Hospital waiting lists grow by 13% in England

John Warden, *parliamentary correspondent, BMJ*

Emergency measures to ease winter pressures on the NHS are being ordered by ministers as the health service in England faces potential breakdown. The aim is to divert available resources to cope with emergency admissions. As a result, waiting lists for elective treatment that have risen substantially will lengthen still further.

Although no new funding is envisaged beyond what has already been announced, steps are being taken to ease the financial straitjacket on trusts. The health secretary, Frank Dobson, said he will "knock heads together" if necessary. The political dimension is of a looming winter crisis comparable to that of 1987—which precipitated the NHS internal market reforms—and which now threatens to destabilise the government's election pledges to "save the NHS" and "take 100 000 people off waiting lists." Mr Milburn blamed the "appalling legacy of the previous Tory administration" for a dramatic rise in hospital waiting lists.

The latest waiting list figures show that the total number of

can be extended to five years.

Plans are being made to speed up the discharge from hospital of elderly patients whose treatment is finished but who await a social assessment of their longterm care. Closer cooperation between hospitals and local social service departments has been welcomed by the BMA but has raised alarm in other quarters about inappropriate discharge of elderly patients due to inadequate funding. The health secretary, Frank Dobson, said he will "knock heads together" if necessary.

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A shortage of beds is predicted this winter

patients waiting to be admitted to NHS hospitals in England has risen by 136 000—an increase of 12.9%—in the year to the end of June. This is said to be the biggest yearly rise in the history of the NHS. The total waiting list is now 1 192 700. The quarterly rise was 3%.

The time that patients have to wait is also longer. The number of patients waiting over one year

rose steeply, by 47%, to 44 300 in the past year. At the end of June 388 patients had been waiting longer than the 18 months stipulated by the patient's charter, the number having more than doubled in three months.

Mr Milburn said that waiting lists will go on rising for some time to come, but he said the 18 month waiting limit would be adhered to. □

Psychologist wins damages over theft of research

Fred B Charatan, *Florida*

A psychologist has won \$1.67m (£1m) in damages from the University of Michigan after another researcher at the university falsely claimed her research as her own. The civil suit, which began in 1990, is believed to be the largest ever won by a scientist against a university in a professional misconduct case.

In 1986 Dr Carolyn Phinney, a psychologist specialising in per-

sonality and cognitive psychology, was invited to consult part time at the prestigious Institute of Gerontology in Michigan in Dr Marion Perlmutter's laboratory. Dr Perlmutter, also a psychologist and recognised researcher in aging, suggested that Dr Phinney should write up her own independent research on wisdom in old age as a federal grant application.

Dr Perlmutter later falsely claimed the research and proposal as her own, thus preventing Dr Phinney from publishing the results and obtaining funding. When Dr Phinney objected, Dr Perlmutter dismissed her from her laboratory, and her name was removed from several applications submitted for fund-

ing. Later, Dr Phinney's research data were stolen from her office. She said: "What happened to me was intellectual rape."

When Dr Phinney complained to university officials about the pirating of her research, Dr Richard Adelman, a biologist and director of the Institute of Gerontology, threatened and harassed her and suspended her for insubordination.

After a year of negotiation failed, Dr Phinney took her case to Washtenaw County Circuit Court in Michigan. In 1993, a jury found unanimously that Dr Perlmutter had committed fraud and that Dr Adelman had retaliated against Dr Phinney. Last April the Michigan Court of

Appeals upheld the jury's verdict, and last month the university awarded damages to Dr Phinney, along with the box of research data that had been taken from her.

The award is believed to be the largest ever won by a scientist against a university in a professional misconduct case, said Dr Robert Sprague of the University of Illinois, who maintains a database of misconduct cases in scientific research.

Dr Phinney said that she will use part of the award to finance Whistleblowers for Integrity in Science and Education, a new non-profit organisation designed to help other whistleblowers with counselling and legal aid. □

China's smoking epidemic grows

Richard Tomlinson, *Beijing*

The world's biggest cigarette producer and consumer this week played host to the 10th world conference on tobacco or health with the theme "Tobacco: the growing epidemic." And when the 2000 delegates stepped out of the conference centre on to the streets of Beijing, they could be in no doubt about the scale of the problem in the world's most populous country.

China's 320 million smokers puff their way through 1700 billion cigarettes a year, and there is little sign that government antismoking measures are having any effect. Some 71 Chinese cities have banned smoking in public places, and since 1 May this year smoking is supposed to have been banned on all public transport. But the reality is that these regulations are widely and blatantly ignored—and not even heard of outside the big cities.

