Routine mammograms not recommended for younger women

Fred B Charatan, *Florida*

A consensus panel of the United States National Institutes of Health has decided against recommending routine mammography for women in their 40s. The panel's report has rekindled the controversy over the issue.

The panel, chaired by Dr Leon Gordis of Johns Hopkins University, Baltimore, said: "At the present time the available data do not warrant a single recommendation for mammography for all women in their 40s. Each woman should decide for herself whether to undergo mammography."

The American Cancer Society continues to stand by its recommendation of 1983 that symptom free women aged between 40 and 49 should have mammograms every one to two years; however, it promised to revisit the issue in March.

In 1987 the National Cancer Institute adopted working guidelines to begin screening

women at 40, with mammography every one to two years. The guidelines were adopted in 1989 by a conference of leading cancer organisations.

In 1993, however, Dr Samuel Broder, then director of the National Cancer Institute, announced that it was dropping its longstanding recommendation that healthy women in their 40s should have regular mammograms. The institute said there was no good evidence that these women benefited, particularly given the risks.

However, Dr Richard Klausner, current head of the National Cancer Institute, said at a news conference: "My own evaluation is that the data does support regular mammograms for women in their 40s. Yes, I am disagreeing with the balance of benefits to risk ratio expressed in the (panel's) report." He said that the institute will meet within several months to discuss the panel's findings and its own rec-

GEORGE FOX/SPR

Screening young women for breast cancer is controversial

ommendations on breast cancer screening for younger women.

Some public health physicians, consumer representatives, and researchers praised the consensus panel's report. Constance A Rufenbarger of the Catherine Peachey Fund, in Warsaw, Indiana, who was a

member of the panel and described herself as a breast cancer survivor, said: "There's no one up here who would not like to say that if you go for that mammogram, we can find early cancer and you would be cured. But she added: "That is not what the data say." □

Protein marker linked with poor cancer outcome

Susan Mayor, *London*

There are new hopes of a reliable indicator for the aggressiveness of tumour cells as three independent studies show that low amounts of p27—a protein that inhibits the cell cycle—are associated with poor survival in breast and colorectal carcinoma.

All three studies were reported in this month's *Nature Medicine* (1997;3:222-5;227-30;231-4). One study of 168 cases of primary breast cancer showed that low nuclear expression of p27 was a significant predictor of poor disease free survival. Researcher Dr Joyce Slingerland, associate pro-

fessor at the University of Toronto, reported: "Patients with low p27 in their breast cancer cells had a twofold increase in risk of disease relapse."

Another study, which included over 200 patients with primary breast cancer, showed that combining expression of p27 with its target protein, cyclin E, improved prognostic value still further. A combination of low cyclin E and high p27 expression—indicative of slow progression through one of the phases of the cell cycle—correlated with a 10 year survival rate of about 70% among all women test-

ed. In contrast, high cyclin E and low p27 expression was associated with about 20% survival.

In the last study 149 patients with primary colorectal carcinoma whose tumours expressed p27 had a median survival of 151 months, whereas those who lacked p27 (10% of the total) had a median survival of 69 months. Dr Michele Pagano, assistant professor at New York University, said: "Carcinomas with low or absent p27 protein showed enhanced proteolytic activity specific for p27, suggesting that the low level may result from increased rates of degradation rather than altered gene expression."

Dr Gordon Peters, principal scientist at the Imperial Cancer Research Fund, said: "These are very significant findings for our

understanding of cancer and its treatment. All three studies show statistically significant associations between levels of p27 and the aggressiveness of the disease."

The new research shows the value of p27 as an independent prognostic indicator. "In patients for whom there is some debate about what treatment to use, a simple test such as that for p27 would provide more reliable information than decisions based on tumour size and grade. A more aggressive approach might be taken in tumours showing low p27 levels," suggested Dr Slingerland.

She is now carrying out a study using eight years of data on 1500 cases of lymph node negative breast cancer to confirm whether p27 values accurately predicted outcome. □

In brief

Baby milk withdrawn: The UK Department of Health has ordered the withdrawal of the infant milk powder Milumil (sold under the Milupa brand) because of a possible link with *Salmonella anatum* in babies under 12 months. Ten out of 12 babies who were taken ill had been fed the powdered milk.

