In brief

Rich countries should end reliance on overseas doctors: The BMA has warned that people in the developing world are dying because healthcare workers are being recruited to work in richer countries (*BMJ* 2005;330:923). In a statement issued jointly with the Royal College of Nurses and international partner organisations it calls for rich countries to adopt ethical recruitment policies and to help the developing world to retain more doctors. See www.bma.org.uk

Meningococcal outbreak kills 15 people: Delhi has been hit by an outbreak of meningococcal meningitis. Between 29 March and 9 May 111 cases of the disease and 15 deaths had been reported, mostly in Old Delhi. See www.who.int

BMA calls for routine hepatitis B immunisation: The BMA wants all children in the United Kingdom to be immunised against hepatitis B virus—which can cause fatal liver disease—as recommended by the World Health Organization. See www.bma.org.uk

Authority publishes guide to uses of herbs: The Medicines and Healthcare Products Regulatory Authority has issued guidance on the known recorded medicinal, food, aromatherapy, or cosmetic uses of a wide range of herbal products often used in western Europe and North America. This enables suppliers to check to see which category a herbal product falls into and what guidance therefore applies. See www.mhra.gov.uk

WHO reports on health risks: The top 10 health risks globally are childhood and maternal underweight; unsafe sex; high blood pressure; tobacco; alcohol; unsafe water and poor sanitation and hygiene; high cholesterol; indoor smoke from solid fuels; iron deficiency; and overweight or obesity. These account for over 40% of the 57 million deaths occurring worldwide each year, says the World Health Organization. *Comparative Quantification of Health Risks* is available at www.who.int/publications

NICE says that patients' age should affect treatment

Susan Mayor *London*

The age of patients should be considered in assessing the potential benefits and risks of healthcare interventions, according to a consultation document from the National Institute for Health and Clinical Excellence (NICE), which advises on the use of treatments in the NHS in England and Wales.

The consultation report was designed to clarify the social value judgments—defined as ethical principles, preferences, culture, and aspirations—that should be used by NICE in conjunction with clinical judgments in deciding what the NHS should provide.

The report proposed that age should be taken into account when NICE is making decisions. It said: "Where age is an indicator of benefit or risk, age discrimination may be appropriate." However, it recommended that health should not be valued more highly in some age groups than in others and that individuals' social roles at different ages should not influence considerations of cost effectiveness.

The report also said that sex or sexual orientation should not be taken into account unless these were relevant to benefits, risks, or both. It also recommended that discrimination against patients with conditions that were self inflicted should be avoided, unless they might influence the likely outcome of an intervention.

The recommendations were based on a review of relevant published literature, reports from NICE's Citizens Council (30 people who reflect the age, sex, socioeconomic status, and ethnicity of the population in England and Wales) and a survey of 1010 members of the public.

Andrew Dillon, chief executive of NICE, explained the need for the consultation: "The institute has to make difficult decisions about how well treatments work and which treatments offer the NHS best value for money. We know that factors such as age and lifestyle can influence how clinically or cost effective a treatment is, and we are asking people whether NICE is getting it right when we take this type of factor into account during the development of our guidance."

Mr Dillon noted that NICE had made judgments in the past that took age into account, with the balance of risk versus benefit in favour of recommending health interventions in older people rather than younger people in some situations.

For example, NICE recommended that drug treatments for flu should be made available for people aged over 65 as they are a vulnerable group and likely to be more seriously affected by flu than younger people.

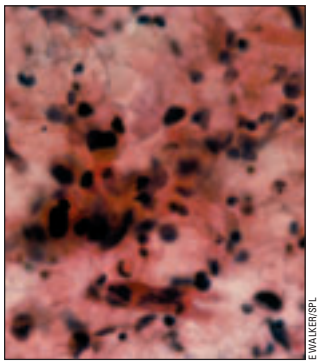
In other situations, interventions may have greater benefit in younger people. The NICE guideline on fertility treatment recommended that in vitro fertilisation be made available to women aged 23-39 years as it was most likely to be effective in this age range.

See www.nice.org.uk

Cervical cancer is still missed, despite the availability of screening

Janice Hopkins Tanne *New York*

Failure to be screened is the main reason why women who have comprehensive healthcare insurance still develop invasive cervical cancer, says a large study of the members of seven comprehensive prepaid healthcare plans in the United States, which have a combined membership of more than eight million people.



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Squamous carcinoma (above) is easier to detect in screening than adenocarcinoma

Dr M Michele Manos, lead author of the study, which was published in the *Journal of the National Cancer Institute* (2005; 97:675-83), said that what is needed is "a reminder system that identifies patients who have gone longer than they should without a test, whenever they interact with the healthcare system, even if they go for optometry." Dr Manos is senior research scientist at the Oakland, California, division of research of the non-profit healthcare plan provider Kaiser-Permanente.

Invasive cervical cancer was diagnosed in 833 women who had comprehensive medical records for three years before the diagnosis.

Although the healthcare plans screened 80% to 86% of women members aged 21 to 64, most of the cases of cervical cancer—464 (56%)—were in women who had not had cervical smear tests in the four to 36 months before their diagnosis. However, 375 (81%) of these women had made at least one outpatient visit to a health plan facility in that 36 month period.

The test failed to detect cancer that was probably already present in 263 (32%) of the women who had a diagnosis of cervical cancer. Women in this group were nearly twice as likely to have cancers that were not squamous cell cancers—primarily adenocarcinomas. Adenocarcinomas occur higher in the endocervix, and a cervical smear test may not detect the abnormal cells. An expert review is planned of the 199 available tests that were reported as normal in women who developed cervical cancer.

Failure by either the patient or the healthcare providers to follow up abnormal results was the reason in 106 (13%) of the cases. About 20% of women in this group didn't follow recommendations for further tests.

Older women and women from poor or less educated areas were more likely to be in the "failure to screen" group.