The conference assessed ways to prevent an increase in women smokers, particularly in developing countries. Over the past decade in China, for instance, it has become far more common to see young, fashionably dressed, urban women with a cigarette in their hands. It is

The tobacco industry is the biggest source of tax revenues in China

estimated that about 20 million women have started smoking in China since economic reform started in the early 1980s.

The Chinese propaganda machine publicises the nation's efforts to persuade people to stop smoking, but the financial picture paints a different story. Antismoking campaigners at the Chinese Association on Smoking and Health receive just 200 000 yuan (£15 000; \$24 000) a year from the central government. Meanwhile, the state monopoly tobac-

co industry is the biggest single source of tax revenues; in 1996 the industry reported pretax profits of 83 billion yuan, a 17% increase on the previous year.

For Chinese men, cigarettes remain a key accessory in both work and leisure. Offering cigarettes is *de rigeur* in situations where a man is trying to flatter his male companions, and it is still accepted practice around the banqueting table to light up between each of the multiple courses. □

Israel places restrictions on health funds

Judy Siegel-Itzkovich, *Jerusalem*

The Israeli health minister is trying to cope with the country's growing healthcare deficit—which will reach 2bn shekels (£360m, \$576m) by the end of this year—by placing stricter restrictions on the four public health funds.

The health minister, Yehoshua Matza, has in recent weeks launched several measures to prove that he is saving money, in the hope that these "sacrifices" will give him the "solid moral ground" to demand that the Treasury cover the remaining deficits. One of his first moves was to bar the public health funds, which cover the country's 5.5 million residents, from spending large sums of money on advertising and tele-marketing. Health taxes are distributed among the health funds according to the number of members, with extra compensation for elderly people, so competition between them is fierce.

Over the past two years the health funds have paid contractors to telephone members of other funds to try to persuade them to switch. Some went too far, promising a free "trial period" with another insurer "at no harm to existing membership." What they failed to mention was that this trial included only clinic visits and not admission to hospital and that when the first insurer heard of the second it was likely to strike the member from its list, leaving him or her without hospital coverage. Some telemarketers even forged signatures to grab new members. Under the new ministry directives Israelis will be allowed to switch to a different insurer only once a year instead of biannually.

Mr Matza has also frozen the insurers' budgets for purchases of major medical equipment, construction, renting, and renovation until at least 1 January 1998. The ministry said health funds have built unnecessarily luxurious clinics and other facilities that create "uncontrolled competition for new members and glorify the name of the insurer." □

American Medical Association apologises for commercial deal

Fred B Charatan, *Florida*

The American Medical Association (AMA) has apologised for agreeing to endorse consumer products and has watered down its original agreement with the Florida based company Sunbeam.

The planned endorsement of products such as blood pressure monitors, heating pads, and thermometers attracted heavy criticism from within the AMA and from newspapers and consumer organisations (23 August, p 445).

Under the original deal Sunbeam would have paid the AMA royalties in return for carrying the association's logo. In addition, the two organisations would have set up a doctors

advisory panel and sponsored public education events such as blood pressure screenings.

Responding to the backlash, the AMA's leaders admitted that they had made an error. They asked Sunbeam to release them from participating in the programme on an exclusive basis and said that they would not endorse products in the healthcare field. Instead of paying royalties, Sunbeam would pay only fees that would cover the health information programme.

Dr Thomas Reardon, chairman of the board of trustees, and Dr John Seward, executive vice president of the AMA, released a statement that said: "Seeking nec-

essary support for this important patient care mission remains a proper role for the AMA. However, our decision to approve the Sunbeam agreement in the form adopted was an error. As a result, our credibility was called into question. The AMA apologises for creating public doubt about our motives. We take full responsibility for actions on our part that may have eroded our credibility."

The statement continued: "Our internal review process leading up to the announcement of the alliance with Sunbeam did not meet our normal standards. Our purposes and aspirations were well meaning."

Dr Sidney Wolfe, executive director of Public Citizen's Health Research Group, said: "The endorsement deal was a scandalously bad decision, and the organisation must get rid of the people responsible for this programme." □

French doctors miss out on postmortem examinations

Alexander Dorzynski, *Paris*

The number of postmortem examinations performed in France for teaching and research has decreased dramatically since the adoption of new legislation three years ago.

Professor Claude Got, head of anatomy and pathology at the Amboise Paré hospital in the Boulogne suburb of Paris, calls the situation ridiculous: "An entire generation of doctors is being trained without them carrying out a postmortem examination."

