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UK government outlines details of free personal and social care for people who are most in need

Adrian O'Dowd LONDON

The UK government has promised to introduce free personal and social care for older people and disabled adults as part of its legislative plans for the remainder of the current parliament before a general election next year.

In the Queen's speech on 18 November the government announced details of the Personal Care at Home Bill for England that it intends to introduce. But doubts have been raised about how much can be achieved before an election, which is likely to take place in May 2010.

An anticipated Health Bill, to give legal status to maximum waiting times for some NHS surgery and consultations, was not included in the speech after the government said that changes could be brought in through secondary legislation to amend the NHS Constitution.

Eleven new bills were outlined in the speech. The Personal Care at Home Bill is designed to help about 280 000 people with the greatest needs, such as older people and disabled adults, who need help with essential basic tasks, such as dressing, getting out of bed, and making meals.

The idea is to enable people to stay in their own homes, with free care available to everyone regardless of their income.

In addition, a further 130 000 people will get the right to aids such as support handles in baths and alarms to enable them to live in their homes for longer, at an estimated cost of £670m (€750m; \$1120m) to be funded jointly by the Department of Health and the Department of Communities and Local Government.

The changes mirror the system of free personal care adopted in Scotland in 2002.

The government sees this policy as the first step towards a "national care service," which will run alongside the NHS to provide comprehensive nursing support for older people and people with disability.

Niall Dickson, chief executive for the health think tank the King's Fund, was happy with the general tone of the proposals but was confused as to how they fit in with the green paper on reforming social care, *Shaping the Future of Care Together*, published in July.

The Personal Care at Home Bill is at www.number10.gov.uk/Page21353. *Shaping the Future of Care Together* is at www.dh.gov.uk.

Cite this as: *BMJ* 2009;339:b4939



The Queen announced the bill, which is designed to help 280 000 people with the greatest needs

US panels issue new recommendations for cancer screening

Janice Hopkins Tanne NEW YORK

Two independent US panels have recommended that women have fewer mammograms and fewer screenings for cervical cancer, just as the US Senate was to begin debating health reform.

Critics called the new recommendations examples of the rationing that would occur if health reform were enacted. Several medical organisations disagreed with the recommendations.

Members of the panels said that they were independent and had no idea that their recommendations would be seen as politically

motivated. Diane Petitti, who chairs the mammography panel, said she was taken aback by the reaction (www.nytimes.com, 20 Nov, "Mammogram debate took group by surprise").

The uproar began on 17 November, when the US Preventive Services Task Force issued its updated recommendations on breast cancer screening, published online in the *Annals of Internal Medicine* (and also available at www.ahrq.gov/clinic/uspstf/uspstf.htm). The new guidelines counsel against routine mammography screening for women aged 40 to 49, recommend

screening every two years for women aged 50 to 74, and do not advise teaching women breast self examination. The guidelines say that more frequent screening causes anxiety and harm as a result of often unnecessary investigations such as biopsies.

The American College of Obstetricians and Gynecologists, the American Cancer Society, and the American College of Radiology said they continue to recommend screening mammography every 1-2 years for women aged 40 to 49, screening mammography every year for women aged 50 or older.

Then on 20 November the American College of Obstetricians and Gynecologists revised its screening recommendations for cervical cancer. It said that women should begin having cervical smear tests at age 21, instead of within three years of beginning sexual activity. Screening younger women might lead to unnecessary and harmful evaluation and treatment, it said.

It recommends screening every two years for women aged 21 to 29, instead of every year, because more frequent screening showed little benefit.

Cite this as: *BMJ* 2009;339:b5012

Private company is suspended from providing home services

Oona Mashta LONDON

An out of hospital service run by an independent private provider has been suspended after concerns over several serious incidents, including the death of an elderly patient.

NHS London, the strategic health authority for the capital, has suspended until further notice the service run by Clinicenta in north London.

The strategic health authority is carrying out a full investigation into the services, which were suspended on 11 November.

NHS London is in the process of transferring the care of the 51 patients who were being looked after under Clinicenta's out of hospital service before its suspension. Their care will be transferred to the appropriate NHS provider to ensure that there is minimal interruption in the care patients receive.

