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Lung cancer surgery deaths have almost halved over 10 years

Ingrid Torjesen LONDON

The number of UK patients undergoing surgery for lung cancer has risen by 60%, and operative death rates have almost halved, an audit by the Society for Cardiothoracic Surgery has found.

The report tracks the results of more than 400 000 lung cancer operations in the United Kingdom between 1980 and 2010. It shows that until 2006 the number of patients undergoing primary lung cancer resection remained relatively unchanged at 3000 to 4000 each year but that since then the number has grown, reaching 5265 in 2010.

The proportion of patients dying in hospital after the procedure has almost halved over the past decade, falling from 3.8% to 2.1%, despite the increasing number of frail patients being operated on.

There are now more doctors practising thoracic surgery in the United Kingdom and Ireland than at any time in history, which has "undoubtedly improved" the care of patients with lung cancer, the audit report says. In 2002, because of a lack of suitable candidates for consultant thoracic surgical posts, a decision was made to start training dedicated thoracic (as opposed to cardiothoracic) surgeons.

The audit showed that this decision was "starting to bear fruit," said Norman Williams, president of the Royal College of Surgeons. "The first of the consultants trained in this way are now coming through the system, and more hospitals are appointing lung specialist surgeons. The presence of these new surgeons is enabling the teams who care for lung cancer patients to make more confident decisions to offer surgery."

Before computed tomography became widespread, almost a quarter of operations were those where a surgeon made a major chest incision only to find that it was too dangerous to remove the tumour. As better scanning and other techniques to improve staging have become available, the proportion of these "open/close" operations has fallen and in 2010 was just 1.9%.

The *National Thoracic Surgery Activity and Outcomes Report 2011* can be downloaded from www.scts.org.

Cite this as: *BMJ* 2011;343:d7055

WARNER BROS

Jude Law in the film *Contagion*, which highlights the panic that can erupt during a pandemic

MPs say that plans for public health in England are confused

Matthew Limb LONDON

The government's plans for public health services in England have been extensively criticised by the House of Commons health select committee.

The all party committee of MPs published its 100 page report on the proposed changes on 2 November, raising many concerns and urging key amendments.

The report says that "policy confusion" over levels of funding is making service planning "impossible" and that uncertainty around staffing is causing public health specialists to leave the profession. It also warns that the proposed new commissioning structures lack coordination and cohesion, while the new "health premium" payments could widen rather than reduce health inequalities.

The MPs say that they are "unconvinced" by the government's "responsibility deal" with the food and drinks industry to tackle problems such as obesity and alcohol. The committee's chairman, Stephen Dorrell, a former Conservative health secretary, said, "The government must set out clearly how progress will be monitored and when tougher action will be taken if 'nudging' [to healthier lifestyles] does not work."

The report says, "Those with a financial interest must not be allowed to set the agenda for health improvement."

Mr Dorrell called on ministers to clarify plans for the public health observatories, three of which are at risk of closure, "as a matter of urgency."

The Health and Social Care Bill should be changed, says the report, to make it clear that the health secretary's duty to reduce health inequalities applies to public health.

The Health Committee has been inquiring since May this year into the government's plans for public health. It said it was more important than ever that public health be accorded full priority, given the challenge of a growing and ageing population, continuing health inequalities, and unprecedented pressure on public sector finances.

Under the government's plans a new dedicated public health service, Public Health England, will operate from April 2013 as an executive agency. The committee welcomes the government's decision that the new body will not, as originally proposed, be an integral part of the Department of Health. It says that Public Health England must be seen to work independently of ministers and be ready to "speak truth unto power." But the MPs warn that there is no clear structure of regional accountability to show how the new body will work in the country as a whole.

The report is at www.parliament.uk.

Cite this as: *BMJ* 2011;343:d7099

Government launches mortality indicator to prevent "gaming"

Nigel Hawkes LONDON

A new official indicator of the number of patients who die after treatment in hospital has found 14 NHS trusts in England with a higher than expected mortality and 14 whose mortality is lower than expected.

The summary hospital level mortality indicator (SHMI) compares the number of patients who die within 30 days of treatment at a trust with the number expected to die if the trust performed at the national average rate. The actual deaths are corrected for factors outside the trust's control, such as age, deprivation, and comorbidities.

The new measure, developed for the NHS by an expert committee, is similar to the hospital standardised mortality ratio (HMSR) published by the health analysis company Dr Foster.

