UK government proposes health action zones

Linda Beecham, *BMJ*

The UK government plans to concentrate special efforts on several health action zones where it believes people's health can be improved by better integrated arrangements.

The health secretary, Frank Dobson, told the NHS Confederation last week that the proposal would be spelt out in a white paper in the autumn. He envisages that within the zones everyone responsible for delivering NHS care—including health authorities, trusts, GPs, nurses, health visitors, and pharmacists—would be brought together "to develop a health strategy in partnership with local authorities, community groups, the voluntary sector, and local businesses." He warned that the funding would have to come from within existing resources.

The chief executive of the confederation, Philip Hunt, said that the idea of action zones was of "enormous significance." "What we are talking about here is an attempt to pull everyone together in a locality and get them committed to making radical changes. We have got to get on with it because unless we do I don't see any ways of squaring the resource circle."

The health secretary believes that action zones would eventually result in fewer, more focused health authorities and fewer NHS trusts. He pointed out that some illnesses needed a highly specialist comprehensive range of services which could be provided only in a limited number of centres. But if hospitals were to close he promised that people in the locality would be

asked for their views on proposals to improve services. "The NHS must treat local people like adults, not patronise them or suggest that officialdom is simply going through the motions of consultation," he said.

Earlier this month the BMA concluded that reducing the number of hospitals in a region would be feasible but "the political consequences would be considerable" (14 June, p 1714). A report from the Senate of Surgery of Great Britain and Ireland has also proposed that some hospitals should close and others be reorganised to concentrate surgical skills and minimise the risks to patients. The senate, which represents the royal colleges of surgeons and their specialist associations,

says that surgical units in short stay hospitals should serve populations of 500 000, about twice the present average. The report's chief author, Mr Charles Collins, a consultant surgeon in Taunton, said: "It might be ideal to halve the number of hospitals, but we are alert to the political implications." □

The government is to invite applications for 20 primary care led commissioning pilot studies to begin on 1 April 1998. They will be based on GP commissioning groups recognised under the fundholding regulations and with access to a prescribing budget. Applications should be submitted by 31 July. The government hopes that the pilot studies will cover areas where there has previously been low GP involvement in commissioning.

Liver cancer in Taiwan falls after universal hepatitis B vaccination

Susan Mayor, *BMJ*

The incidence of hepatocellular carcinoma in Taiwanese children has halved since the introduction of universal hepatitis B vaccination.

Researchers at the National Taiwan University in Taipei found that the average annual incidence of hepatocellular carcinoma in children aged 6-14 years fell from 0.7 per 100 000 between 1981 and 1986 to 0.36 between 1990 and 1994. This followed the introduction of hepatitis B vaccination in 1984, initially in neonates and later in all preschool children. Carriage of hepatitis B in 6 year olds fell from 10% to 0.9% (*N Engl J Med* 1997;336:1855-9).

Professor Arie Zuckerman, dean of the Royal Free Hospital

School of Medicine in London, said: "This is not just an important finding, it is sensational. The research is the first clear demonstration that immunisation against hepatitis B prevents liver cancer. It represents a milestone in preventive medicine."

Hepatocellular carcinoma is one of the 10 most common cancers in the world. The Taiwanese research clearly shows its link with hepatitis B virus. The World Health Organisation has previously recommended that universal hepatitis B immunisation of infants or adolescents, or both, should be introduced in all countries by the end of 1997. A total of 85 countries, including most of western Europe, the United States, and Canada, have

Hepatocellular cancer rates fell after prevention of hepatitis B

followed this recommendation. However, Britain has held out against the proposal. A spokesman for the Department of Health pointed out that Britain has one of the lowest carriage rates for hepatitis B in the

world, at about 0.3% of the population. "However, the Joint Committee on Vaccination and Immunisation, which advises the government, is currently considering future immunisation strategy for hepatitis B in the UK." □

In brief

Weaknesses identified in NHS complaints procedure:

Britain's health services ombudsman, Michael Buckley, has found failings in the new NHS complaints procedure after only one year of operation. In the first year he received 353 complaints from people about decisions made by conveners (non-executive directors of NHS trusts or authorities who have to decide whether to establish independent review panels). Most complainants did not consider the conveners to be impartial. Mr Buckley criticised conveners for failing to provide adequate reasons for their decisions.