The out of hospital service from Clinicenta provided a range of treatments, such as rehabilitation and exercises, designed to keep patients out of hospital and in their own homes or residential homes. It is provided in the patients' own homes or in a community setting.

Clinicenta provided out of hospital services to 20 primary care trusts in north London. The service started in July 2009. The company also runs day surgery centres in 20 boroughs in London, which are unaf-



Clinicenta began providing out of hospital services in London in July

ected by the suspension and remain open.

A spokesman for NHS London said, "Our first priority is patient safety, and this decision has been taken as a precautionary measure while NHS London conducts a full investigation into the concerns that have been raised.

"It is our intention to conduct an independent assessment of Clinicenta's out of

hospital care. It would be inappropriate for us to comment further until this assessment is complete. We are currently in discussions as to who will conduct the investigation."

A spokeswoman for Clinicenta said, "We can confirm that the out of hospital service is temporarily suspended, pending the outcome of an investigation by NHS London. We are cooperating fully with that investigation."

Clinicenta is the health part of the giant Carillion construction group, which was awarded the £144m (€161m; \$239m) NHS London contract at the beginning of the year.

The use of independent sector treatment centres to provide out of hospital care on behalf of the NHS is a national initiative to deliver better access to healthcare services in the community. Its purpose is to reduce unnecessary inpatient admissions and the length of time patients spend in hospital.

Cite this as: *BMJ* 2009;339:b4955

GPs and justice staff to be trained to improve offenders' health

Adrian O'Dowd LONDON

GPs and other professionals involved in the care of offenders in England are to receive training to improve the health of lawbreakers in prison and in the community.

The care services minister, Phil Hope, launched a cross government action plan on 17 November to tackle health inequalities in this population.

The plan draws together recommendations made by the Labour peer Keith Bradley in his review of people with mental health and learning disabilities in the criminal justice system, published on 30 April.

The plan is designed to protect the public, reduce health inequalities, and cut levels of reoffending.

It aims to ensure that offenders have access to the same levels of health care as everyone else and to establish liaison and diversion services that assess individuals' health needs in all courts over the next five years. The plan also promises to train staff throughout the criminal justice system to identify where health problems may need to be tackled and to share information among different parts of the system.

There is a need, says the plan, for a better trained workforce to identify health problems and to promote improved services for offenders, hence the need for training and development to be provided for all front-line criminal justice staff and for health staff working within these areas.

In particular, the government wants to

Social enterprise providing health services to Wandsworth



Secure Healthcare is the only one of 200 social enterprises set up with help from the health department to have gone into liquidation

Anne Gulland LONDON

A not for profit company providing health care to inmates at Wandsworth Prison has gone bankrupt.

In 2007 Secure Healthcare was the first social enterprise in England to win a contract to provide healthcare services to prisoners, winning a grant from the Department of Health. It promised to give prisoners a voice in the running of the organisation. Prisoners became "members," and their views were

represented up to board level.

The organisation signed a two year contract, which was renewed for a further three years in July this year. However, on 16 September the healthcare provider went into voluntary liquidation, with debts of more than £1m, the *Guardian* newspaper reported (www.guardian.co.uk/society/2009/nov/18/prison-healthcare-nhs-social-enterprise).

Community Services Wandsworth, the provider arm of

the NHS Wandsworth primary care trust, took over the running of the service.

In a statement the trust said: "NHS Wandsworth is working closely with HMP Wandsworth to make sure that the services provided at the prison continue to run smoothly until we commission a new provider."

David Stout, director of the primary care trust network at the NHS Confederation, the body that represents most NHS organisations, said that



JEFF MORGAN SOCIAL ISSUES/ALAMY

Mental health problems can lock people into a cycle of disadvantage and criminality, said Phil Hope

increase the depth and quality of existing training in awareness of mental health problems, learning disabilities, and personality disorders.

The government will make online training in awareness of mental health available for GPs from autumn 2010 to ensure that they are aware of how common difficulties present, strategies available to tackle them, and how to make referrals.

A pilot will begin in January of next year to establish processes for all sentenced prisoners to have GP registration. This pilot is due to report back by May 2010.

Within the next six months, the government wants to see how feasible it would be to transfer health services in police custody to the NHS and publish guidance on world class commissioning services for offenders.

It also plans to pilot and evaluate a screening tool for learning disability.