French crackdown on smoking in public: A civil court has ruled that the state owned railway company, SNCF, has failed to enforce antitobacco legislation in Lyons station and that it must pay Fr 20 000 (£2200; \$3300) to two antitobacco groups.

Charity campaigns for free eye tests: A report by the Royal National Institute for the Blind says that over half a million people over 60 in the UK are at risk of losing their sight as they cannot afford to have an eye test. The report says that the cost of reintroducing eye tests for older people would be £32m (\$48m) per year, which would be more than offset by the potential savings.

US to fund foodborne illness programme: President Clinton's 1998 budget proposes \$43m (£29m) for the early detection and prevention of foodborne illnesses. The programme will include upgrading the Food and Drug Administration's safety inspections of seafood and the Department of Agriculture's new bacteriological tests of meat and poultry.

German BSE case confirmed: The German ministry of agriculture has confirmed a new case of bovine spongiform encephalopathy (BSE) in a four year old Galloway cow that was born in Germany. Past cases of BSE in Germany have all been in imported cows born in the UK or Switzerland.

American public lacks confidence in health system: A report from the National Coalition on Health Care based on 1000 telephone interviews found that eight out of 10 people believe that there is something seriously wrong with the healthcare system. Seven out of 10 believe that there are problems with the quality of care.

China bids to improve fitness levels

Richard Tomlinson, *Beijing*

The Chinese government is determined to improve fitness by encouraging sports among its increasingly sedentary population. The State Physical Culture and Sports Commission last week announced the start of a "grand physical training project," which includes setting up new exercise facilities in 20 large cities.

Since economic reform started in 1979 rising standards of living have taken their toll on the population's general health. The medical afflictions of developed countries, including high blood pressure, heart disease, and diabetes, are all increasing in China.

A three year survey started in 1992 by sports officials, health workers, and trade union officials looked at the lifestyles of more than 113 000 workers in 22 Chinese provinces and cities. The results, reported in the official *China Daily* newspaper last week, showed that half of the workers between the ages of 31 and 50 never exercised in any way. In 1995 the government adopted a "plan for mass physical training," and this year's 20 new "physical training castles" will provide facilities for swimming, body building, and general sports activities.

Although China lacks good sports facilities, this does not

The level of fitness among Chinese school children is low

seem to be the main problem. Older Chinese people can still be found in city parks doing their traditional exercises, but younger people show far less awareness of the benefits of exercise. In common with many developed countries, watching television is now the main recreational activity.

As people have become wealthier eating patterns have also shifted, especially in urban areas, where far more meat, especially pork, is eaten now than two decades ago. A country that has historically been plagued by famine has suddenly found that its people have sharply rising rates of obesity.

According to the Obesity Research Centre of the China Health Sciences Institute last year, China now has more than 70 million overweight people, mostly concentrated in the booming cities. Their survey

showed that more than 40% of adults in Beijing were overweight. Official media reports often try to point the finger of blame at Western fast food outlets, which are popular among Chinese people.

The problem is particularly common among urban children, who under the one child policy find themselves being spoilt by two sets of doting grandparents. So shocked was the State Education Commission about the low level of fitness among schoolchildren that physical education tests were introduced into the curriculum.

Men, and increasingly women, are smoking more, with one in three of the world's cigarettes now being smoked in China. Many foreign cigarette manufacturers view China as the last great market for cigarettes, and despite restrictions on advertising smoking is still seen as fashionable. □

Drug testing kit approved for sale in US

Jacqui Wise, *BMJ*

A urine test kit that detects marijuana, cocaine, heroin, and other drugs of misuse is to go on sale in drug stores and pharmacies in the United States.

The kit, marketed as Dr Brown's Home Drug Testing System, is the first non-prescription drug test to be approved by the Food and Drug Administration (FDA).

Outgoing FDA commissioner, David Kessler, said: "Consumers have a right to expect accurate and reliable information from products like these."

Each kit has an identification number, which is placed on the urine specimen so that results can be obtained anonymously. The kit is then sent to a certified laboratory where the sample is tested for marijuana, pentachlorophenol (PCP), amphetamines, cocaine, heroin, codeine, and morphine. The laboratory carries out confirmation testing to minimise false positive reports, and the results are available between one and three days after receiving the sample.