Egypt approves female circumcision:

A court in Cairo last week overruled a health ministry order and authorised public hospitals to perform female circumcisions. The ruling was made at the request of Islamic fundamentalists and doctors. The operation is widespread in Egypt, with supporters saying it is necessary to quell sexual desire before marriage.

Review of UK mental health care:

Britain's Conservative MP Dr Julian Lewis, who won second place in the ballot for private members' bills, has introduced the Mental Health (Amendment) Bill to place a duty on the NHS to provide sufficient beds for people with long term mental illnesses or who relapse while living in the community.

Laboratory staff in Africa to be registered:

Laboratory staff in east Africa are to be registered for the first time under legislation currently being considered by ministries of health in Tanzania, Kenya, and Uganda. Until now laboratory staff have not been required to register with governments, which has led to lack of accountability and quality monitoring. The new measures mean that national quality advisory bodies in each country will monitor the performance of laboratories and recommend measures if this is substandard.

Hong Kong bans tobacco advertising

Judith Mackay and Anthony Hedley, *Hong Kong*

Hong Kong legislators voted in favour of tough antismoking measures in a new tobacco bill passed in the week before the handover to China.

Tobacco advertising in the electronic media is already banned in Hong Kong, but the new bill will ban all print and display tobacco advertising by 1999. It will ban cigarette advertisements on the internet, brand name sponsorship, and vending machines. A loophole, however, will continue to allow point of

sale advertising at street stalls. Further antitobacco measures in the bill include a ban on smoking in public areas in department stores, shopping malls, supermarkets, and banks, and in one third of seats in large restaurants.

The response from the tobacco industry was swift. A report commissioned by the advertising industry stated that the new tobacco advertising bans would result in a loss of 1500 jobs and \$130m (£81m) annually to Hong Kong's economy. The Mass Transit Railway immediately challenged the claim, however, and denied that loss of tobacco advertising from its poster sites would lead to job losses.

The tobacco industry put forward an array of executives, lawyers, advertisers, and experts before a government hearing. But the arguments that they pre-

sented drew four complaints of misrepresentation, including one from Britain's Department of Health ("misinterprets the Smee report in a number of places"), and another from Australian scientist Dr David Hill ("has drawn erroneous conclusions from my work. I hotly dispute the conclusion"). Gudmund Hernes, the Norwegian minister of health, refuted the industry's claims that experience from Norway had shown that advertising bans don't work: "There is no doubt that the Norwegian advertising ban has had a clear and substantial positive influence both on total tobacco consumption in general, and on smoking rates among school children in particular." In contrast, a former senior tobacco executive testified that tobacco advertising aims to lure young people into smoking.

Two international events helped the introduction of the tobacco bill in Hong Kong—the announcement by Britain's Labour government of its intent to ban tobacco promotion, and the US settlement agreement. As several clauses in the Hong Kong bill were in the settlement agreement, legislators challenged the tobacco industry on why it was willing to agree to these issues in the United States but opposed them so bitterly in Hong Kong. □

Professor Mackay is director of the Asian Consultancy on Tobacco Control.

Hong Kong's tobacco bill will ban all print and display advertising

DAVE YOUNG/IMPACT

NHS trusts to be more open

John Warden, *parliamentary correspondent, BMJ*

Changes in the membership and procedures of NHS trust boards were announced this week by Britain's health secretary, Frank Dobson, as the Labour government works its way through the commitments of its election manifesto.

Mr Dobson wants trust boards to be more representative of their local communities and all board meetings to be open to the public. He will shortly ask parliament to approve regulations requiring board meetings to be public, but in the meantime he will expect all boards to open their meetings before the law is changed. "I believe that open

board meetings will send the signal to the community that NHS trusts are there to serve them," Mr Dobson told a Unison trade union conference in Brighton.

Health authorities now hold all their board meetings in public, as do some trusts. Mr Dobson said that he wanted them all to do so and to "tear down the shutters of secrecy which cloak their proceedings."