Speaking at the 2009 health and criminal justice conference in York, Mr Hope said, "Mental health problems—whether drug misuse, learning disabilities, or a personality disorder—can lock people into a cycle of disadvantage and criminality. Improving health and support is a way of tackling this negative cycle.

"By launching this plan in response to Lord Bradley's report, we are bringing key players together for the first time in a more consistent and connected vision for improving health in the criminal justice system."

Paul Jenkins, of the charity Rethink, welcomed the plan. "We need this and future governments to make sure that the positive words in this report actually happen."

Improving Health, Supporting Justice: the National Delivery Plan of the Health and Criminal Justice Programme Board is at www.dh.gov.uk

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prison goes bust with debts of £1m

NHS organisations had to ensure that all providers—not only social enterprises—were financially viable.

"You cannot generalise from one example. If you are commissioning anything you need to have confidence in the company, particularly if it's a new entity. You have to do some due diligence to ensure that it has a sustainable business plan," he said.

He added: "Some NHS organisations have had serious

financial problems, but the system doesn't allow them to go bust. If you're a social enterprise you're stepping outside the system that protects you."

The collapse of the company comes as both major political parties are promoting the involvement of social enterprises in the NHS. In his report published in June 2008, *High Quality Care for All: NHS Next Stage Review Final Report*, the then health minister Ara

Darzi introduced the "right to request," making it easier for primary and community care staff to set up social enterprises.

In a statement the Department of Health said: "The department's investments have enabled more than 200 social enterprises to become successful. Of all of these investments, Secure Healthcare is the only social enterprise that has entered into voluntary liquidation."

Cite this as: *BMJ* 2009;339:b5014

Oseltamivir resistant swine flu spreads in Welsh hospital

Anne Gulland LONDON

The first cases in the world of person to person transmission of a strain of swine flu that is resistant to oseltamivir (Tamiflu) seem to have emerged in a Welsh hospital.

The UK Health Protection Agency said on 20 November that five people with serious underlying health conditions at the University Hospital of Wales in Cardiff were known to be infected with a strain of oseltamivir resistant swine flu. Three other cases were being investigated.

Officials said it seemed likely that transmission of the resistant strain had taken place, the first documented cases of person to person transmission in the world. The World Health Organization has received reports of 57 incidences of oseltamivir resistance worldwide, but no previous instances of spread between patients have been reported.

They said that the virus remains sensitive to zanamivir (Relenza) and that patients with the resistant strain were responding well to this drug. The risk of the general healthy population becoming infected with the resistant strain was low, said the agency.

A statement said, "It still remains appropriate to use oseltamivir for the treatment and prophylaxis of influenza in the UK. Guidance is being developed to cover the particular instance where modifications to the current antiviral treatment policy may be required."

Earlier in the week Liam Donaldson, England's chief medical officer, announced that children aged under 5 years and their carers are to be given the swine flu vaccine.

This second phase of vaccinations, which will cover 2.7 million children in England, is expected to start next month.

The overall number of new infections of H1N1 flu continues to fall, with 53 000 cases reported to 19 November, down from 64 000 in the previous week. The largest increase, 38%, was seen in 5 to 15 year olds.

However, Professor Donaldson said that infections were becoming more severe, especially among the under 5s.

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CBC

Oseltamivir resistant swine flu virus



Staff at Katoomba Hospital, west Sydney, fear reprisals if their identities become known

Australian staff set up blog to air concerns over service cutbacks

Melissa Sweet SYDNEY

Staff at an Australian public hospital have taken the unusual step of establishing an anonymous blog, called Who Will Speak for Us (<http://whowillSpeakforUs.blogspot.com>), to draw public attention to their concerns about cutbacks to service.

The bloggers, from the Blue Mountains District Australian and New Zealand Army Corps Memorial Hospital, also known as Katoomba Hospital, west of Sydney, have taken elaborate steps to protect their anonymity, including using some of the techniques of Iranian bloggers.

They fear being sacked or victimised if their identities become known, and they state on the blog that staff at other hospitals are reportedly being threatened for engaging with the blog.

The website says, "It has to be anonymous because all staff of Sydney West Area Health Service are required not to speak to the media as part of their employment contract. Where is the accountability of the system if staff are gagged?"

