead, he says, it may be more important to increase the proportion of the physician workforce providing primary care.

He cites a 2010 report by the Council on Graduate Medical Education that found that only 32% of US doctors are in primary care (www.cogme.gov/20thReport/cogme20threport.pdf). Dr Schwartz said, "In high performing nations around the world 50:50 is a better mix—and we're nowhere near that."

To encourage medical students to enter primary care, policy makers must "rebalance income distribution between generalists and specialists," said Dr Schwartz. Some specialist groups have opposed efforts to increase generalist pay while decreasing reimbursements for "procedure based medicine," he said. "The primary care workforce shortage is a bottleneck to implementation of [health care reform]."

Cite this as: *BMJ* 2011;342:d2684

The study shows that the allegations by the nine detainees of torture or ill treatment were corroborated by forensic evaluations and that at least in these cases the US government's providers of medical and mental healthcare at the base failed in their basic medical duty to the detainees.

The researchers also found that US government policy makers and medical advisers failed to include any meaningful provisions to detect medical evidence of torture as defined by them.

Although the CIA's medical personnel were required to monitor all practices of enhanced interrogation, they had no guidelines for any form of psychological assessment. Similarly, standard operating procedures for Department of Defense psychologists at Guantánamo Bay indicated their duty to monitor enhanced interrogation techniques to ensure that they were "safe, legal, ethical, and effective" but didn't mention any duty to document abuse until 2005, well after the release of photos taken at the Abu Ghraib facility in Iraq in 2004 depicting inhumane treatment of detainees in US custody.

The researchers conclude that the abuses they report could not have been practised without interrogators and medical monitors being aware of the severe and prolonged physical and mental pain that they caused.

The report says, "These findings indicate that health professionals assigned to the DoD [Department of Defense] to provide medical and mental health care to GTMO [Guantánamo Bay] detainees neglected and/or concealed evidence of intentional harm."

Cite this as: *BMJ* 2011;342:d2680

SHANE T MCCOY/AP/PA

Medical staff at the Guantánamo detention centre failed to inquire into or document causes of physical injuries, the research paper says

Doctors who own scanning equipment order more scans

Bob Roehr WASHINGTON, DC

US doctors with a financial interest in magnetic resonance imaging (MRI) equipment, either owning or leasing it, are more likely to order scans for lower back pain than doctors who have no such stake. And those who are orthopaedic specialists are more likely to go on to order surgery, finds a new study published in *Health Services Research* (doi:10.1111/j.1475-6773.2011.01265.x).

The study was based on regression modelling of data from Medicare, the national health insurance programme for people 65 or older, for the period 1998 to 2005. Around 2.8 million visits to doctors over that period were for non-specific lower back pain, and the study sampled about a quarter of those files.

"Before acquisition, there is no evidence that doctors that will go on to acquire MRI are trending upwards in their MRI use at a faster rate than their traditional MRI colleagues," the authors wrote. But at the point of acquisition, they found, "there is a distinct jump" of 2-4% in use of MRI.

Cite this as: *BMJ* 2011;342:d2760