He added that appointments to NHS trusts due at the end of this year will reflect new priorities. They will ensure that the non-executive directors of the 400 trusts in England are more representative of local communi-

ties, NHS users, patients, and carers—"the sort of people I'd like to see fighting for me as a patient."

Mr Dobson, who has asked for nominations, said that people would be appointed on merit by a process of independent assessment, openness, and transparency. They would include some people recruited from local business but would also be more representative of the local community. In the past the Labour party has complained of too many "Tory placements" on NHS trusts. Mr Dobson, however, said that he did not want Tory deadbeats replaced by Labour deadbeats. Shadow health secretary John Maples said that he feared the removal from trusts of people who had experience of running big organisations. □

US Supreme Court decides physician assisted suicide is unconstitutional

Terri Rutter, *Boston*

The US Supreme Court unanimously ruled last week that terminally ill patients do not have a constitutional right to have a doctor help them to die.

The court upheld two federal laws in the states of New York and Washington which declared that physician assisted suicide was unconstitutional. It argued that those who were most vulnerable to abuse in assisted suicide and those whose decisions would not be totally voluntary continued to need the protection of the court.

But the court also ruled that patients have the right to refuse treatments or interventions, even if to do so would hasten their death. In her concurring opinion, Justice Sandra O'Connor wrote that she agreed that there is no "generalised right to commit suicide" but left open the question of how doctors may treat terminally ill patients who are in tremendous pain. She said that there are no legal barriers to patients receiving treatment from their doctors "to alleviate that suffering, even to the

point of causing unconsciousness and hastening death."

"It was a good decision, a healthy decision, and the right decision," said Dr Linda Emanuel, head of the American Medical Association's Institute for Ethics. The association was joined by the American Hospital Association, the Family Research Council, the Catholic church, and the Clinton administration in arguing to uphold the federal laws.

On the other hand, Laurence Tribe, who represented the "dignity in dying" movement in the two cases heard, said that the ambiguity in the decision created "a chill" for doctors in that they still do not have legal protection for helping in suicides. "What rights patients have for getting relief for pain in dying is left open for another day," he said. □

Scottish inquiry vindicates decision not to resuscitate baby

Clare Dyer, *legal correspondent, BMJ*

A paediatric registrar who decided not to resuscitate a baby born at 23 weeks' gestation was vindicated last week by a Scottish fatal accident inquiry. Sheriff Principal Robert Hay said that Dr Faisal al-Zidgali had acted reasonably and in the best interests of his patient, Rebecca Cassidy, who was born at Ayrshire Central Hospital on 7 September last year, weighing only 567 g. But the sheriff criticised the paediatrician for classifying the baby's death as an abortion instead of a live birth.

The case sparked a nationwide debate on the rights of parents to have a say in whether a premature baby should be resuscitated. Rebecca's mother, Kirsty, aged 23, vowed after the decision to fight for a change in the law and said that she and her husband, John, who have two other children, might take the case to the European Court of Human Rights in Strasbourg.

Mrs Cassidy claimed that the baby had looked normal and healthy. But Dr al-Zidgali told the inquiry at Kilmarnock sheriff court that in his opinion Rebecca was non-viable and that to attempt resuscitation would have been "futile, heroic, and foolish." Her condition was one of the poorest he had seen. She was only 30.5 cm long, her head was smaller than a tennis ball, and there was bruising across her chest and abdomen. Her heart rate was between 10 and 12 beats per minute, compared with a normal rate of 120 to 160 for a newborn child. Resuscitation would have caused her pain, and there was a high risk that it would have punctured a hole in her lung, said Dr al-Zidgali.

Sheriff Principal Hay, who heard evidence from 13 witnesses, said that he was satisfied that "there were no reasonable precautions whereby the death might have been avoided." The ruling was welcomed by the BMA and by North Ayrshire and Arran NHS Trust. □

Identifying sentinel node could reduce surgery in breast cancer

Hilary Bower, *London*

The spread of cancer into the axilla in patients with breast cancer can be accurately predicted from the health of a single node, Italian oncologists have claimed after encouraging results from research into a new technique that could save thousands of women from unnecessary surgery.