The case of the bloggers follows recent revelations reported in the *BMJ* (2009;339:b3202) detailing how, almost a decade after the UK Public Interest Disclosure Act was passed, a foundation trust went to remarkable lengths to ensure that a senior consultant did not go public with his concerns about management and patient safety.

Prue Power, executive director of the Australian Healthcare and Hospitals Association, which represents public hospitals, said that the blog was unprecedented and raised challenges for health service managers and policy makers. The importance of freedom of speech needs to be balanced against employees' contractual obligations, she said.

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Studies demonstrate how policies that

Zosia Kmiotowicz LONDON

England's health secretary, Andy Burnham, has called on his counterparts across the world to highlight the risk that global warming poses to health and to develop "well designed climate change policies that drive health benefits."

Mr Burnham was responding to a series of six articles published in the *Lancet* investigating how policies to mitigate against climate change will affect the health and lives of people around the world.

He said, "Climate change can seem a distant, impersonal threat; in fact, the associated costs to health are a very real and present danger.

"This is a landmark year for climate change, with the world coming together at the Copenhagen conference in December. The call to action does not end there: this

Health professionals are urged to campaign on climate change

Zosia Kmiotowicz LONDON

Doctors and other health professionals from around the world are being invited to join a new international campaigning group set up to lobby governments to take urgent action to protect health by limiting climate change.

Robin Stott, who co-chairs the UK Climate and Health Council and facilitates the organisation's new international arm, said that the key message from health professionals to their institutions and governments is that "what's good for the climate is good for health."

The council believes that "tackling climate change and ending poverty are the two most important, urgent priorities to ensure global health, justice, and survival for present and future generations."

Dr Stott added: "Reducing carbon emissions will help many of the diseases associated with our obesogenic society. If we move to a low carbon society we will need to eat less meat and exercise more.

"If you put that in reverse then the message that comes out is that tackling public health effectively is good for the environment and climate change."

The UK council has been running since December 2006 and has 4500 signatories to its pledge "to protect health through active engagement to limit the causes of human caused climate change." It has captured the

is the start of a journey in which small but committed changes can make a significant difference to global health."

The series of papers explores the effects on health of various interventions to reduce emissions of greenhouse gases (www.thelancet.com/series/health-and-climate-change).

One study on household energy efficiency estimated that replacing 150 million inefficient traditional solid fuel stoves in India with efficient low emission stoves would mean that by 2020 87% of households would have much cleaner combustion and air. Over five years the policy would result in about 240 000 fewer deaths of children under 5 years old from acute lower respiratory infections and more than 1.8 million fewer deaths of adults from ischaemic heart disease and chronic obstructive pulmonary disease.

Another study estimates that a 30%

attention of politicians in Britain but is seeking an international membership to gain a "more coordinated and powerful leverage" around the world.

The first initiative of the International Climate and Health Council was to send a letter to Yvo de Boer, executive secretary of the United Nations Framework Convention on Climate Change, asking him to ensure that the health perspective outlined by the council had maximum prominence in the climate talks in Copenhagen in December.

Fiona Godlee, editor in chief of the *BMJ* and one of the founding members of the international council, said, "Politicians may be scared to push for radical reductions in emissions because some of the necessary changes to the way we live won't please voters. Doctors are under no such constraint. On the contrary we have a responsibility as health professionals to warn people how bad things are likely to get if we don't act now."

A number of senior doctors have already joined the council and agreed to form local climate and health councils in their own countries.

By joining they agree to campaign for a globally binding commitment to reduce carbon emissions within 10 years to a safe limit proposed by the scientific community and for a mechanism to ensure that resources are transferred to countries where living standards and use of fossil fuels have been low. These resources should include access to education and reproductive health services.

See also **EDITORIALS**, p 1211, and **FEATURES**, p 1226

Cite this as: *BMJ* 2009;339:b4933

tackle global warming can lead to improvements in health

reduction in consumption of meat would reduce the number of premature deaths from heart disease by 17% in the United Kingdom (about 18 000 deaths a year) and by the same percentage in São Paulo in Brazil (about 1000 deaths a year).

Similarly, cutting emissions through reducing motor vehicle use in London in favour of cycling and walking would reduce the health burdens of heart disease, cerebrovascular disease, dementia, breast cancer, depression, and colon cancer.