The screening tests used have all been cleared by the FDA.

Results are obtained over the telephone. The caller is also given information about the meaning of the test result and the potential for false positive and false negative results; if necessary he or she is offered referrals for drug misuse counselling and medical help.

Donna E Shalala, Health and Human Services secretary, said: "The Clinton Administration has zero tolerance for illicit drugs. The approval of this test gives parents another option to consider to help ensure that their children remain drug free. □

Politics comes before health care in Quebec

David Spurgeon, *Quebec*

The Canadian province of Quebec will have to import surgeons from Toronto and France because of its decision last year to move the province's only lung transplant programme to the capital, Quebec City.

There are no suitably qualified surgeons in Quebec, and last year's decision angered doctors and lay people in Montreal. This anger has now turned to ridicule. A Montreal English language newspaper, the *Gazette*, called the decision "absurd" and said that "it is more evidence that the PQ [Parti Québécois] government wants to build up the provincial capital at Montreal's expense." The PQ govern-

ment's stated aim is to separate Quebec from Canada and form a new country, and extensive plans have been revealed to make Quebec City an international capital.

More than 120 lung transplants have been performed in Montreal since 1989, at the Montreal General, Royal Victoria, and Notre Dame Hospitals. Despite this, the health minister, Jean Rochon, decided to move the C\$1.5m (US\$113 000; £750 000) programme from Notre Dame to Laval Hospital in St-Foye, just outside the provincial capital. He claimed that the programme could be started on 15 January.

Dr Julien Veilleux, Laval

Hospital's professional services director, said that the centre does heart transplants and has lung specialists, but he admitted that it does not have a surgeon experienced in lung transplants. Dr Jocelyn Gregoire is training in Toronto but will not have finished his training until July or August. As a result, Laval will fly in surgeons from Toronto General Hospital as they are needed between now and May, and in June and July the hospital will call on a Paris based surgeon. Laval will operate only on new patients, not the 18 now on the provincial waiting list, who may have to wait up to three years.

Louis Hodess, a representative of the Montreal patients, said that nine or 10 patients would come from Montreal. "Why can't they just do it all in Montreal?" he asked. "It's like the patients' needs here are at the bottom of the list." □

Report criticises French health ministry

Alexander Dorozynski, *Paris*

The French Ministry of Social Affairs and Health needs to be reformed, says an official report by Christian Rollet, head of the Inspectorate General of Social Affairs.

The ministry is understaffed, does not have the means to carry out its mission, and has not responded to the new challenges posed in public health, says Mr Rollet in a report requested last year by Prime Minister Alain Juppé.

Mr Rollet says the ministry is at the heart of French society but the means at its disposal are "reduced, not to say derisory". The report says that with only 13 980 staff, including 2900 in central administration, it seems a "small ministry."

Moreover, it has fragmented into several different bodies which were created in recent years to carry out specific missions. These include a committee on health education, a national centre for hospital equipment, and several inter-ministerial delegations, agencies, and establishments to handle such matters as blood collection, drug addiction, and health in inner cities. There are more than 60 such structures, which the report says "give the impression of forming a hazy nebula" and threaten the cohesion of the ministry's action.

In addition, some public health issues that should concern the ministry have been taken up elsewhere: pollution by the ministry of environment, food security by the ministry of agriculture, the health of schoolchildren by the ministry of education, and occupational medicine by the directorate for labour relations. It adds that many officials lack public health knowledge.

Hervé Gaymard, secretary of state for health, said that reforms would be carried out. Anticipating the objection that people within the organisation may resist change, Mr Rollet said that reforms undertaken in recent years have shown the adaptability and motivation of civil servants. □

Dutch euthanasia rules relaxed

Tony Sheldon, *Utrecht*

The Dutch cabinet has announced plans to allow doctors who take part in euthanasia and assisted suicide to have their cases reviewed by regional committees of doctors, lawyers, and ethicists. They will judge if the strict guidelines for good medical practice have been followed and report to the public prosecution department.