Using a new radiographic procedure to find a "sentinel"

node in the armpit, researchers from the European Institute of Oncology in Milan correctly assessed the state of the axilla in 97.5% of 163 study participants. For tumours of less than 1.5 cm, this rate increased to 100% (*Lancet* 1997;349:1864-7). This level of predictability could eliminate the need for axillary dissection in many cases.

The procedure entails inject-

ing radioactive dye near the primary tumour the day before surgery. This allows the first node in the lymph drainage to be identified with a γ ray detection probe and be excised for assessment. In the study, patients went on to have all remaining nodes removed, as is current routine practice, and the state of these and the sentinel node were compared. Seventy five of the 79 patients with axillary nodes free of cancer had no tumour cells in the sentinel node. The remaining four were complicated by multifocal tumours, the researchers reported.

Of the 81 subjects with affected nodes, 40% had cancer cells only in the sentinel node, with the rest having more widespread problems. Writing in the *Lancet*, Professor Umberto Veronesi said: "Our results show that sentinel node biopsy guided by a gamma probe can identify a negative axilla with high accuracy so that women with a negative sentinel node can be spared axillary dissection and all its risks."

Dr Margaret Spittle, dean of the faculty of oncology of the Royal College of Radiologists in Britain, said that the study was a breakthrough which could stop "the carnage in the axilla" and its accompanying morbidity. Breast cancer is diagnosed in over 30 000 women annually in Britain, and the vast majority have routine major surgery to remove axillary nodes regardless of their cancer state. □

A new technique accurately identifies the spread of breast cancer

SCOTT CAMAZ/NEISPL

Internet images attract GP trainees to west Wales

Roger Dobson, *Cardiff*

Sun, sea, and surfing on the internet are being used to entice trainee GPs to Wales.

Those who tune into a new vocational training scheme web site will find pictures of doctors enjoying themselves on the beaches, in the sea, and on the cliffs of west Wales as part of a bid to sell the area to trainees. "On the site you will find the most glorious pictures of Wales. There are doctors windsurfing and rock climbing, pictures of the scenery and the national park, pictures of a female doctor (who happens to be blonde) standing on the beach, and pictures of puffins and wildlife," explained Dr Simon Smail, director of postgraduate education for GPs in Wales. All of the models used in the images on the web site (www.hwest.demon.co.uk/Vts.htm)

are real doctors working in the area.

Although in its infancy, the web site, run from Haverfordwest in west Wales, has attracted several inquiries from would be trainees with a passion for combining outdoor life with general practice. And consumer research carried out among trainees in Wales shows that such images should not be underrated in trying to attract trainees. The survey found that what goes on outside the surgery door is important.

"We discovered that environmental factors, in terms of how well people are looked after, play a very big part in determining which schemes they will apply for. Trainees told us that they more or less took for granted the quality of training in gen-

eral practice," said Dr Smail. "They rate very highly the general ambience of the place where they work and live. They look at the social and geographical environment, and they like friendly places," he added.

The internet recruitment venture is not the first in Wales. The University of Wales College of Medicine has already attracted American students to its distance

learning postgraduate diploma in therapeutics in general practice. "We put details on our web page, and we recruited a couple of family practitioners from San Francisco. They had to come over to Wales twice, once for a compulsory weekend session, and then for the exams, which they have now passed. All the rest of the work they did by email," said Dr Smail. □

Internet images of seaside pursuits are used to woo GP trainees

Registrar found guilty of serious professional misconduct for anonymous criticism

Clare Dyer, *legal correspondent, BMJ*

A registrar in the UK who wrote an anonymous letter criticising a consultant surgeon about an operation in which a patient died was recently found guilty of serious professional misconduct by the General Medical Council.

Abdul Aziz Al-Khulaifi was admonished—the least severe form of sanction available to the GMC—"in the special circumstances of the case."

Mr Al-Khulaifi had previously worked with the consultant, Charles Pattison, at the Middlesex Hospital but had moved to Harefield by the time the operation took place at the Middlesex. He told the GMC that he had learnt about the operation anecdotally.