In India the biggest health gains from such changes would be in the prevalence of heart disease and diabetes, although there would also be fewer cases of lung cancer and depression and respiratory infections in children.

See also **EDITORIALS**, p 1211, and **FEATURES**, p 1226

Cite this as: *BMJ* 2009;339:b5024



DARIO WITDIER/REPORTAGE/GETTY IMAGES

Replacing solid fuel stoves in India would reduce deaths from respiratory infections in children

Football joins fight against malaria

Rory Watson BRUSSELS

Next year's soccer World Cup in South Africa is being used to step up moves to tackle malaria on the African continent.

International soccer stars are lining up alongside business and entertainment celebrities in the United Against Malaria campaign. They aim to use the sport's huge popularity to change people's behaviour in countries where malaria is endemic.

Roger Milla, the former Cameroon international (below), is one of the team helping to raise awareness. "Malaria kills a child every 30 seconds. That is 180 young Africans needlessly dying in the time it takes to play a football match," he said.



TONY MARSHALL/EMPICS/PA

Malaria affects 247 million people every year, 86% of whom are in Africa. United Against Malaria is supporting the Roll Back Malaria goals of universal access in Africa to diagnostic tests, mosquito nets, and antimalarial drugs by the end of 2010 as a step towards the goal of eradicating malaria by 2015.

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Dutch doctors wary of scheme for protection in mercy killings

Tony Sheldon UTRECHT

The Dutch system that was designed to protect from prosecution doctors who are involved in the mercy killing of severely ill newborn babies who are judged to be suffering unbearably and hopelessly seems to be struggling to gain professional acceptance. The first case is only now being considered, more than two years after the system's introduction. Research had estimated there should be 15 to 20 such cases a year (*New England Journal of Medicine* 2005;352:959-62).

MPs learnt through parliamentary questions on 18 November that the first report of the decision to end the life of a severely ill baby had been filed in the Netherlands.

The expert committee set up to monitor the system has 12 weeks to decide whether the doctor involved followed the correct protocol and whether it should recommend that he or she is not prosecuted.

Joep Hubben, professor in health law at Nijmegen University and chairman of the expert committee, said that there are several reasons why there are fewer cases than the committee expected. These include the introduction in 2006 of an echo test offered to all women in the 20th week of pregnancy, which has resulted in fewer very sick babies being born. But, he said in the second annual report of the committee that "it cannot be assumed

that there were no cases whatsoever which qualified for reporting" (www.lza-lp.nl).

Legal protection for paediatricians who in rare cases actively end the lives of newborn babies was introduced in the Netherlands in March 2007. If reports to the national experts committee on late termination of pregnancy and life ending treatment of newborns show that detailed criteria, endorsed by the Dutch Paediatric Society, were followed, then it would recommend public prosecutors take no action.

The criteria say that the newborn babies must be suffering hopelessly and unbearably with no prospect for future treatment; that there must be no doubts about the diagnosis and prognosis; that both parents must understand the decision and give their written consent; and the decision has been confirmed by a second independent doctor. (*BMJ* 2005;331:1357).

But the expert committee says in its 2008 annual report that it thinks doctors still fear prosecution. The absence of reports is also blamed on a lack of awareness among doctors of the criteria and judging procedures; insufficient agreement on the perspective for treatment of, for example, spina bifida; and differences of opinion about what life ending treatment involves.

Cite this as: *BMJ* 2009;339:b4993

IN BRIEF

Artemisinin resistant malaria

spreads: Resistance of malaria parasites to artemisinin based drugs is spreading in South East Asia, the Malaria Consortium says. Resistance has been confirmed in Thailand and Cambodia, and resistance may be occurring in Myanmar (Burma), China, and Vietnam, it says. It warns that increasing resistance may be due to inadequate access to artemisinin combination treatments.

UK funds free health scheme in

Sierra Leone: All pregnant and lactating women and children under 5 years old in Sierra Leone will have access to free health care within one year under a new healthcare programme funded by a £34m (€38m; \$56m) donation from the United Kingdom. The programme will help the country move towards free health care for all and will introduce better systems for procuring drugs and equipment.