In the rare cases when doctors have acted without a specific request, such as with severely handicapped newborn babies and patients who have been in a coma, a separate national committee, to be established in 1998, will first conduct a medical ethical review before passing the case to the legal authorities.

The amendment of the notification procedure follows years of pressure from the Royal Dutch Medical Association to prevent doctors who act within the guidelines from automatically facing criminal prosecution.

Euthanasia remains a criminal act in the Netherlands, although since 1983 courts have acquitted doctors acting within strict guidelines, which include an explicit, informed, and volun-

tary request from a patient who must be suffering unbearably and hopelessly. A second doctor must be consulted.

The plans have been described as a welcome and logical step, drawing a firm line between medical care and murder. They also follow the collapse of several test cases against doctors in which the criminal courts were deemed a blunt instrument for dealing with complex medical ethics.

At present the doctor's detailed written report is sent by the coroner to the local magistrate, who must decide whether to prosecute. Doctors theoretically face a maximum prison sentence of 12 years if they contravene the guidelines. In future the coroner will pass the report

to the appropriate review committees to judge if the guidelines were followed. The plans are designed to encourage doctors to report euthanasia. Recent research showed a report rate of only 41%.

The medical association welcomes the proposals, which, it argues, will encourage doctors to report euthanasia, but it believes that only a change in the law will adequately address doctors' fears.

The justice minister, Winnie Sorgdrager, went further than the cabinet, saying that adjusting the law to create a separate position for doctors could be expected in the future. But first there had to be improvements in reporting and palliative care. □

Justice minister Winnie Sorgdrager presents the plan to Parliament

Rise in legal action hits Britain's GPs

Martyn Halle, *London*

An unprecedented rise in negligence cases in Britain means GPs face massive increases in premiums to protect against possible litigation.

The Medical Protection Society has just announced that it is to raise its membership rates by 18.5%. Other defence societies say that they are still reviewing their fees, but they are expected to follow suit.

This year's increase follows a 16% increase last year and a 9.5% increase in 1995. GP principals now pay £1950 (\$3000) a year. It is a far cry from 1962, when fees were just £2 a year and suing a doctor was almost unknown.

The Medical Protection Society has seen a rapid increase in

legal actions in the past few years. In 1993 it dealt with just 192 cases. In 1994 it was 245, but by 1995 that figure had risen to 380. Nearly all of the increase in fees is to allow the society to fight current cases and allow for those that may occur in the future. One difficulty is that many cases can drag on for years before they are finally settled.

One case of brain damage at birth took six years to settle but the event had in fact taken place 33 years earlier. The child was born in 1962. Legal action against the GP was not started until 1989 and the case finally came to trial in 1995, when the family was awarded £1.25m.

Not only the number of cases but also the costs and the final

settlement of damages are rising. The Medical Protection Society says that just 20% of cases account for 80% of its liabilities. The most expensive settlement to date against a GP came to £1.3m. At present there are 26 other cases being processed, each with an estimated value of £1m.

Hospital doctors, while covered by Crown Immunity for civil claims are not covered for legal costs arising from criminal negligence such as manslaughter. The majority of hospital doctors belong to a defence organisation in order to gain full protection. In addition any hospital doctor carrying out GP locum work or locum work in the private sector need to be covered. Junior hospital doctors pay a low membership rate, currently a second year house officer pays £48 a year. A consultant obstetrician carrying out private practice may pay up to £12 000 a year. □

Glaucoma gene identified

Jacqui Wise, *BMJ*

Scientists have identified a gene with a mutation that causes juvenile onset open angle glaucoma. The finding could help to diagnose affected subjects early so that treatment can be given before clinically significant visual loss occurs.

The researchers studied families with a history of the disease and found mutations in the TIGR gene on chromosome 1q (*Science* 1997;275:668-670). The mutation was also identified in nearly 3% of unrelated patients with glaucoma, which suggests that this gene has a role in a portion of all cases of open angle glaucoma, although the researchers have not reported on the prevalence of the mutation in the general population.

The authors say that mutations in the TIGR gene may actually occur in more than 3% of patients with open angle glaucoma because only a portion of the gene was evaluated in this study and the screening methods used were not 100% sensitive.

The study estimates that this mutation causes glaucoma in nearly 100 000 people in the United States, which would make it the most common molecularly recognisable form of blindness.