In the letter, purportedly from the theatre staff, he alleged that a junior surgeon had wrongly been allowed to open the chest of a patient undergoing a reoperation after previously having had bypass grafting and radiotherapy. Copies of the letter were sent to

the patient's brother, his GP, the clinical manager of the Middlesex, and the chief executive and general manager of the UCL Hospitals NHS Trust.

Mr Al-Khulaifi owned up to sending the letter after the hospital launched an investigation.

He was accused of "improper and misleading" behaviour because he was not present during the operation, had no direct knowledge of it, and had no right to information about it; theatre staff were not party to the contents of the letter; he was aware or should have been aware that the letter would distress the patient's brother; and he had taken no adequate steps to raise his concerns with the proper authorities.

However, the GMC's president, Sir Donald Irvine, reassured Mr Al-Khulaifi that doctors who followed GMC guidance on raising concerns about colleagues' actions had nothing to fear from the council. □

BMA urges coordinated national strategy for care of drug misusers

Caroline White, *BMJ*

A multidisciplinary national strategy and increased funding are needed to tackle drug misuse in the UK, says the BMA in its new report, *The Misuse of Drugs*, published last week.

The report considers that the budget needed to treat drug dependency in England and Wales could be close to double the current £67m (\$107m) allocation. It also recommends expanding and renaming the AIDS prevention budget—to include hepatitis C, which affects over 70% of injecting drug users in some areas. Evidence suggests that one in four people in Britain over the age of 16 has taken an illegal drug and that the numbers are rising. And drug and alcohol related absenteeism is calculated to cost British industry between £600m and £800m every year.

One of the report's key recommendations is for better training, support from specialist drug services, and reimbursement for GPs to improve deliv-

ery of care for drug misusers and to dispel "any negative attitudes and misconceptions."

The report is critical of the lack of an integrated service for drug misusers and suggests that the current artificial division between treatment and rehabilitation could be removed if local budgets for drug misuse were to be combined so that all purchasers could commission care jointly. It commends every health authority or health board to provide a full range of treatment services, including counselling and residential detoxification facilities.

Professor John Strang, from the National Addiction Centre at the Institute of Psychiatry, London, who is one of the members of the working party, said: "We need to move towards a much greater recognition by all doctors of the important role they play with illicit drugs, but there is a need for greater investment in supporting GPs in this work and in the adequate funding of specialist backup services." □

Mother sues health authority after murder by discharged patient

Clare Dyer, legal correspondent, *BMJ*

The mother of a 4 year old girl who was abducted, sexually assaulted, and murdered by a mentally ill patient launched a High Court action in London last week against the NHS trust responsible for his release.

The case is believed to be the first damages claim in Britain against a health authority or NHS trust by a relative of a released patient's murder victim. The girl's mother, Beverley Palmer, issued a writ for negligence against Tees Health Authority and Hartlepool and East Durham NHS Trust, which runs Hartlepool General Hospital.

Shaun Armstrong, who abducted, assaulted, and murdered Rosie Palmer in June 1994 and mutilated her body, had been under the hospital's care since March 1992. He had been rehoused on a council estate full

of children, even though a senior social worker had warned that he was "likely to be a risk to any child he comes into contact with."

In other such cases relatives have been advised that negligence actions against health authorities were unlikely to succeed. Jayne Zito, whose husband, Jonathan, was killed by a schizophrenic, Christopher Clunis, is suing Mr Clunis for trespass to the person instead. He in turn is suing Camden and Islington Health Authority for negligence over his treatment and release, which he alleges resulted in his incarceration for life. Ms Zito hopes to receive compensation from any damages that he receives. Ms Palmer is suing on behalf of her daughter's estate for the sexual abuse that the girl suffered before her death. She is also claiming compensation on her

own behalf for post-traumatic stress disorder and "pathological grief," which have prevented her from earning a living since her daughter's death three years ago.

If she succeeds, Ms Palmer could receive damages of £200 000 (\$320 000). But she faces a legal hurdle in holding the trust liable, because the courts are loth to rule that public bodies owe a duty of care to third parties.

