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Surgeon wins £1.6m in unfair dismissal case

A former consultant obstetrician and gynaecologist who was sacked seven years ago after she launched a race discrimination claim against her employers has won £1.6m (\$2.9m; €2.4m) compensation. With legal costs, the case is expected to cost her employers, South Tyneside NHS Foundation Trust, nearly £3m.

Nigerian born Feyi Awotona, aged 50, from Gosforth in Tyne and Wear, was sacked in December 1998 for gross personal misconduct. The trust said she was confrontational and obstructive, but an employment tribunal accepted her argument that the race discrimination claim she was preparing was the primary reason the disciplinary charges were brought against her.

She told the tribunal that the trust's medical director, Peter Robson, who has since died, had said that "because I was a woman and black there was a limit to what I could do at South Tyneside."

In 2003, the tribunal upheld her claim of victimisation and unfair dismissal and ordered the trust to reinstate her with a period of six months retraining. Last year Dr Awotona returned to work but quit in May 2005 after the trust refused to let her do her retraining at South Tyneside District Hospital.

Clare Dyer *legal correspondent, BMJ*

Dutch researchers call for sex education in primary schools

Dutch researchers are calling for more primary school sex education after a study shows that more teenagers are having sex than 10 years ago, and they are starting younger.

The report, by two Dutch sexual health organisations, concludes that it is important for teenagers' sexual health to have a "warm family environment." Teenagers who received help and affection from their parents

International Committee of the Red Cross set to accept new symbol

The International Committee of the Red Cross has announced that it is intending to change its rules to allow national first aid societies to use a new symbol—that of a "crystal"—in the place of a cross or a crescent if they object to these existing symbols (above).

The organisation's decision comes in response to sustained pressure from Israel's national first aid and ambulance organisation, Magen David Adom, which has been campaigning for a change for 50 years and which now looks likely to achieve membership of the movement. The red crystal must be approved by a two thirds vote at a diplomatic conference in Geneva, which is being held before the end of 2005.

The additional emblem would be "free of any perception of religious, political, or other connotation," the International Committee of the Red Cross announced. It would "enable national societies that have not been able to use the existing emblems to become full members."

Judy Siegel-Itzkovich *Jerusalem*

had less experience of sex, were more competent at negotiating with sexual partners, used contraception better, and were less likely to be forced into sex.

This first large scale study since 1995 included responses from 5000 12 to 25 year olds. It aims to mould health promotion policies in a country where teenage abortion rates are among the lowest in Europe but have been rising. Researchers stress that sexual health is generally good but recommend the targeting of specific ethnic, religious, educational, and age groups.

The study shows that, compared with 1995, more Dutch secondary schoolchildren are having sex—30% as opposed to 24%.

Tony Sheldon *Utrecht*

Seks Onder je 25e [Sex under 25] is at www.rutgersnissogroep.nl.

GMC introduces tighter regulation for some and a lighter touch for others

The General Medical Council, the UK body which regulates the medical profession, has unveiled a new twin track approach to regulation that will provide tougher scrutiny of the "small minority" who present a threat to patients' safety while offering a "lighter touch" for most doctors.

Under the new strategy, all doctors would have to give the GMC information about their work as a condition of gaining a licence to practise in the first place. This could include details of the scope of their work, their

specialty, and the name of their employer.

After this, local employers would be expected to play a much bigger role in regulating most doctors. The council is planning to draw up a list of "approved environments" that could take on much of the supervision of doctors. Supervision might include dealing with complaints and even helping towards revalidation through the annual appraisal.

Andrew Cole *London*

The council papers are available at www.gmc-uk.org/council/index.htm.

Women and girls are still victims of violence in Darfur

Women and girls in Darfur are still suffering rape and other forms of sexual violence in Darfur, a new United Nations report shows. The report confirms much of the content of an earlier report by the organisation Médecins Sans Frontières which resulted in denials from the Sudanese government and the temporary detention of its authors in May (*BMJ* 2005;330:1350,11 June).

The "situational analysis," jointly conducted by Unicef and the UN Population Fund, details people's perceptions of the situation and indicates that widespread incidents of sexual and physical violence are still occurring.

Health problems mentioned by women were rape; malnutrition; miscarriages; irregular menstrual cycles; sexually transmitted diseases; physical injuries due to beatings; injuries sustained during flight from their enemies; and psychological disturbances, such as nightmares.

The psychosocial consequences of sexual violence included "shame, depression, stigma, illness, difficulty coping, and at the worst suicide."

Peter Moszynski *London*

The report, *The Effects of Conflict on the Health and Wellbeing of Women and Girls in Darfur*, is available at www.unicef.org/emerg/darfur/files/sitan_unfpaunicef.pdf.

Typhoid outbreak prompts protests over inadequate water system

A failure in the water delivery system in a small town near Johannesburg, Delmas, has caused a serious outbreak of typhoid fever. Three people are dead and more than 400 confirmed as having the disease.