Its creation was inspired by the gaps between the conclusions reached by Dr Foster and those of the health service regulator, at that time the Healthcare Commission. Mid Staffordshire NHS Foundation Trust, now recognised to have been one of the most dysfunctional in the history of the NHS, was rated by Dr Foster among its five most improved hospitals at a time when the commission branded it appalling.

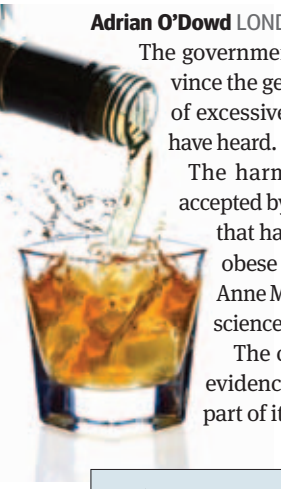
The discrepancy has never been fully explained but could be related to the way patients are coded. Some hospitals had increased the number of patients coded for palliative care. The HSMR rules made allowance for deaths after palliative care, on the grounds that hospitals cannot be judged to be failing if they don't save the lives of patients who are admitted to die. However, the academic behind HMSRs, Brian Jarman of Imperial College London, told the Mid Staffordshire inquiry that the trust was one of three in the West Midlands where the number of palliative care codes had risen without explanation during 2008.

The George Eliot Hospital was one of the hospitals that had poorer than average performance

The SHMI data for 2010-11 are at http://bit.ly/tfZL6s.

Cite this as: *BMJ* 2011;343:d7015

Public not convinced on the harms of excessive drinking, says minister



Adrian O'Dowd LONDON

The government has failed so far to convince the general public of the dangers of excessive drinking of alcohol, MPs have heard.

The harms from drinking are not accepted by the public in the same way that harms from smoking or being obese are, public health minister Anne Milton told the parliamentary science and technology committee.

The committee was holding an evidence session on 26 October as part of its inquiry into the evidence base for government alcohol guidance and how well guidelines are communicated to the public.

MPs asked whether the existing alcohol guidelines were there just as public information or if they were designed to change people's behaviour.

Ms Milton said: "It's both. It's to give people information and to make sure that information is given in a way that they can understand and accept. The next step after that is helping them to change their behaviour, but the person has to make a choice."

The current guidelines had helped to change some people's behaviour, she claimed, adding: "The difficulty in a lot of these areas, as with smoking and obesity, is that it's quite difficult to demonstrate causality."

Asked what changes she believed had taken place as a result of the guidance, she mentioned:

- Better awareness and understanding of units of alcohol among the general public
- The age at which young people were starting to drink alcohol had risen
- The amount of alcohol being consumed by young people was falling slightly, and
- Although total alcohol consumption was growing, it was being consumed by a smaller number of people.

Cite this as: *BMJ* 2011;343:d6999

Pharmacists may be allowed to change prescriptions

Margaret McCartney GLASGOW

The UK Medicines and Healthcare Regulatory Agency has announced a 12 week formal public consultation on the consolidation of UK drug legislation.

The agency says that current legislation is "outdated and fragmented" and that a simplified version is needed to replace the roughly 200 statutory instruments currently contained within the Human Medicines Act 1968.

The consultation proposes policy changes "to ensure that medicines legislation remains fit for purpose and reflects modern practice." Other drivers for the consultation include the government, which the agency has said "has made it a priority to minimise regulatory burdens in order to boost enterprise and free growth . . . We believe that the consolidation is consistent with these principles."

The agency says that consolidation will lead to better regulation of drugs, as the current complexity, fragmentation, and number of obsolete clauses causes unneeded confusion.

Among the proposed changes is the suggestion that pharmacists be allowed to make changes to a prescription without, as is currently the case, attempting to contact the prescriber.

The new set of regulations that the agency wishes to form is aimed at reducing the burden on business but also "safeguarding public health." Clinical trials legislation is not being consolidated and will be retained in current form; the agency says that this is because it is currently being negotiated at a European level.

Statutory warnings on drugs will be removed so that more useful language can be used and that additions and changes can be made to warnings more rapidly, without the need for new public consultation each time.

There are specific provisions for applications for homoeopathic substances. Herbal medicines can still be registered if "traditional use of the produce is not harmful" and is plausible on the basis of "longstanding use and experience." The consultation states that an aim of the reformed legislation is "ensuring

Liberal Democrats end their opposition to health reforms

Adrian O'Dowd LONDON

Some Liberal Democrat peers seem to have dropped their opposition to the government's health reforms in the controversial Health and Social Care Bill after a concession from the government.

