sterilised only after seeking medical advice at Graz Regional Hospital about her failed attempts to get pregnant.

The woman said she was horrified when she heard she had undergone a sterilisation operation. She later discovered that it had been carried out by a doctor at the Bad Radkersburg Hospital where she had been admitted as a teenager for an abortion.

The woman claims that her father told doctors she was mentally retarded and should be sterilised.

The woman, who has learning difficulties, is taking not just her parents but also the doctor involved in the operation and the company that runs the hospital, Styrian Hospitals Authority, to court. Court papers show that she is claiming compensation of €31 000 (£21 000; \$36 000).

Michael Leidig *Vienna*

Holland censured for the way it deported a mentally ill asylum seeker

Dutch medical and human rights organisations have criticised the country's immigration service after a failed asylum seeker with schizophrenia committed suicide days after his deportation.

Andrej Donorov, 34, a Ukrainian, had been treated for the condition since he first sought asylum in the Netherlands in 2001. He had previously entered the European Union through Spain on a tourist visa.

Doctors advising the Dutch immigration service said he could be deported back to Spain only if there was a "thorough transfer of medical information."

In 2003 he was deported without medical notes, in handcuffs, and without medical help on his journey. On arrival he was given an appointment to see a doctor 12 days later but hanged himself the day before the appointment.

The Dutch immigration minister, Rita Verdonk, acknowledges that mistakes were made in the "run up" to but not in the deportation to Spain itself. She

argues that failed asylum seekers are personally responsible for the transfer of their medical details.

The Netherlands is now urging the EU to reach "uniform agreements" over transferring foreign nationals where medical aspects are involved.

Tony Sheldon *Utrecht*

EU is urged to reduce injuries to children

Small changes in the design of everyday items such as cigarette lighters, cars, and baby walkers could prevent hundreds of young children being killed in the European Union every year, the European Child Safety Alliance says.

The alliance used a public hearing in Brussels on 9 November to emphasise to European politicians and decision makers that mishaps such as fires, drowning, and choking—and not illnesses—are the main killer of children under 14 years old.

Joanne Vincenten, the alliance's director, told participants: "Injuries kill twice as many children as cancer and eight times as many as respiratory conditions like asthma, but governments are not giving attention to this issue equal to its burden."

A third of children's injuries in the EU are caused by road vehicles, and redesigning car fronts could prevent 20% of deaths and serious injuries among pedestrians, said Frazer Goodwin, from the European Transport Safety Council.

Although the European Commission will soon table legislation in this area, car manufacturers are looking to delay full implementation until 2015.

Campaigners are also calling for all lighters to be made child-proof and for modifications to cigarettes to make them burn out more quickly when discarded.

More than 11 years ago the United States was the first country to make safety lighters mandatory. As a result the number of deaths resulting from fires associated with lighters fell by 43%. Canada, Australia, and New Zealand have followed suit.

Rory Watson *Brussels*

UK doctors move towards general practice and flexible working

Madeleine Brettingham *London*

A surge of interest in general practice and a movement towards flexible working are among the findings of a 10 year study of UK doctors' careers. The study also notes the rise of the so called portfolio career, in which doctors dip among job types and specialties.

The BMA's cohort study, which was set up to monitor the career progression of almost 600 doctors who qualified in 1995, came to an end last week. As well as chronicling the frustrations experienced by the average trainee doctor, the study, which used a mix of yearly surveys and focus groups to track the careers of GPs and consultants, provides a picture of career trends over the past decade, said Jon Ford, head of the BMA's health policy and research unit.

"If you read the *BMJ* obituaries you will see that few of those featured have conventional linear careers," said Dr Ford. He said that unconventional career paths were increasingly common.

The rise in the number of female doctors (women now make up more than half of all medical school graduates), the pursuit of variety, and the growing importance of a work-life balance were some of the reasons given for these changes.

General practice is seen as a more manageable option in terms of hours and opportuni-

ties for part time work, and it was these qualities that account for 44% of female doctors and a high proportion of male doctors with children choosing general practice, said Rosemary Crompton of the Economic and Social Research Council's Gender Equality Network, responding to the results of the survey.

But she warned that flexible working (once dismissed as the "namby pamby" option, one respondent said) represented a "false choice" for many doctors. Doctors with families often felt that working full time in surgical specialties was not a possibility for them and opted for general practice or part time working instead.

She also warned that the "patronage" system, whereby younger doctors—particularly if they are male and educated at private schools and Oxbridge and Cambridge—are taken under the wing of successful senior colleagues and win promotion more quickly as a result, may be limiting the progress of candidates from other backgrounds.

Furthermore, consultants still face "terrible career blockages," said Paul Miller, chairman of the BMA's Central Consultants and Specialists Committee. (See p 1211.)

BMA Cohort Study of 1995 Graduates: Tenth Report—June 2005 is accessible at www.bma.org.uk.

Forty four per cent of female doctors in a cohort of 600 doctors who qualified in 1995 opted for general practice