The legislation was adopted in 1994 in the wake of protests by the parents of a young boy whose eyes were removed without specific authorisation after he died in hospital. The parliament and senate then introduced some amendments to the current bioethical legislation, trying to draw distinctions between the removal of organs to be used for therapeutic transplants, for postmortem exami-

nation for scientific research and teaching, and for determining the cause of death.

In a report that Professor Got submitted to the government, he calls such distinctions artificial and imprecise and the legislation contradictory. Thus, one article of the legislation states that organs can be removed for therapeutic or scientific purposes so long as an individual has not specified, before death, that he or she refuses such an action, while another allows the removal of organs for scientific purposes only from individuals who have specifically given their consent before their death.

A nationwide survey carried out by Professor Got shows that the number of postmortem examinations performed in the country is decreasing. Although data are not available to establish a precise comparison with previous years, he points out that in 1996 the 136 French hos-

pitals with registered anatomy and pathology departments carried out a total of 3914 postmortem examinations, while in 1980, 5791 examinations were performed in public hospitals in Paris alone.

Professor Got found that the new legislation was respected in about two thirds of French hospitals, and these hospitals performed low numbers of postmortem examinations. About two thirds of all examinations were performed in the third of hospitals where the new legislation was ignored. In these hospitals examinations were carried out unless the patient or the family had specifically expressed their opposition before the patient's death—as was authorised under the now superseded 1976 law. "At the Amboise Paré Hospital, because we decided to respect the law, only three postmortem examinations were performed last year," said Professor Got.

In his report Professor Got appealed to Dr Bernard Kouchner, secretary of state for health, to modify the legislation, lest the practice of performing postmortem examinations becomes obsolete. □

Crackdown on locum doctors announced

John Warden,
parliamentary correspondent, BMJ

A new code of practice for employing locum doctors in British hospitals is intended to reduce the risk of incompetent or even bogus doctors being appointed.

The health minister, Alan Milburn, said: "The existing rules governing locum doctors are inadequate. In future all locum doctors will be screened to weed out those who are a danger to patients."

The new guidelines are based on the report of a working group that looked into the monitoring of locums and reported the ease with which some unsatisfactory doctors were able to move between locum posts (*BMJ* 1995;310:150). Recent incidents include a serious sexual assault on a child patient by a locum surgeon.

The code of practice says that hospital trusts should reduce the use of locums by better planning of vacancies. Checking and assessment of locums should be more vigorous, with locum doctors having to undergo health assessments and provide a statement of any criminal convictions.

The working party had recommended a central blacklist of doctors who are found to be unsatisfactory and a national scheme of logbooks for locum doctors. These recommendations are omitted from the new code, although a key requirement is that all employers assess the professional competence of locum doctors for the benefit of subsequent employers. Employers are urged to report serious shortcomings in a doctor's performance to the General Medical Council.

Some checks on locums may be delegated to a locum agency. The NHS Supplies Agency is developing a national contract for the supply of locums in order to establish a pool of good quality, reliable locums. □

The Code of Practice in the Appointment and Employment of HCCH Locum Doctors is available from the NHS Executive (tel: 0541 555455).

Tuberculosis infection process pinpointed

Jacqui Wise, *BMJ*

Mycobacterium tuberculosis, the bacterium that causes tuberculosis, uses an underhand trick to invade cells, researchers announced last week.

The body's immune system normally tags any invading bacteria with proteins that alert macrophages to consume it. One of these proteins, C2a, then floats in the blood with no known function.

The researchers from Washington University School of Medicine in St Louis showed that *M tuberculosis* manages to associate with this discarded C2a protein and use it to create a new label that helps the bacteria adhere to the macrophage and enter it. Once inside the macrophage, the mycobacteria multiply until the cell ruptures and the bacteria are then released to repeat the process (*Science* 1997;277:1091-3).

Tuberculosis kills three million people a year

Previous studies have described other invasion techniques used by mycobacteria, but this strategy stands out because it is used only by the types of mycobacteria that cause disease. Jeffrey Schorey, one of the lead authors, said: "Understanding how the bacterium invades cells may be an

important first step towards developing a vaccine to prevent tuberculosis."

Tuberculosis is a growing problem, with eight million new cases of pulmonary tuberculosis a year and three million deaths. As many as one third of the world's population is infected with *M tuberculosis*. □

Colombia struggles with health reform

Tessa Richards, *BMJ*

Recent healthcare reforms in Colombia are putting doctors under unprecedented pressure because extra resources have not been provided to cope with the changes.