Doctors' representatives and experts, however, have reiterated a number of concerns with the changes and have proposed amendments to the bill, which is currently at committee stage in the House of Lords on its way to becoming law next year.

A letter signed by 32 Liberal Democrat peers and published in the *Guardian* newspaper on 25 October calls for certainty over the NHS's future.

The Liberal Democrat peer Shirley Williams had previously raised concerns that the bill's clause 1 concerning the health secretary's role was ambiguous and could be taken to mean that he was no longer legally and constitutionally responsible for providing a comprehensive health service in England (*BMJ* 2011;343:d4445).

Baroness Williams said that it was essential that accountability for money spent on the health service was retained directly through parliament, and accordingly she has tabled an amendment.

At the same time a similar amendment was tabled by the Conservative peer James Mackay, the former lord chancellor, saying that the health secretary "retains ultimate responsibility" for NHS services. After the government said that it would look favourably on this amendment, the Liberal Democrat peers dropped their opposition.

In their letter Baroness Williams and 31 other Liberal Democrat peers wrote: "The time for declaratory statements is past. Patients who care passionately about the NHS and staff who want to give it the best possible service, need certainty about the future of the health service."

Allyson Pollock, professor of public health research and policy at the Centre for Primary Care and Public Health at Queen Mary, University of London, said that Lord Mackay's amendment made little difference and that she was surprised at the Liberal Democrats' change of heart.

"We are at a critical moment in the debate over the government's wish to abolish the duty of the secretary of state to provide the health service in England," Professor Pollock told the *BMJ*.

"If clause 1 isn't changed, then it is the end of the NHS as we know it, because the health secretary will no longer have a duty to provide a comprehensive health service throughout the country."

Professor Pollock supported the amendment put forward by Baroness Williams, with some strengthening of the words.

Wendy Savage, who co-chairs the campaigning group Keep Our NHS Public, told the *BMJ*: "The Lib Dems are deluding themselves if they think that they have changed this bill significantly. I am deeply worried and think it's a sad state when our democracy is depending upon the unelected people in the Lords to put this bill right."

The BMA this week published a briefing setting out the changes it still wants made to the bill. Among 11 areas of concern, the BMA said that it had worries about whether or not the health secretary was going to retain ultimate responsibility for providing comprehensive health services and about competition and cherry picking.

Hamish Meldrum, chairman of the BMA council, said, "The BMA's preferred option is for the bill to be withdrawn. However, during this stage . . . there is scope for significant change to be made."

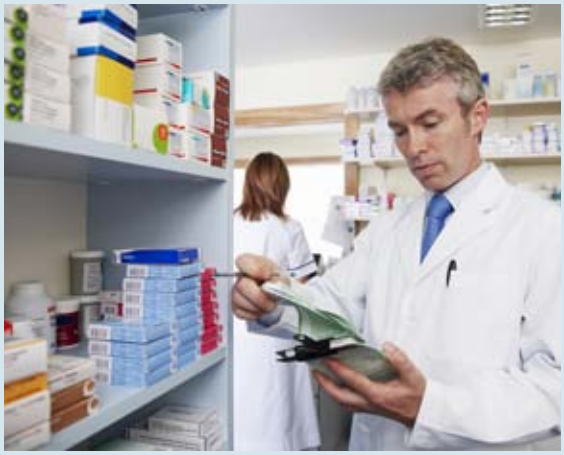
Cite this as: *BMJ* 2011;343:d7036

that the public has continuing access to unlicensed herbal medications supplied by practitioners but strengthening the current limited safeguards for the public."

The legislation also contains provision for review of the pharmaceutical supply chain, through new obligations on wholesale dealers. Additionally the practice of importing drugs into the United Kingdom with the express aim of exporting them on will be subject to regulatory controls.

Other proposed changes include redefinition of pharmaceutical advertising.

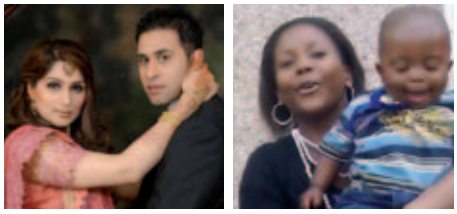
Cite this as: *BMJ* 2011;343:d7067



ADIE BUSH/GETTY IMAGES

The public is to be asked whether pharmacists should be allowed to change prescriptions without consulting the prescriber

Watchdog uncovers "a culture of abuse" at Essex hospital



Sareena Ali (left), who died from pre-eclampsia, and Violet Stephens, who died after a ruptured womb, were both treated at Queen's Hospital

Clare Dyer BMJ

Women giving birth at Queen's Hospital in Romford, Essex, were subjected to "abusive" behaviour by staff and provided with poor clinical care, the Care Quality Commission has found.