A second hurdle is the House of Lords' ruling in the case relating to the disaster at Hillsborough football stadium that relatives must be "close in time and space" to the incident to claim damages for post-traumatic stress disorder. Ms Palmer did not see her daughter's abduction or assault, but her lawyers argue that the murder happened at Mr Armstrong's home, which was visible from her own, and she was near his home when the body was discovered. An inquiry into Mr Armstrong's care found a catalogue of failings by the hospital and psychiatrists but concluded that the risk could not have been anticipated. □

American Diabetes Association calls for testing all those over 45

Norra Macready, *California*

Everyone older than 45 should be tested for diabetes, an expert committee of the American Diabetes Association recommended last week. It also advised that diabetes should be diagnosed at a fasting plasma glucose concentration of 7.0 mmol/l (126 mg/dl) instead of 7.8 mmol/l (140 mg/dl), the previous cutoff point. These announcements came during the association's 57th annual scientific sessions in Boston.

The committee based its recommendations on a two year review of more than 15 years' research. According to the chairman, James Gavin III: "We now have conclusive data from population based research that show that serious complications of diabetes begin earlier than previously thought. A value of 126 mg/dl on the ... fasting plasma glucose test, confirmed by repeat testing on a different day, is a wake up call to patients and healthcare professionals that diabetes is present and cannot be ignored."

Members warned that eight million of the estimated 16 million Americans with diabetes remain undiagnosed. "These new guidelines will help us identify at least two million of these patients," said Sherman Holvey, clinical professor of medicine at the University of California, Los Angeles School of Medicine. "The earlier we can confirm the presence of diabetes, the faster we can get people into treatment and minimise or avoid the devastating consequences of this disease." The World Health Organisation plans to adopt similar recommendations.

The committee also advised that insulin dependent and non-insulin dependent diabetes should now be called type 1 and type 2 diabetes. It was suggested that adopting these terms would remove the current anomaly of having so-called non-insulin dependent patients receiving insulin treatment. □

Germany passes new transplant law

Sandra Goldbeck-Wood, *BMJ*

The German parliament has passed a new law on human organ transplantation which for the first time recognises brain stem death as being equivalent in law to death. The law was ratified last week by an unexpectedly large majority in a free vote. It allows consent for organ removal to be given by the donor's relatives, so long as they believe this to be in accordance with the donor's own wishes.

The decision ends vigorous controversy over the definition of brain death and the rules for consent. A 200 strong multiparty group of members of parliament opposed the bill by proposing a last minute amendment stating that brain death and death should be distinguished in law.

In contrast, the law has the full backing of the German medical association. A spokesperson said: "The new law means doctors are at last no longer practising in a legal vacuum, with a

sword of Damocles constantly hanging over their heads."

The health minister, Dr Horst Seehofer, said that continued failure to recognise the definition of brain death would have led to a two tier medical system, with a dwindling supply of transplantable organs in Germany and only the wealthy being able to receive transplants by travelling abroad for private operations.

The new law allows transplant operations to be conducted only in specially licensed centres and sets out that only medical criteria are to be used in administering

waiting lists. It should take effect later this year. □

Transplant ethics will be discussed at the first world conference on healthcare ethics in Freiburg, Germany, this autumn. Hosted by the German medical association and the BMA, the meeting will take place from 12-15 October. Further information is available from: Kongress und Kommunikation, Universitätsklinikum der Albert-Ludwigsuniversität, Hugstetter Str. 55, D-79106 Freiburg. Tel: 49 761 270 7315 Fax: 49 761 270 3398 Email:kkkri@sun11.ukl.uni-freiburg.de

German transplant law clarifies when organs can be donated

Flying doctor sees hope for health in Africa

Dr Anne Spoerry, one of the pioneers of east Africa's flying doctor service, has "seen Africa at its best and at its worst." She tells Sam Crowe why she believes that a better era is dawning after the past few years of deteriorating healthcare resources and conditions.

