Screening and adjuvant therapy contribute equally to cut in deaths

Seven statistical models independently developed to investigate the reduction in death rates from breast cancer in the United States in 1975-2000 show that mammographical screening and adjuvant treatment have contributed almost equally (New England Journal of Medicine 2005;353:1784-92).

The proportion of the total reduction attributed to screening varied from 28% to 65% in the seven models (median 40%) with adjuvant treatment contributing the rest. The variability across models in the absolute contribution of screening was larger than it was for treatment, reflecting the greater uncertainty associated with estimating the benefit of screening.

The models were developed by the Breast Cancer Working Group of a consortium of investigators sponsored by the US National Cancer Institute (Cancer Intervention and Surveillance Modeling Network or CISNET).

When considering the results of all seven models, the most likely conclusion is that the contributions [to the fall in mortality] of screening and adjuvant treatment are similar.”

David Spurgeon Quebec

See www.cisnet.cancer.gov.

Guidance on reporting under age sex is confusing

The BMA is reporting a surge in telephone calls from doctors who are confused about new guidance that compels health professionals to report evidence of under age sexual activity to social workers and the police. Doctors are concerned that new guidance, already in use in some areas, does away with a child’s right to confidential sexual health advice and could lead to an increase in under age pregnancies and sexually transmitted infections.

A number of area child protection committees have issued protocols, including the London Child Protection Committee, which covers all London boroughs, and Sheffield City Council.

In parallel, the government is examining proposals to change the current national child protection guidance, Working Together to Safeguard Children, and compel health professionals to report all sexual activity in under 16 year olds to social workers and police, regardless of the circumstances (BMJ 2005;331:938, 22 Oct).

Rebecca Coombes London

Working Together to Safeguard Children is available at www.dfes.gov.uk/ and the protocol of the London Child Protection Committee at www.londonpcp.gov.uk/

Assisted suicide organisation opens German branch

The decision by Dignitas, the Swiss assisted suicide organisation, to open their first office abroad in Hanover, Lower Saxony, in September this year has provoked fierce controversy in Germany. The branch will provide information and advice to people wanting to commit suicide but they will have to travel to Switzerland to receive help with their suicide.

Active euthanasia is explicitly banned in Germany, but the law on assisted suicide is less clear.

The justice minister of Lower Saxony, Elisabeth Heister-Neumann, is threatening legal action to ban Dignitas from Germany.

She said that she would look into the possibility of creating a new nationwide law that would make professional help with suicide a criminal offence, especially if it is offered commercially.

But the German Society for Dying with Dignity, which has 35,000 members, welcomed Dignitas’ decision to open a branch. Two opinion polls also showed that about a third of the German population was in favour of active euthanasia and assisted suicide in the case of terminal illness.

Annette Tufts Heidelberg

Australian state and federal governments are attacked on mental health care

More than a decade of mental health reform in Australia has failed to translate into better services, a new report says.

The report is the most extensive investigation into Australia’s mental health services since national reform of mental health care began in 1992.

Its 1008 pages detail many personal tragedies, including accounts of patients harming themselves or others after being unable to get appropriate care. It also describes systemic problems, such as underfunding and workforce shortages.

It says the consequences of the “broken and failing” system include inappropriate use of seclusion, over-reliance on sedating drugs, homelessness, unemployment, incarceration, poverty, and suicide.

The report was released on 19 October by the Mental Health Council of Australia, the Brain and Mind Research Institute at the University of Sydney, and the Human Rights and Equal Opportunity Commission.

It urges action from Australian federal and state governments to improve leadership, accountability, and investment in mental health care.

Melissa Sweet Sydney

Not for Service: Experiences of Injustice and Despair in Mental Health Care in Australia is at www.mhca.org.au.