US judge allows class action over light cigarettes

Fred Charatan *Florida*

People who smoked "light" cigarettes because they thought that they were less harmful than ordinary ones can pursue their claim of fraud as a class action lawsuit, the US federal judge Jack Weinstein ruled last week. The lawsuit was filed in 2004 against Philip Morris, R J Reynolds, Lorillard Tobacco, British American Tobacco, and others.

"The plaintiffs are entitled to the chance to prove their allegations," Judge Weinstein said in his 540 page ruling. Class certification was necessary because "no individual can afford to prosecute the case alone," he said. This is the first time light cigarettes have been certified as a class action in a federal court. Three similar cases have received certification in state courts.

The plaintiffs' lawyers allege that the companies have defrauded consumers since 1971, when Philip Morris began selling Marlboro Lights, falsely marketing them as light, low in tar, and less harmful than ordinary

cigarettes. In fact, researchers found that people draw harder and deeper on light cigarettes, filling their lungs with more toxic material than they would get from regular cigarettes, said Stanton Glanz, a cardiologist at the medical school of the University of California in San Francisco.

The plaintiffs' lawyer Michael Hausfeld plans to seek damages of as much as \$200bn (£110bn; €160bn). He said that the case, set for trial in early January 2007, included anyone who bought cigarettes labelled light or lights, which could number as many as 60 million people.

Because the lawsuit was filed under the civil provisions of the Racketeer Influenced and Corrupt Organizations Act, Mr Hausfeld said damages could be tripled.

The tobacco companies have enjoyed a more favourable legal climate recently. For example, last July the Florida Supreme Court upheld a decision to dismiss a \$145bn judgment in a class action lawsuit, and in December the Illinois Supreme Court threw out a similar \$10bn judgment against Philip Morris.

The tobacco companies will contest Judge Weinstein's ruling in the Second Circuit Court of Appeals in New York.

Coming up ... The BMJ interview with Liam Donaldson: your opportunity to ask questions

The broadcaster Sue MacGregor will interview Liam Donaldson, England's chief medical officer, on Friday 20 October. Do you have a burning question? Email it with your daytime telephone number to thebmjinterview@bmj.com by 16 October and we will consider it for the programme. If we think your question is interesting enough for our audience we will call you and you'll have a chance to put it to Professor Donaldson directly.

Listen to the interview from Friday 20 October on bmj.com/misc/audio. We hope you'll enjoy the audio interview, and we welcome your feedback.

Who else do you think we should interview? Send your nominations and the reasons why to thebmjinterview@bmj.com.

Canada's obstetricians call for a national birthing strategy

Barbara Kermode-Scott *Calgary*

Canada is facing a crisis in obstetric care because more women are dying in childbirth and the country's position relative to other countries for infant and perinatal mortality has fallen, the Society of Obstetricians and Gynaecologists of Canada says.

The country must address shortages in maternity care staff and investigate ways to provide optimal care of mothers and newborns to achieve better outcomes, the society says.

Data from the Organisation for Economic Co-operation and Development show that in 1990 Canada was one of the world's safest places to give birth, ranking sixth on infant mortality, 12th on perinatal mortality, and second on

maternal mortality. This year Canada has slid to 21st place for infant mortality, 14th for perinatal mortality, and 11th for maternal mortality (www.oecd.org).

"We are certainly concerned by these statistics," said the society's president, Donald Davis, who described the rankings as a "wake-up call."

"There has been an increase in maternal morbidity and mortality and fetal mortality—which really is very, very disturbing for us," Dr Davis said.

Moreover, Canada's average maternal mortality masks big regional variations. The reality for Canada's rural and remote communities, particularly aboriginal communities, is particularly disturbing, the society says.

Some women in Canada's rural and remote communities do not have local access to facilities for safe birth. Women are being routinely evacuated from their communities so that they can be assured appropriate care in urban centres.

The society is therefore recommending that the country's government invest \$C5m (£2.4m; €3.5m; \$4.5m) to \$C7m a year over 10 years in a new birthing strategy. The strategy, developed with the support of Canada's provincial governments and territories, would establish a blueprint for the provision of optimal maternal and newborn care services in urban, remote, rural, and aboriginal communities.

In Canada doctors (family doctors and obstetricians) perform about 98% of deliveries and midwives perform maybe 2% to 3%, Dr Davis said.

The society wants to see more health professionals providing maternity care as well as

increased collaboration among professionals involved in providing obstetric care—midwives, community health nurses, family doctors, and specialists.

"We want to develop a programme that's going to increase collaboration and coordination and maximise our ability to provide care to women," said Dr Davis. "Otherwise we could be in very serious circumstances."

Over the past decade the society has raised concerns that fewer and fewer Canadian family doctors are providing obstetric care. Several reasons are given for this decline, including lifestyle and pay issues.

In the next five years it is expected that 30% of Canada's obstetricians will retire from full time practice and that others will streamline their practice to include only gynaecology.

A Birthing Strategy for Canada is available from the Society of Obstetricians and Gynaecologists of Canada (www.sogc.com).