The watchdog uncovered a "culture of abuse" among midwives and maternity staff, where five women died in childbirth in the 18 months before the investigation, including two in 2011.

Its report says that governance at Barking, Havering and Redbridge University Hospitals NHS Trust, which runs the hospital and King George Hospital in Ilford, is "weak"; there has been a lack of leadership from management; and the trust has failed to learn lessons from maternal deaths and incidents.

The commission, which focused on maternity, elective, and emergency care services at Queen's Hospital and King George Hospital, found "serious failings within the entire trust," although the area of greatest concern was maternity services. The trust has a maternal death rate of 17 per 100 000, more than double the national average of eight per 100 000.

It heard of women being routinely ignored and having their description of their labour dismissed by staff; being left alone for long periods of time while in labour; being spoken to rudely by staff; and not receiving adequate pain relief.

In an echo of failings at Stafford Hospital, the commission says that the trust focused on reducing its large financial deficit while quality of care suffered. Its response to complaints was "very poor," it had high numbers of poorly performing staff, and many vacancies were filled by agency, locum, or bank staff.

Although some progress has been made since a new chief executive took over in February, "improvements must be made to ensure the immediate safety of women using services," the report says. Enough midwives must be appointed to provide one to one care for all women in established labour.

Cite this as: *BMJ* 2011;343:d7051

Switzerland needs more GPs to support ageing population

Ned Stafford HAMBURG

Switzerland has one of the best healthcare systems in the world, but it may struggle to cope with an ageing population, says a new report by the Organisation for Economic Co-operation and Development (OECD).

The study commends the Swiss healthcare system for providing a wide range of medical services and choice, which help make Switzerland's life expectancy among the highest in the world. Valérie Paris, an economist in the OECD's health division and a coauthor of the report, added that the Swiss system performs well and that its patients have a high level of satisfaction.

"But this does not mean it cannot be better," she said. "And the way the system works now may not be how it will need to work in the future."

Some 11.4% of Swiss gross domestic product went on health spending in 2009, above the OECD average of 9.6%, says the report, co-written with the World Health Organization.

Two of the biggest contributors to the high spending rate are the relatively high number of hospitals in Switzerland and long stays in the hospitals. In 2009 Switzerland ranked third on the list of average length of hospital stays for acute care, at about 7.5 days, compared with about 6.8 in the UK and the OECD average of 5.9.

Ms Paris said that as the number of cases of chronic diseases rise in coming years, Switzerland will need to focus more on primary care and preventive medicine, including training more GPs and primary care nurses.

***OECD Reviews of Health Systems: Switzerland* is available to buy at http://bit.ly/w4N2Ih.**

Cite this as: *BMJ* 2011;343:d7057

Make data on health spending easier to compare, says OECD

Sophie Arie LONDON

The Organisation for Economic Co-operation and Development is urging all countries to meet a global standard in the way they account for their health service spending.

In October the OECD, in collaboration with Eurostat (the European Commission's statistics directorate general) and the World Health Organization, published what it describes as a "monster of a manual" called *A System of Health Accounts*. It provides detailed guidelines to help countries develop better accounts that policy makers can use to quickly extract useful data.

"One of the weird things in health is that there

Drug firms have to pay $162m over hepatitis C infection

Jane Feinmann LONDON

Three drug companies have been ordered by a US court to pay damages of $162m (£102m; €120m) after three patients contracted hepatitis C from a reusable drug vial.

The settlement, awarded to three colonoscopy patients involved in an outbreak of hepatitis C at the Endoscopy Center of Southern Nevada in 2008 and traced to the use of propofol, is the third multimillion dollar award against the companies, Teva Pharmaceutical, Baxter Healthcare, and McKesson, which make the drug.

Earlier in October $104m in damages was handed to a single plaintiff infected at the clinic. Teva and Baxter are currently appealing against $505m in damages awarded to a Las Vegas headmaster and his wife in July 2010 (*BMJ* 2010;341:c4057). A further 115 cases still have to be heard. The cases have provoked concern among experts in patient safety over the failure of the drug industry to take the initiative in preventing known hazards to patients.