Open angle glaucoma can be successfully treated with existing drugs or surgical approaches in most cases. However, the main difficulty is in diagnosing this silent disease before irreversible damage to the optic nerve has occurred.

The authors, headed by Edwin Stone from the department of ophthalmology at the University of Iowa, conclude: "The discovery of specific glaucoma causing mutations will make it possible to identify individuals at high risk of this form of glaucoma before significant visual loss has occurred and to direct them towards sight saving therapy." □

Oral cholera vaccine raises hopes

Zosia Kmietowicz, *London*

Researchers in Vietnam have produced a cheap and effective oral vaccine against cholera, reducing the incidence of the disease in an endemic area of the country by 60%.

To test the efficacy of an oral killed cholera vaccine that had been produced locally the Vietnamese team performed an open field trial in 22 653 households in the central coastal city of Hue (*Lancet* 1997;349:231-5). They found that the number of cases of cholera during an outbreak of the disease was 60% less among the families that had

been vaccinated compared with those who had not. The protective efficacy of the vaccine among those who had received the two dose course was 66% and was similar for children aged between 1 and 5 and for older people.

Previous studies have shown that oral cholera vaccines do work and are safe, but these vaccines are too expensive for developing countries and do not always work in young children. "Local production of the vaccine has been proposed as a possible means of lowering costs and

expediting the introduction of vaccines," writes Dr Myron Levine from the centre for vaccine development at the University School of Maryland in an accompanying editorial. "The oral killed cholera vaccine locally produced in Vietnam demonstrates the feasibility of this approach. Other advantages of the oral killed cholera vaccine are its complete safety and its apparent heat stability."

Trials of the oral vaccine come at a time when all efforts to control cholera seem to be inadequate. *Vibrio cholerae* serotype 0:1 biotype eltor entered Vietnam in 1964 and is now endemic in 35 out of 45 provinces. Re-emergence of the infection in other countries around the world has caused many deaths and concern among public health officials.

The feat has been hailed as a "step forward" by Bohumil Drasar, professor of bacteriology at the London School of Hygiene and Tropical Medicine. But he warns that the effectiveness of any vaccine is only as good as its delivery and if uptake is poor then cholera will continue to spread. As the efficacy of the killed cholera vaccine is comparatively low, 90% or more of the population would need to be vaccinated to control the spread of the disease, he added. □

Local production of oral cholera vaccine is feasible

PETER BARKER/PICTURES

Correction

Baby milk companies accused of breaching marketing code.

The news item (18 January, p167) should have read, Professor Tomkins said that the Centre for International Child Health at the Institute of Child Health had decided not to accept money from baby milk manufacturers.

France may ban part time work on nuclear sites

Alexander Dorozynski, *Paris*

The French government may forbid the employment of casual workers in areas where they may be exposed to high amounts of ionising radiation.

More than 3000 people would be affected by the ban. Most of them are casually employed for maintenance work when power generating reactors are stopped for reloading. Others have job assignments at the Cogema waste processing plants or in military installations. Many of them are allegedly hired—or refused work—on the basis of cumulated doses received during previous assignments. It is

believed that some of them knowingly underestimate their exposure and that some do not wear dosimeters when they work in contaminated zones to remain eligible for work.

The daily newspaper *Le Monde* has revealed that the Ministry of Labour and Social Affairs has proposed to ban such employment, which applies mainly to jobs with the highest exposure to risk and not carried out by full time employees. The revelation follows lengthy coverage in the French press about the incidence of leukaemia around the La Hague nuclear

power plant triggered by the research published in the *BMJ* (1997;314:101-6).

During large scale maintenance operations several hundred casual employees hired by subcontractors may work in a single nuclear plant. According to the ministry, the ban would affect 3160 workers out of a total of more than 20 000 working on nuclear power plants operated by Electricité de France and in other nuclear installations.

Exposure measured by film sensitive to radiation was found to be insufficient in evaluating cumulated doses received by workers employed at different times in different sites, and in 1992 Electricité de France introduced another type of measurement based on the "dosimetric cost" of various jobs. A system

known as Dosimo was thus informally developed, outside of any judicial control, with records reflecting the "dosimetric past" of individual workers. The conditions under which dosimetric data may be made available to employers have not been defined by law. Currently only doctors have access to such records and can decide whether a worker remains qualified for temporary work in a contaminated zone.