NHS staff absence costs £1.5bn a

year: Sickness absence in the NHS is equivalent to more than 45 000 employees being absent from the workforce each year and costs £1.5bn (€1.7bn; \$2.5bn) a year, a review by the occupational health expert Steve Boorman finds (www.nhshealthandwellbeing.org/FinalReport.html). High rates of obesity, smoking, absenteeism, and poor mental health have a direct effect on the quality of care of patients, it says. The review calls on trusts to do more to help doctors and nurses exercise and to give up smoking and heavy drinking.

GMC resumes case against

Wakefield: The case against Andrew Wakefield, the gastroenterologist whose research sparked off the scare over the MMR vaccine in Britain, and two colleagues resumed this week at the General Medical Council. All the evidence has been heard, and the fitness to practise panel is deliberating in camera to decide the outcome. The current session ends just before Christmas, but the panel will return in January for further deliberation.

Women are under-represented in

research: The number of researchers working in developing countries rose by almost a million from 2002 to 2007, bringing the total to 2.7 million, says a report from Unesco (<http://portal.unesco.org>). Women make up less than 30% of the total number. In Latin America 46% of researchers are women, whereas in south Asia the figure is only 18%.

Cite this as: *BMJ* 2009;339:b5020

Road deaths in poor European countries

Zosia Kmietowicz LONDON

Countries in the World Bank's Europe and central Asia region need to develop a systematic response to improve road safety, to protect the health and economic wellbeing of their citizens, says a report, *Confronting "Death on Wheels": Making Roads Safe in Europe and Central Asia*.

Several factors have contributed to rapid increases of deaths and injuries from road traffic incidents in these countries, which include the Commonwealth of Independent States (countries of the former Soviet Union), eastern and central Europe, the Baltics, and the Balkans, it says. These include weak road safety management capacity, deteriorated roads, unsafe vehicles, poor driver behaviour, patchy enforcement of road safety laws, and exponential growth in the number of vehicles.

The report from the World Bank shows that although deaths from road incidents have fallen steadily to fewer than six per 100 000 in many western European countries, such as the

Netherlands, Switzerland, and the United Kingdom, they have increased in most countries in Europe and central Asia even though these countries have fewer cars. In the countries of the Commonwealth of Independent States, for example, the death rate is 22 per 100 000.

Deaths from road traffic are among the top 10 causes of death in countries covered by the report. In 2007 increases in deaths from road crashes in these countries ranged from 8% to 39%.

The report, which was released on 19 November on the eve of the first global ministerial conference on road safety in Moscow, says that 55% of road traffic deaths in countries in Europe and central Asia are among people aged between 5 and 44, more than 80% of them men. Children and elderly people are also vulnerable on the roads, especially as pedestrians, and are seven to nine times more likely to be killed in a road crash than car occupants.

The report says, "Human impact of the traffic crashes is enormous, with families

US medical schools quizzed on ghostwriting

Janice Hopkins Tanne NEW YORK

Senator Chuck Grassley has asked 10 leading US medical schools to disclose their rules on the involvement of their teaching staff in ghostwriting.

The senator sent letters on 17 November to Columbia University, Duke University, Harvard University, Johns Hopkins University, Stanford University, the University of California at San Francisco, the University of Pennsylvania, the University of Washington, Washington University in St Louis, and Yale University.

Senator Grassley, an Iowa Republican, has long been investigating financial ties between drug companies and medical professionals. In January he and Senator Herb Kohl, a Wisconsin Democrat, introduced the Physician Payments Sunshine Act for the second time. The act would require annual public reports of payments to doctors by manufacturers of drugs and medical devices. The act is incorporated in one of the healthcare reform bills to be discussed by the Senate next month.

In his letter to the medical schools Senator Grassley said that as a senior member of the US Senate's finance committee he had a responsibility to more than 100 million Americans who receive medical care through the Medicare health insurance programme for elderly people and the Medicaid programme

for people on low incomes.

He described medical ghostwriting as involving payment by drug and device manufacturers to marketing or medical education companies that drafted articles, editorials, or review papers. The papers were then presented to prominent doctors and scientists who signed themselves as authors, whether they were familiar with the content or not. Participation of the ghostwriter was often not revealed.

"Essentially the companies are using the reputation of prestigious academic researchers and their institutions to promote the sale of drugs and devices," Mr Grassley wrote.