STEFAN WERMUTH/REUTERS

Propofol is currently at the centre of another US trial, that of Michael Jackson's personal doctor, Conrad Murray, who has been charged with involuntary manslaughter for causing the singer's death by administering the anaesthetic drug.

The Nevada cases stem from sales of the drug in 50 ml vials with rubber stoppers that allow "double dipping" in which smaller doses are repeatedly withdrawn with the use of a single syringe.

In all three cases the plaintiffs' legal teams have alleged that by selling the reusable vials the drug companies chose profits over patient safety.

The drug companies tried to shift the blame to the clinic and its employees on the grounds that the infection must have been spread through unsafe practices, a claim that is "blatantly unscientific," says the forensic epidemiologist, Michael Freeman, affiliate professor at the Department of Public Health and Preventive Medicine at Oregon University and an expert witness for the plaintiff in one of the three cases.

"Hepatitis C transmission occurs when the blood of an infected individual is introduced to the blood of an uninfected individual and not as a result of casual contact. This is why the majority of new infections result from needle sharing practices," Dr Freeman told the *BMJ*.

"Such contact is far more likely to spread the much more prevalent bacteria seen in endoscopy practice," he said. "If the infections at the endoscopy clinic had indeed been due to improper endoscope sterilisation and improper handwashing there would have been thousands of cases of pseudomonas and salmonella to accompany the more than hundred cases of hepatitis C that were seen."

JULIA HEBAUM/ALAMY

Reusing single use injectable medicines risks contamination and spread of infection

Guidelines for anaesthetists in the United States, as in the United Kingdom, have always warned against double dipping. In March 2011 the UK National Patient Safety Agency issued a new warning about propofol, warning of the risk of contamination and preventable harm to patients of "multiple use of single use injectable medicines."

A major plank of the plaintiffs' case is that investigators from the Southern Nevada Health District closed the centre and brought the cases against the companies after an official visit to the clinic in 2008, during which time they observed nurse anaesthetists using a clean needle but the same syringe to draw several doses from a 50 ml vial of propofol. Indeed, many experts believe that the drug industry cannot ignore the fact some clinicians may be ignorant of national guidelines.

"Since 1998 and despite clear guidelines, around 500 similar hepatitis cases have been reported in the US, and the only sure way to minimise the risk of further patients being harmed in this way is to stop using these large 50 ml propofol vials," said one UK anaesthetist, David Whitaker, chairman of the European Board of Anaesthesiology's safety committee, who has alerted the committee to the lessons of the Nevada cases.

Cite this as: *BMJ* 2011;343:d7103

Mark Pearson: often the most useful data aren't there

are a lot of data around but sometimes the most useful data aren't there," said Mark Pearson, head of the OECD's health division.

"If you ask countries how much they spend on salaries [in the health service], many will struggle. Usually that's because accounting goes down through different bodies, and no one has central responsibility for providing the big picture."

The OECD advises that as spending on healthcare rises worldwide—in large part because of new technology and drugs and ageing populations—it is worth investing in producing more specific and internationally consistent data on a range of areas from spending on specific diseases to cost versus quantity of services provided.

The new manual proposes an international classification for health accounts covering three main dimensions of healthcare: healthcare function, healthcare service provider industries, and sources of financing.

Often, says Mr Pearson, the focus is on spending overall when a detailed breakdown of prices and quantities is needed. He cited the case of the Netherlands, where recent reforms led to a dramatic fall in prices but a rise in quantities of procedures. Since it carried out its reforms, aimed at introducing greater competition, the Netherlands has become the OECD's second biggest spender on health services as a proportion of gross domestic product, after the United States.

"Bringing all your data together in a consistent way so you can actually understand what your health system looks like, compared with other countries, really does highlight some areas where you are different," said Mr Pearson, arguing that this has in some cases led countries to make major policy changes.

The World Bank is also working on a global initiative to improve resource tracking to ensure better health outcomes, with the support of the Bill and Melinda Gates Foundation.

However, many developing countries don't have enough resources or technology to provide such comprehensive accounting. And some OECD countries, including the United Kingdom, Ireland, and Italy, do not yet break down their accounts in a way that they can be compared with those of other countries.

Draft legislation drawn up by Eurostat currently in circulation proposes obliging all member countries to provide this level of information.

The Department of Health for England was unable to comment before the *BMJ* went to press.

***A System of Health Accounts* is at http://bit.ly/rVkhJt.**

Cite this as: *BMJ* 2011;343:d7088

US committee recommends HPV vaccine for boys

Bob Roehr WASHINGTON, DC

All boys in the United States should receive the quadrivalent vaccine to protect against human papillomavirus (HPV) infection, which can cause cancer, a US committee has recommended.