In France the annual permissible dose for employees in the nuclear industry is 50 mSv, whereas a European directive adopted in May 1996 recommends a maximum annual average of 20 mSv over five years without exceeding 50 mSv in any single year. Member countries will have to abide by this directive by May 2000. □

Medicare hospital fees will be frozen

Debbie Josefson, *Norwalk, Connecticut*

A United States federal advisory panel has recommended that Congress freeze Medicare payments to hospitals at their current rates. If the "zero update" plan from the Prospective Payment Assessment Commission is accepted it would be the first time that Medicare reimbursement rates have been frozen.

Medicare is the federally funded healthcare plan that provides basic medical insurance to 38 million elderly and disabled people in the United States. It is important in the US healthcare system—nationwide it pays for 28% of all inpatient hospital bills and 20% of all doctors' bills.

In 1996 Medicare payments to hospitals amounted to \$84m (£56m), or 44% of the entire Medicare budget. But the Medicare system is in trouble and at current rates of inflation is expected to run out of money by the year 2001. Cutting Medicare spending would both lengthen the viability of the programme and help to balance the federal budget.

Long the most difficult of budget cuts, Medicare funding is likely to be cut this year. During the 1996 presidential campaign

the Republicans proposed to reduce Medicare spending by \$270bn over seven years. Though the Democrats rallied against it, President Bill Clinton has just unveiled a budget that will cut Medicare costs by \$138bn over six years.

The bulk of these savings will be realised through reducing reimbursement to healthcare providers. Hospitals are expected to absorb \$45bn in payment cuts, while health maintenance organisations are to lose about \$46bn.

The federal advisory panel concluded that since healthcare delivery has become more efficient there is less need for a rate increase. Indeed, for the first time since 1980 the cost of medical care in the US rose less than the overall cost of living.

Stuart Guterman, deputy executive director of the advisory panel, implied that Medicare was funding a disproportionate share of hospital bills. "Hospital costs have been declining, while Medicare payments have increased at a moderate rate. As a result, hospitals have found their Medicare business more profitable," he said.

Hospitals, however, believe that the new plan punishes them for becoming more efficient. Carmela Coyle, an official of the American Hospital Association, worries that cost reductions cannot be sustained. Hospitals have already absorbed funding cuts and many are expected to collapse under the financial strain. □

All hospital wards must soon be single sex

Mixed sex wards to be phased out

John Warden, *parliamentary correspondent, BMJ*

The NHS Executive for England is finally acting to phase out open, mixed sex wards in hospitals.

Health authorities and trusts are to produce local timetables by the end of this month showing how they propose to separate men and women in hospital, segregate washing and toilet facilities, and provide safe accommodation for mentally ill people that protects their privacy and dignity. Exceptions will be allowed for emergency cases, including intensive care, although staff and management systems must be sensitive to patients' rights to privacy.

Health secretary, Stephen Dorrell, said: "I do not find it acceptable for men and women to have to be accommodated together in old style, unadapted wards. I want to see good physical separation of beds for men and women, with separate toilet and washing facilities."

The NHS has been criticised for its slow response to ministerial promises two years ago to phase out mixed sex wards. There is still no national timetable, but a system for monitoring the progress of local plans is to be set up.

Different conditions would apply to children's wards, but adolescents should be treated in the same way as adults.

The proposals are not confined to inpatient services but could extend, for example, to changing areas in outpatient departments. □

US-style health maintenance organisations are likely in Britain

Jackie Cresswell, *London*

A report from top health service analysts predicts the development of US-style health maintenance organisations in Britain's NHS.

The report's authors, from the Health Services Management Centre at the University of Birmingham and the Centre for Health Planning and Management at Keele University, who studied developments in primary care, state that this is the likely outcome of the NHS reforms and the primary care white paper.

Beyond Fundholding illustrates that embryonic health maintenance organisations already exist in the form of total purchasing projects and multifunds and argues that with the emergence of these organisations there could also be an increase in competition and markets in primary care.

