Heart disease mortality declining with fewer and less deadly attacks

Zosia Kmietowicz, *London*

The decline in mortality from coronary heart disease seen in some countries over the past decade is the result of a reduction in the number of events rather than improved survival, according to the 10 year study monitoring trends and determinants in cardiovascular disease (MONICA).

Investigators from the World Health Organisation's MONICA project monitored the trends in coronary heart disease across 37 populations in 21 countries for 10 years, from the early 1980s. The first definitive results of the study, published last week, showed that during this time 166 000 coronary events were registered in men and women aged between 35 and 64 years (*Lancet* 1999;353;1547-57). Results showed that each year deaths from coronary heart disease in most countries were falling by an average of 2.7% among men and 2.1% among women. Changes in non-fatal rates were smaller—a reduction of 2.1% in men and 0.8% in

women. Coronary event rates (fatal and non-fatal combined) fell more (2.1% in men; 1.4% in women) than case fatality (0.6% in men; 0.8% in women).

Commenting on the findings, Professor Hugh Tunstall-Pedoe of the cardiovascular epidemiology unit at Dundee University, a MONICA steering group member, said: "The main point of the study was that the reduction seen in mortality from coronary heart

disease was caused two thirds by the fact that there are fewer heart attacks and one third by the fact that heart attacks are less deadly." The researchers concluded that the major determinant of the decline in mortality from coronary heart disease was whatever drives changing rates of coronary events.

Men continued to outnumber women in terms of deaths from coronary heart disease by four to one. However, the data showed enormous differences in mortality both between and within countries. The well known north-south divide across Europe persisted. □

Annual trends in rates of coronary heart disease in men included in the MONICA study

UK proposes 15 year delay for 48 hour week for doctors

Annabel Ferriman, *parliamentary correspondent, BMJ*

A proposal by the British government that the European Union directive which limits working to 48 hours a week should not apply to junior doctors in the United Kingdom for another 15 years sparked a major political row last week.

At talks in Brussels, government officials proposed to the European Commission that the upper limit on hours worked by junior doctors in the United Kingdom should be 65 hours a week for the next eight years and 60 hours a week for the seven years after that.

Ann Widdecombe, the shadow health secretary, questioned health secretary Frank Dobson

about the apparent reversal in the House of Commons, and she later described it as a "disgraceful betrayal" of the medical profession, claiming that it could put the lives of patients at risk through doctors' fatigue. Mr Dobson said that the aim of the negotiations was to ensure that the system protected the interests of junior doctors and the NHS and to ensure that the government would not be "trapped by any rigidities imposed on us from Brussels."

Mr Andrew Hobart, chairman of the BMA's Junior Doctors Committee, said: "I am appalled to learn that the UK government is acting in this way. In 1991 the new deal for junior doctors set a limit of 56 working hours, with a target date for implementation of December 1996. Yet two years later 1 in 6 junior doctors were still working beyond this limit. Having failed to honour its side of a voluntary agreement, they are now trying to ensure that it is replaced by a legally binding provision with

higher hours limits."

The row continued during the week with Tony Blair, the prime minister, having to face questions on the issue in the House of Commons. William Hague, the leader of the opposition, pressed him to admit that the government was proposing an increase in the hours worked by junior doctors and that such an increase would last 15 years. Mr Blair said that the number of junior doctors working more than 56 hours a week had been reduced in the two years since Labour took office, from 6500 junior doctors to 4800. He admitted, however, that the government wanted the transitional period before the working hours directive covered junior doctors extended to 15 years. "That is necessary, since we must recruit more doctors, and training for some of the specialties takes 15 years."

The UK government's proposals are unlikely to be accepted by the European Commission. □

Tennessee's state funded health care faces crisis

Fred Charatan, *Florida*

Tennessee's healthcare programme for low income people, TennCare, is facing a severe budget crunch which is set to affect 1.3 million beneficiaries—one quarter of the state's total population of 5.3 million.

Tennessee withdrew from the federal Medicaid programme of fee for service payments in favour of offering managed care through health maintenance organisations (HMOs) in 1993, after obtaining a waiver from the federal Health Care Financing Administration. HMOs are paid \$116 (£73) per month per patient enrolled on the plan to provide services through primary care physicians who act as "gatekeepers."

TennCare is regarded as the most ambitious and generous state healthcare programme in the United States. But Don Sundquist, Tennessee's Republican governor, proposed at a recent public hearing that a moratorium should be placed on new enrolments while the state decides what to do about a projected 12% rise in costs for the programme in the next fiscal year.

TennCare's director, Brian Lapps, reported that TennCare collects \$36m in premiums from people who are uninsured and uninsurable—equivalent to about \$72 per person per year—a small amount for the benefits that they receive. He said that the anticipated 12% rise for the next fiscal year was caused mainly by the high costs of caring for the comparatively few patients with severe chronic and disabling diseases such as AIDS and cancer. He pointed out that TennCare had been carried "on the backs of the doctors and hospitals" who were paid below their break even points.

A proposal to reform TennCare, which will increase premiums and limit eligibility, will be put before Tennessee's legislature this month in an effort to maintain the programme. □