It should be made routine for the series of vaccinations typically given to all children aged 11-12, with a catch-up period for all those up to the age of 21.

The Advisory Committee on Immunization Practices made the recommendation during a conference call on 25 October, after several months of public hearings and study. The Centers for Disease Control and Prevention (CDC) generally follows the committee's recommendations and should issue the final wording on the recommendations within a few months.

The recommendation applies to the quadrivalent vaccine produced by Merck, marketed as Gardasil, which protects against the four most common strains of HPV that cause cancers and warts. It does not cover the bivalent vaccine by GlaxoSmithKline, marketed as Cervarix, that covers only two cancer-causing strains of the virus, said Anne Schuchat, director of the CDC's National Center for Immunization Practices.

The vaccine was first approved in 2006 for use in girls; boys were added in 2009 when clinical trial data became available to support that indication. Dr Schuchat said that the vaccine generates the strongest immune response when children are young and should be administered before they become sexually active, as HPV is near ubiquitous and can be quickly acquired through sexual contact.

JEFF GREENBERG/ALAMY

Vaccinating boys would also protect girls, only half of whom have had even one shot of the HPV vaccine

Although boys have been allowed to receive the vaccine, she said, "We have had very little uptake: we estimate 1.5% of 13 to 17 year old boys." The intent in shifting the vaccine to the "recommended" category is to increase the rate of vaccination and also coverage by insurance of the relatively expensive vaccine.

Total costs for the full series of three shots and associated visits to doctors' offices can run to about $500 (£310; €350) for those who have to pay for it out of their own pocket. However, subsequent research has shown that two shots often provide enough protection—the principal question is the durability of that protection.

Several factors contributed to the committee's recommendation. One is new data on the effectiveness of the vaccine in males, including a recent paper in the *New England Journal of Medicine* (2011;365:1576-85).

Another is the poor uptake among female adolescents; estimates are that only about half of them have received even the first shot. This results in little herd immunity, which is achieved with high levels of vaccination and helps to protect the non-vaccinated by reducing the overall prevalence of the virus. Vaccinating boys will provide some cross protection for girls.

There is also concern about an increasing incidence of HPV related anal, head, and neck cancers in the United States and around the world (*BMJ* 2010;340:c1439).

Cite this as: *BMJ* 2011;343:d7068

bmj.com Editorial (*BMJ* 2011;343:d5720)

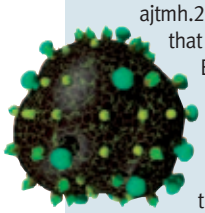
IN BRIEF

Spain launches programme for doctors with mental health problems: The Spanish Medical Association is relaunching an integral care programme for doctors with mental health problems. The programme, now to be run at a national level, will record all treatment that a doctor receives, regardless of where the treatment takes place, in a bid to spread knowledge and best practice. Patients are guaranteed confidentiality, as all records are pseudonymous. See http://paimm.fgalatea.org/eng/presentacio.htm.

UK cancer incidence set to jump by 45%: The NHS must start planning now to deal with a predicted leap of 45% in the number of new cancer cases in the UK over the next two decades, Cancer Research UK has warned. The number of cancer cases is projected to climb from around 298 000 in 2007 to around 432 000 by 2030, says a study published in the *British Journal of Cancer* (doi:10.1038/bjc.2011.430).

EU proposes tougher stance on new synthetic drugs: The European Commission is to overhaul existing European Union rules on illicit drugs to give the EU greater powers to tackle dangerous new illegal substances and trafficking. It plans to table stronger legislation on new psychoactive substances, to tackle cross border trafficking of all drugs by improving definitions of offences and sanctions, and to tighten controls on chemicals used to make drugs.

Researchers warn of flu co-infection risk: Researchers in Cambodia have confirmed a rare incidence of people becoming infected with seasonal flu and the pandemic strain at the same time, says a report in the November issue of the *American Journal of Tropical Medicine and Hygiene* (doi:10.4269/ajtmh.2011.11-0098). Experts say that flu co-infections in South East Asia deserve particularly close scrutiny given the ongoing transmission of the H5N1 virus and circulation of the pandemic H1N1 virus that first emerged in 2009.



THOMAS FESTER/SPL

Wales bans coin operated sunbeds: Sunbeds that are coin operated and unstaffed have been banned across Wales as part of a drive to combat skin cancer. From 7 November businesses can be fined up to £5000 if they provide unsupervised sunbeds. The new regulations also stipulate that staff must display posters with health information about using sunbeds and hand out fact sheets to customers.