The senator said, "Articles published in medical journals are widely read by practitioners and are relied upon as being objective and scientific in nature.

The information in these articles can have a significant impact on doctors' prescribing behaviour and, in turn, on the American taxpayer, as the Medicare and Medicaid programmes pay billions of dollars for prescription drugs and medical devices. Any attempt to manipulate the scientific literature, which can in turn mislead doctors to prescribe treatments that may be ineffective and/or cause harm to their patients, is very troubling."

Cite this as: *BMJ* 2009;339:b5013

rise at a fast rate



DANIEL SLODOJ/AFP/GETTY IMAGES

In 2007 road deaths in the countries covered by the report increased by between 8% and 39%

being driven into poverty because of the mounting costs of medical care and rehabilitation or loss of the main breadwinner.”

According to the report, an effective country road safety strategy requires a strong lead from government, with contributions from many departments, including transport, the interior, the police, health, and education.

Cite this as: *BMJ* 2009;339:b4951

GMC clears doctor accused of misconduct as expert witness

Clare Dyer *BMJ*

A child psychiatrist who was accused of misconduct over her role as an expert witness in a family court case in 2002 has been cleared by the General Medical Council after her lawyer successfully argued that there was insufficient evidence to support the most serious allegations against her.

Diana Bazeley-White was cleared of the allegation that she had reached a conclusion “to which no reasonably competent child psychiatrist claiming expertise in the field of child sexual abuse could have come” when she decided that a father had sexually abused his 5 year old daughter (*BMJ* 2009;339:b4669).

Dr Bazeley-White, a consultant child and adolescent psychiatrist for Bristol North NHS Trust, faced accusations over her conduct of a taped interview with the girl, her report to the court, and her subsequent evidence in court.

She admitted not following the Home Office and Department of Health memorandum of good practice on video recorded interviews with child witnesses.

The GMC’s expert witness, a consultant child and adolescent psychiatrist named only as Dr C, said in his report, “I am afraid that I am very troubled indeed by the interview that Dr Bazeley-White carried out.”

He told the panel he would have accepted the girl’s denial that her father had abused her, which Dr Bazeley-White decided was “not convincing.”

She was also accused of not examining with adequate rigour the evidence that allegedly showed that the girl had been abused.

But the panel acceded to an application by her counsel, Andrew Hockton, that the evidence was not sufficient to support these allegations.

The panel said that Dr C had not had before him all the material on which Dr Bazeley-White had drawn when she compiled her report. This appeared to show that she had weighed up the evidence with adequate rigour.

Cite this as: *BMJ* 2009;339:b4999

Deadline to end world hunger by 2025 is being allowed to “quietly wither away,” say agencies

Michael Day *ROME*

The World Summit on Food Security is failing to make progress, say aid organisations, after its meeting this week in Rome.

Campaigners say that the meeting of the summit, organised by the Food and Agriculture Organization of the United Nations, produced no pledges of extra money, failed to prioritise the problem of infant malnutrition, and allowed the summit’s 2025 deadline to end world hunger to “quietly wither away.”

The lack of Western leaders came in for particular criticism. The only leader present from the G8 (the group of eight most industrialised countries) was the Italian president, Silvio Berlusconi.

Matthew Grainger, a spokesman for Oxfam International, said, “No one expected this event to end world hunger. But it now looks like we are in reverse.” He said that the “quiet disappearance” of the 2025 target to abolish hunger showed how progress had stalled.

“In fact, more immediately, there’s virtually no chance we’re going to hit the millennium goal of halving hunger by 2015,” he said.

Mr Grainger noted that no extra money was pledged in Rome beyond the \$20bn (£12bn;

€14bn) announced at the l’Aquila G8 meeting in July. “And \$15bn of that will be coming by rearranging and ransacking other aid budgets, with money possibly ripped from schools and hospitals,” he said.

Stéphane Doyon, the nutrition team leader of Médecins Sans Frontières, said, “The

neglect of 3.5 to five million children under the age of 5 who die from malnutrition each year means that the summit has conspicuously failed to protect those most in need.

“This meeting has been a major wasted opportunity.”

Cite this as: *BMJ* 2009;339:b4977



ROBERTO SCHMIDT/AFP/GETTY IMAGES

The international community has “failed to commit funds . . . to target the malnutrition problem,” said Doyon