The Colombian government introduced its "100 law," which aims to provide healthcare coverage for 100% of the population, just over a year ago. Before the changes most of Colombia's 36 million people were too poor to enrol with one of the 40-50 health maintenance organisations. Now, in theory, everyone can and is expected to sign up with one. Those in employment usually get their premiums paid by their employer. Those who are unemployed and those who earn less than a defined minimal income can apply for a card that enables them to get free health care.

Dr Juan Manuel Lozano, a paediatrician at the Hospital San Ignacio in Bogota, said that no additional health care facilities had been provided to cope with the vast numbers of new patients who are now eligible for care. Doctors have also had to cope with a cut in salaries at a time

when inflation is running at 18%.

Dr Lorenzo estimated that before the reforms 80% of the population had no access to health care but that this has now dropped to 50%. "Of course we welcome the move to a social security system, but it is incredibly difficult to maintain standards in the face of what has been a doubling in number of users of medical services in the past year. We have increased throughput, but with no more beds, medical or nursing staff, or diagnostic or therapeutic facilities corners are being cut everywhere."

Dr Angela Hueretas-Ceballos, a paediatrician in Bogota, said: "Patients complain about the lack of personal care, continuity of care, and rushed consultations, but how can you blame the doctors? How else can they deal with the increased workload?"

She added: "Ten years ago doctors were earning 16 times the national minimum wage, now they earn only 4-6 times this wage, and to compensate some are taking on more than one job. It's not surprising some services are chaotic and doctors' morale is low."

At the same time the medical problems in Bogota are growing. The population is escalating, and many of the city's 6 million people live in slums without access to clean water.

JEREMY HERNER-PANOS

Morale is low among doctors in Colombia

Malnutrition, infectious disease, and antibiotic resistance (it is possible to buy virtually any drug over the counter) are increasing.

In addition to the medical and social problems, regular disruption of power, water, and

telephone lines, widespread corruption, and an increasing level of theft and violence are a fact of life. Dr Lozano said: "I have virtually stopped doing night visits. The small fee does not justify the risk of being held up at gun point." □

Medicinal marijuana provided at cost price

Tony Sheldon, *Utrecht*

Dozens of Dutch "coffee shops" have organised a national campaign to provide medicinal marijuana at cost price after the government banned doctors and pharmacists from prescribing the drug.

The health inspectorate banned the prescribing of marijuana in August, acting on a recent report by the Dutch Health Council which concluded that there was insufficient proof of its medicinal benefits. The health minister, Professor Els Borst Eilers, said that she was unable to make a medical exception to the Netherlands' opium law controlling drugs. Although

marijuana can be bought in small quantities from the coffee shops, large scale manufacture and distribution remain illegal.

The ban is estimated to affect up to 400 patients. A company based in Rotterdam, Maripharma, produces three kilograms of marijuana a month for distribution to 240 of the Netherlands' 1300 pharmacists. The "med-weed" is being prescribed in quantities as small as a gram a week—drunk as tea by patients with cancer to relieve nausea during chemotherapy—to up to several grams a day, to be smoked to relieve muscle spasm in patients with multiple sclerosis.

It is also being used to stimulate appetite among patients with cancer or AIDS and to reduce pressure on the eyeball in patients with glaucoma. Maripharma claims that its medicinal marijuana is free of bacteria and that its active component, tetrahydrocannabinol, is a constant 10.8%.

In response to dwindling supplies at pharmacies an action group, Cannabis as Medicine, has now been launched. It has produced a standard form that doctors must sign to confirm a patient's medical condition and that he or she is receiving treatment. It then arranges for the marijuana to be distributed at cost price to the patient.

A spokesman for the campaign has said that it cannot just ignore sick patients. "I have 400 patients, and we are the only people who can deliver

marijuana. Today I have had three doctors telephone me already," he said.

But the Ministry of Health said that the action group's standard forms are illegal, and Maripharma fears that the coffee shops' marijuana may have different concentrations of the active compound or contain bacteria that could prove dangerous for patients with a weakened immune system. The Royal Dutch Society for the Promotion of Pharmacy said that pharmacists should be able to prescribe marijuana to seriously ill patients who wish to take it because other medicines cannot counter side effects such as nausea.

Meanwhile, the medical ethics committee of Groningen University Hospital has agreed to carry out research into the therapeutic effects of marijuana on 15 patients with multiple sclerosis. □