Cite this as: *BMJ* 2011;343:d7076

HANS DERYK/REUTERS

Armed police patrol a market in Jamaica, which has the third highest level of violent deaths in the world

Majority of violent deaths worldwide are from criminal and political turmoil

Sophie Arie LONDON

An estimated 526 000 people die violently every year and only about 10% of those die as a result of armed conflicts, says a report from the Geneva Declaration on Armed Violence and Development.

Some 55 000 people are killed in conflicts worldwide, another 396 000 people are murdered for criminal or political reasons, and 54 000 are killed unintentionally, the report says. Although much effort is invested in attempts to end armed conflict, the effects of so called interpersonal violence (criminal and political) on societies and on national development have largely been overlooked, it adds.

The report, published ahead of a conference on 31 October and 1 November in Geneva, warns that lethal violence has huge economic consequences and that the wider effects of this kind of armed violence in terms of injuries, lost incomes, and mental health problems have long lasting effects on societies and public health.

Keith Krause, a coauthor of the report, said, "States need to do a lot more to tackle this, but there's a dramatic lack of large scale resources for it. It's been treated as something you can't do anything about."

El Salvador was the country worst affected by lethal violence in the period studied (2004 to 2009), followed by Iraq and Jamaica. Generally Latin America and central and southern Africa are the regions with the highest levels of violence unrelated to conflict.

Calculations indicate that the economic cost, in terms of lost productivity, of non-conflict violence globally is $95bn (£59bn; €67bn) a year and could reach as much as $163bn.

Alex Blutchart, violence prevention coordinator at the World Health Organization, which collaborated on the report, said that failure to deal with the problem was undermining success in reducing infant mortality and infectious diseases in the global effort to meet the United Nations' millennium development goals by 2015.

"It's a bit like helping children to become adolescents and then letting them fall victim to a firearm related killing," he said.

Global Burden of Armed Violence 2011 **is at www.genevadeclaration.org/.**

Cite this as: *BMJ* 2011;343:d7061

Bahraini doctors' salaries are axed as they wait for retrial

Sophie Arie LONDON

The 20 healthcare workers accused of crimes against the state during political protests in Bahrain earlier this year have had their salaries stopped without any word of explanation.

The 20, most of whom worked at the Salmaniya medical complex, the main state hospital in the capital, Manama, were all suspended from their jobs after they were accused of committing various crimes when the hospital became a focal point of antigovernment protests in February and March. Most have continued to receive partial salary payments, but in October all their salaries were stopped.

Analysts disagree over whether spending on health has risen or fallen under the coalition

Ingrid Torjesen LONDON

Spending on the NHS did not fall in real terms during the first year of the coalition government, an analysis of departmental spending published in the *Guardian* newspaper last week shows (http://bit.ly/vOJ4Rx).

But one senior economist who has been doing his own in-depth analysis of recent and future likely trends in health spending has argued that spending by the Department of Health effectively did fall last year.

John Appleby, chief economist at the health policy think tank the King's Fund, said that the figures used in the analysis by the *Guardian* and the Institute of Fiscal Studies are "slightly misleading" because they are not the ones that would normally be used to assess government spending.

The analysis shows that from 2009-10 to 2010-11 health department spending as a whole rose to £105.6bn (€120bn; $170bn), a rise of 0.28% after adjustment for inflation. Spending on the NHS specifically rose to £87.61bn (a 1.29% rise).

The figures show that many departments across Whitehall saw substantial spending cuts. In real terms the budgets of the Department of Transport and the Department for Business, Innovation and Skills were slashed by 18.3% and 11.5%, respectively, from 2009-10 to 2010-11.

Professor Appleby told the *BMJ* that the figure of £105.6bn for health department spending in 2010-11 included "annually managed expenditure," which, because a government department has little influence over this, the Treasury would normally strip out when assessing departmental spend. The figure also includes spending on personal social services, for which local authorities have now been given the budget and responsibility, so this should be removed to enable comparisons in future years.

Referring to actual and predicted figures sent to him by the health department for the period 1971 to 2014, Professor Appleby said that the health department has "also calculated the real changes each year of these spending figures, and I can tell you that their figures for 2010-11 show a real cut of just over a half a per cent."

