UK must tackle road crashes, skin cancer, and asthma

Klaus Morales *BMJ*

The UK Health Protection Agency has identified four important sources of illness and death where changes could be made to significantly improve public health. They are traffic crashes, unintentional poisonings, malignant melanoma, and asthma.

The agency's latest report, published last week, says: "As these incidents impact on the young, are preventable and affect society through loss of working life years, they should be a focus for future work."

The agency says that the report's aim was to assess the burden of disease and work out areas in which, through working with partners and other health organisations, it could make an important difference.

Building on work that has quantified the burden of infectious diseases (which in England cost about £6bn ($10.6bn; €8.8bn) a year to treat), the report applied the same principles in assessing the burden of non-infectious diseases associated with radiation, chemicals, poisons, and pollution.

At the report's launch Pat Troop, chief executive of the agency, said: "This is very much a first stage in the process of quantifying the totality of the burden of disease, particularly in the area of environmentally linked non-infectious disease.

"It is clear from the study that the greatest burden from non-infectious diseases associated with environmental threats will be long term, chronic disease. This will impact most on the primary sector and the wider community."

The report also points out that:

- More than 100 000 new cases of skin cancer are diagnosed every year in Britain, including around 7000 new cases of malignant melanoma
- Air pollution may affect the long term lung function of as many as 57 in every 1000 children in England and Wales
- The cost of to the NHS of poisonings is about £110m, excluding the cost of attendances at emergency departments
- About 5% of health service expenditure is on treating injuries. □

Health Protection in the 21st Century: Understanding the Burden of Disease; Preparing for the Future is at www.hpa.org.uk/publications/.

GUY'S AND ST THOMAS' NHS

New children's hospital for London

The Evelina Children's Hospital opened in London this week, the first new children's hospital in the city for more than 100 years. The 140 bed hospital is on the St Thomas' Hospital site and brings most of Guy's and St Thomas' children's services together under one roof.

The Evelina has been funded by a grant of £50m ($89m; $74m) from Guy's and St Thomas' Charity and £10m from the NHS. It will serve children in the boroughs of Lambeth and Southwark and offer specialist care to children from across England and abroad.

Hopkins Architects won a competition approved by the Royal Institute of British Architects to design the hospital, which has involved young patients and their families from the earliest stages.

Jonathan Michael, chief executive of Guy's and St Thomas' NHS Foundation Trust, said: "The Evelina is a supremely practical, state of the art hospital, but one that is full of imagination, warmth, and fun. It redefines the concept of a children's hospital and will undoubtedly influence the building of new hospitals in Britain and across the world."

Zosia Kmietowicz *London*

India plans to audit clinical trials

Ganapati Mudur *New Delhi*

The Indian government has announced a plan to set up a registry and to audit some clinical trials after being dogged for years by controversies over illegal and unethical trials.

The Indian Council of Medical Research will establish a registry of clinical trials conducted in the country, and drug regulators will scrutinise trials to ensure compliance with ethical guidelines and good clinical practice, officials said last week.

The health ministry has begun training drug inspectors to audit trials, Ashwini Kumar, the Drugs Controller General of India, said.

"But it won't be easy, because we don't have a culture of policing doctors," Mr Kumar said after a two day, closed conference of government officials, industry representatives, and doctors that was called to consider India's capacity for clinical trials.

Nearly 100 trials are currently under way in India as part of international multicentre studies to evaluate drugs, Mr Kumar said. Although India's large numbers of patients and doctors make it an attractive site for trials, experts at the conference warned that the country is largely unprepared for the expected expansion of trials.

"Given the vulnerability of uneducated and poor patients, India has a long way to go in ensuring adequate protection to human subjects," said Falguni Sen, professor of business at Fordham University, New York, who has studied India's clinical trials environment.

A paper circulated by Professor Sen at the conference indicated that India has to strengthen its regulatory mechanisms and infrastructure as well as its human resources if it is to expand clinical trial activities. The industry estimates that India earned about $17m (£10m; €14m) in revenue through clinical trials in 2003.

A survey by the Indian Council of Medical Research earlier this year showed that one in two institutional ethical committees had a chairman or chairwoman from the parent institution, creating potential for a conflict of interest. Only 40 of 179 committees follow prescribed guidelines.

The council had drafted ethical guidelines for medical research more than five years ago. "But legislation to enforce guidelines and introduce penalties for violation is pending," said Vasantha Muthuswamy, the council's deputy director general.

Over the past decade public sector and private doctors in India have conducted several clinical trials without regulatory approvals.

Between 1998 and 2000 surgeons in a north Indian city injected vascular endothelial growth factor in patients with heart disease (*BMJ* 2001; 322:1142). Four years ago government doctors teamed up with a researcher at Johns Hopkins University, Baltimore, Maryland, in an illegal trial of a cancer drug (*BMJ* 2001;323: 299).