Chris Ham, one of the authors, said: "Whilst a primary care market could lead to increasingly streamlined services

of a higher quality, there is also a risk of fragmentation and duplication and of unacceptably high transaction costs."

In health maintenance organisations doctors provide what services they can in primary care for the "enrolled population" and buy in from secondary and tertiary care when necessary. There are both benefits and risks associated with these developments. The benefits include increased cost effectiveness of provision and use of care protocols and among the risks are "cream skimming" of the less costly patients and a threat to the development of secondary care specialists (see box).

A widespread concern, according to the report, is that the traditional role of primary care as the great strength of the NHS could be compromised and eroded by overloading it with new duties and responsibilities.

Judith Smith, at the Health

Services Management Centre in Birmingham, said: "We were pleased with what we found and encouraged by the range of innovation but there are risks attached and evaluation is needed. She sees the monitoring and regulating of the future health maintenance organisations as a role for the health authorities whose commissioning role will be lost.

Derek Day, deputy director of the National Association of

Health Authorities and Trusts, agrees with the report's predictions about the development of primary care into commissioning and provider organisations. But he said: "GPs would not be able to cherry pick as they have a duty to provide for all." □

Beyond Fundholding is available from the Health Services Management Centre, Park House, Birmingham B15 2RT, price £10.00.

Risks

- Reduction in patient choices
- Threat to development of secondary care specialist services
- Threat to the traditional role of primary care as great strength of the NHS
- Cream skimming of less costly patients
- Fragmentation
- Duplication
- Higher transaction costs

Benefits

- Increased cost effectiveness of provision
- Greater peer review and use of care protocols
- Care management truly centred on primary care
- Extended use of nurses in management of care
- Primary care markets could lead to streamlined services of higher quality

Focus: Westminster

Labour would freeze funds for NHS

John Warden

The House of Commons spent almost nine hours last week debating aspects of the National Health Service. It arose in adjournment debates, at prime minister's questions, and in an opposition motion. Background buzz of an early general election made the connection a depressingly obvious indication of what lies ahead.

There was also the irony of sick MPs being wheeled in to vote ostensibly on health but in reality to save the government. The government's majority in the house now comes and goes with the mortality of MPs. Ahead of the health debate it was zero, dropped to minus one when a Conservative MP died, but returned to parity

three days later when a Labour MP died. Both MPs were in their 50s, underlining once again the danger age for MPs: the average age of MPs dying in this parliament is 58. The government's existence over the last months of its life now hangs on a shroud count.

Because of a half forgotten quarrel, the opposition parties are refusing to pair absent and sick MPs, forcing the government to muster its full strength even to the extent of summoning them by ambulance. Dr Charles Goodson-Wickes had a 150 mile round trip 24 hours after abdominal surgery to register his vote in the health debate. He made his objections known, both as an MP and a doctor. Labour also had a doctor-MP, Sam Galbraith, on the sick list, but being under less pressure was able to excuse him from the whip. Labour was also testing the resolve of a rebel Conservative, Sir John Gorst,

whose support for the government was wavering over the closure of the accident and emergency department in his north London constituency. In the end he stayed on side and the government emerged with seven votes in hand.

Parliament had nothing profoundly new to say about the health service. A far more significant announcement was made outside the house. The shadow chancellor, Gordon Brown, stated that a Labour government, if elected, would not raise personal tax rates during its first term and would peg public spending for at least the next two years at levels already planned by the Tory government. That is bad news for those expecting a Labour government to increase health service funding. Any new spending commitments under Labour will therefore continue to depend on efficiency savings.

Indeed, the projected two

year freeze on public spending is especially ominous for the NHS when it is coupled with Labour's refusal to match the present government's commitment to an increase in real terms in health spending every year throughout the next parliament. Labour's ambition to "rescue and renew" the NHS must be in doubt until it can at least equal the government's own spending pledge. Meanwhile, Labour's financial straitjacket, designed to constrain the fears of the middle class electorate, also dashes the hopes of trade unions to escape from pay restraints. The health workers' union, Unison, was among the first to object.

I recall asking a Unison official why the union had been so docile during the Tory years. The reply—"We're holding fire until the second year of a Labour government"—now looks less like the joke intended at the time. □