He explained that once figures for annually managed expenditure and personal social services were subtracted from the overall spending figures, actual health department spending was £101.9bn in 2010-11, up from £99.6bn in 2009-10. In cash terms this meant an increase of 2.3%, but once inflation at 2.9% was taken into account, health department spending actually fell by 0.6% in real terms, he said.

In setting out its plans to shrink the UK's budget deficit this time last year, the government promised in its comprehensive spending review that the health department would be one of the few government departments that could expect real terms growth in funding from 2011.

Professor Appleby said, "What has happened is that the NHS has spent less than it planned, so the baseline has gone down for the first year. That is in fact the reason why this year the NHS looks like it probably will have a real increase, but only just."

John Ford, an economist at the BMA, said, "Taking a long term average, NHS real spending has been increasing by about 4.5% per year. It is reckoned that, to provide the same level of healthcare to an ageing population and allowing for meeting technological change, the NHS needs about 2% real growth a year to stand still."

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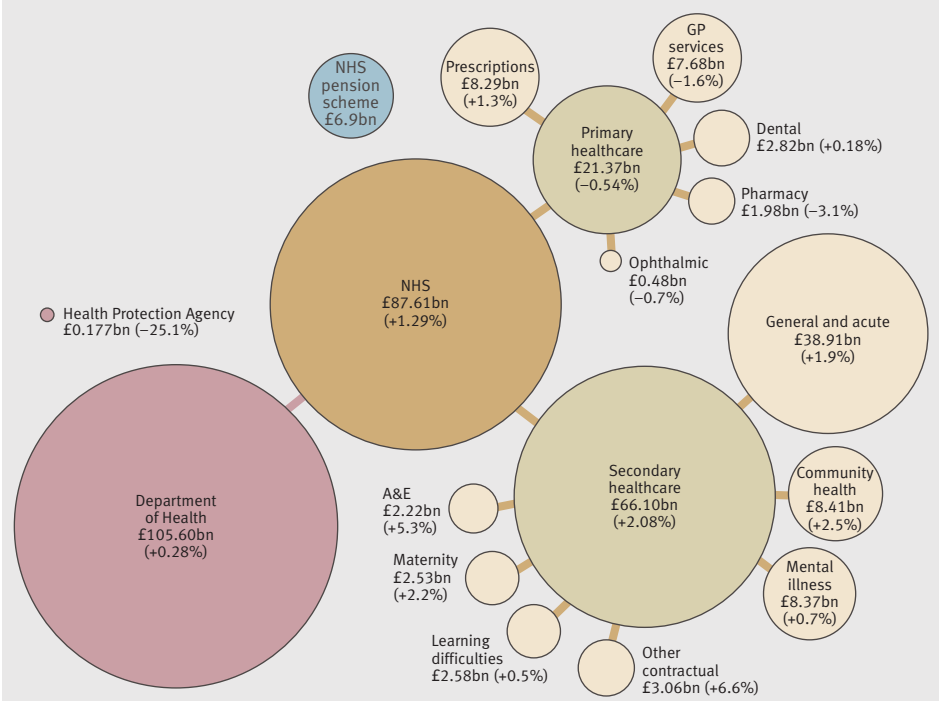
ENGLAND'S PUBLIC SPENDING ON HEALTH IN 2010-11 (CHANGE FROM 2009-10, ADJUSTING FOR INFLATION)



Source: *Guardian and Institute for Fiscal Studies (www.guardian.co.uk/news/datablog/2011/oct/26/government-spending-department-2010-11)*

"We have tried to find out why, but [the health ministry has] not answered," said Zahra Al Samaak, an anaesthetist. The health ministry did not respond to inquiries from the *BMJ*.

Dr Al Samaak was sentenced to five years by a military judge on 28 September, and her husband, Ghassan Dhaif, a maxillofacial and oral surgeon, to 15 years. They deny all charges and believe that they have been targeted because they are Shia and have criticised the government for its heavy crackdown on protesters.

After an international outcry over the unfair trial and long sentences, Bahrain's attorney general announced that the 20 would be retried in a civilian court. Hearings in the High Court of Appeal have now begun, but defence lawyers say that the previous sentences have not been revoked (*BMJ* 2011;343:d6910).

"We can only think that our salaries were cut because we were convicted," said Dr Al Samaak, speaking on the telephone from Bahrain. "It completely contradicts the idea that we are getting a new trial and are innocent before being proved guilty. But that's how it is."

Many of the 20 have mortgages and other fixed outgoings. Some have been allowed recently to practise privately, but many cannot find alternative employment because of the ongoing legal case against them.

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