Another 2500 have diarrhoea, which may be connected to the outbreak. These figures are expected to rise.

Nurses have been brought into the area from nearby Gauteng province. Freshwater is being bussed into the area by tanker and the government is now providing some 13 000 households with freshwater while solutions are found for the longer term.

The outbreak has prompted about 1000 angry young residents of Delmas to take to the streets to demand the resignation of the mayor and other municipal officials whom they blame for not seeing to it that drinkable water was available in the town. The town had a major outbreak of typhoid in 1993, with 1000 cases of the disease.

Pat Sidley *Johannesburg*

Thousands face compulsory treatment in the community under new UK act

The number of community based patients treated compulsorily under the proposed new mental health legislation could be close to 10 times higher than the government expects, a report by the King's Fund has said.

If the controversial Mental Health Bill 2004 becomes law, in the first 10 to 15 years between 7800 and 13 000 people could be subject to compulsory orders, the medical think tank said.

The Department of Health dismissed the report saying that the "lack of quality data and weakness in analysis" meant that the estimates were "flawed" and

failed to recognise amendments made after criticism by a parliamentary committee.

The government insists that the new treatment orders would only apply to a small and clearly defined category of "revolving door" patients who are stuck in a cycle of discharge, relapse, and readmission because they fail to follow correct treatment programmes. They could number around 1450, the government says.

Sophie Arie *London*

The report, *A Question of Numbers: the Potential Impact of Community Based Treatment Orders in England and Wales*, is available at www.kingsfund.org.uk/publications.

Older people's care needs a major overhaul

The Joseph Rowntree Foundation, a UK based social policy research body and think tank, has called for a major rethink of the way Britain funds long term care for its booming elderly population, warning that the existing system is unfair, inconsistent, and unsustainable.

A discussion paper commissioned by the foundation warns that Britain is ignoring a looming care funding crisis and its working generations are failing to plan for the cost of living longer.

The paper says that existing funds could be distributed more fairly by assessing the overall cost of care rather than the type of disability of a patient.

To cover the predicted quadrupling in long term care costs in the next 50 years, Britain should consider all realistic cost sharing options, such as offering public back-up to encourage private insurance programmes, the paper concludes.

Care organisations have welcomed the report. Gordon Lishman, director general of Age Concern, said that the government could not afford to "bury its head in the sand on the care crisis" any longer.

Sophie Arie *London*

The report, *Facing the Cost of Long-Term Care: Towards a Sustainable Funding System*, is at www.jrf.org.uk.

Students should spend part of training in rural hospitals

Bryan Christie *Edinburgh*

Medical students and junior doctors should receive some of their training in rural and remote hospitals to help produce more doctors suitable to work in such areas. This is one of many ideas to emerge from an initiative organised by the Royal College of Physicians of Edinburgh that examines the sustainability of healthcare provision in Scotland's outlying areas.

The advance of specialisation in medicine, together with the fear of professional isolation, has made recruitment to such posts more difficult in recent years. Legal limitations on working time also threaten the viability of services in rural hospitals.

Despite this gloomy background, many positive ideas about developing rural and remote services are explored in series of personal perspectives commissioned by the college. It includes contributions from physicians, surgeons, an anaesthetist, a general practitioner, a medical director, and a member of the public. An international dimension is provided by an article reviewing developments in Australia.

Some of the suggested ways forward include:

- Basing more teaching and training of students and doctors in rural locations
- Recognising the value of general medical training for remote or rural practice
- Developing remote and rural medicine as an academic discipline
- Making a commitment to providing primary and sec-

ondary healthcare as close to where people live as possible

- Ensuring that doctors have a minimum volume of work to sustain skills but do not suffer from excessive on-call commitments. This can perhaps be achieved through arrangements with larger hospitals

- Using telemedicine to provide specialist support to rural practice

- Combating "city slicker" and "country bumpkin" perceptions and divisions in medicine.

Remoteness may not all be related to geography, hypothesised one of the contributors. It suggests that doctors working in large central hospitals can be seen as remote as they understand little of what small hospitals are capable of achieving.

The college has not adopted any of the suggestions as policy. Its president, Professor Neil Douglas, said that the intention is to inform the ongoing debate on how best to respond to the pressures on rural healthcare services.

"This is a problem that has been grappled with for over a century in many parts of the world. All sorts of different approaches are being considered at present. Different regions and localities will require different solutions, as will different specialties," he said. □

Personal Perspectives on the Future of Remote and Rural Medicine in Scotland: a Series of Commissioned Commentaries is available at www.rcpe.ac.uk/publications/remotelandruralmedicine.php.

ALLAN MILLIGAN/SCOTTISH VIEWPOINT

Recruitment to rural posts in Scotland has become more difficult