Dr Spoerry has witnessed huge changes in Kenya over 30 years

Before coming to east Africa, Dr Spoerry had travelled extensively throughout the Middle East, but it was de Montfried's descriptions of Ethiopia that had fired her imagination. After completing medical school in Paris, she spent a year in Basle, gaining a diploma in tropical medicine. She then set sail for Aden and Djibouti, from where she flew to Ethiopia, but she was disappointed to be told there was no hope of a medical job. In 1949 Dr Spoerry first came to Kenya to visit friends after a spell working in a hospital in Aden. In just 15 days she decided that this was to be her adopted country, and she began working as a doctor to local farmers in Ol Kalou in 1950.

Dr Spoerry joined the flying doctors in 1964 after gaining her pilot's licence at the age of 45. The flying doctor service is one

■ *"It is rewarding to work in conditions where you make a difference to life and death situations"*

division of the African Medical and Research Foundation (AMREF), a non-government organisation that has been providing healthcare training and support in the form of primary and community healthcare projects throughout Africa since it was first conceived by the late Sir Michael Wood in 1957. Although she has now officially

retired, Dr Spoerry continues to work on a voluntary basis and still flies a regular outreach service to the island of Lamu, off the Kenyan coast north of Mombasa.

Dr Spoerry's original brief was to establish a regular link with staff running outreach clinics in remote rural areas. Today, AMREF's clinical outreach programme flies specialists and surgeons to about 40 of east Africa's most remote hospitals—areas that can sensibly be reached only by air.

"When we first started we were flying to hospitals and doing operations mainly in Tanzania and Kenya. AMREF was much smaller then—it was just Michael Wood, who was the director, as well as being a specialist plastic surgeon. We had a doctor who specialised in community health and another who specialised in health education," explained Dr Spoerry.

However, it soon began to dawn on the doctors that much more than service provision was needed. The catalyst for change was the rapid population growth in Kenya during the 1970s. AMREF began establishing community based health centres, where staff could learn a different, preventive approach to health care. Newly trained staff then began setting up health centres in more remote rural areas—which had never had health services before. "In those early days, Kenya was probably a model for health service development," Dr Spoerry says. But since the 1980s things have not been so good. "There is just no money for health services, so cost sharing has had to be introduced," she said.

The World Health Organisation summit at Alma Ata in 1977 also began to change the way health care was delivered,

towards a more grassroots approach. "We looked at working with traditional healers, although it is complex in Africa because medicine tends to become mixed up with witchcraft," Dr Spoerry says she used to tell people that they had to choose between her methods and those of the traditional doctors. "Now I realise that this is

not the way, because if going to see a witchdoctor puts the patient at ease psychologically, then it also helps my treatment. The two work together. I think Christians would call it holistic medicine."

Dr Spoerry has seen many changes during her time in Kenya, not least Kenya's metamorphosis after independence in 1963. There have also been dramatic changes in the health of the patients she serves—mainly due to vaccination. "Smallpox has been eradicated, and I think the same will happen with polio. I rarely see cases of measles now and hardly any whooping cough, and the improvements in child health have been incredible."

Today's problems are of a different nature, and the fight is now on to control AIDS and malaria. Dr Spoerry believes AMREF's biggest success has been in establishing community based health projects run by local people. "It has always believed that people from the local community should volunteer for the work and be recompensed by the same community. That way the project is owned by the community and can be handed over and sustained," she says. "It is all about helping people improve their standard of living, because you often find that health improvements go hand in hand with improvements in sanitation and food."

The advances that many Kenyans saw immediately after independence are quickly being eroded by rising costs of living and population pressure. Nevertheless, Dr Spoerry is optimistic about Africa's future. "The women in Africa are fantastic," she says. "Fed up with bearing the brunt of the work for little or no reward, many women are taking charge of their future. A lot of women are choosing to have families without being married—they have one or two children whom they educate, and the children remain theirs. This tendency will be the salvation of Africa," she suggests.

After a lifetime working in one of the world's neediest regions Dr Spoerry has clearly gained immense personal and professional satisfaction. "I wanted to be a doctor here, and on top of that I've learnt to fly. It is extremely rewarding to work in these conditions where you really make a difference to life and death situations." □