Health will be key responsibility of new Scottish parliament

Bryan Christie, *Edinburgh*

Control of the health service in Scotland is to pass to a Scottish parliament after the decisive vote in favour of devolution. It marks the biggest constitutional change in the United Kingdom since the partition of Ireland 76 years ago and gives Scotland its own parliament for the first time in almost 300 years.

Health will be one of the main responsibilities of the Scottish legislature, but there are mixed views about the likely impact of the change in a country that has some of the worst health problems in the Western world. Some doctors believe that returning control to a more local level provides an unprecedented opportunity to shape the health service to be fully in tune with Scotland's needs. The previous Conservative government's market style reforms were met with hostility in Scotland, which has traditionally favoured collaborative rather than competitive methods of working.

However, other doctors have expressed fears that devolution will destabilise a funding system that has served Scotland well. More money is spent on the health service in Scotland than in other parts of the United

Kingdom because its needs are seen as being greater. In the current year health spending in Scotland comes to £850 (\$1360) per head of population compared with £694 per head in England.

Although the Labour government has said that it has no plans to change the formula, there are concerns that it may be altered eventually—particularly if the parliament in London is controlled by a different political party from that in Edinburgh. This is a problem well recognised by the BMA and one that it intends keeping under review as it works with the government in the run up to the establishment of the parliament in the year 2000 and beyond. Dr Brian Potter, the Scottish secretary of the BMA, said: "The BMA will continue striving to safeguard present levels of funding to ensure that doctors are properly equipped to deliver quality patient care."

The Scottish parliament will also be responsible for the terms and conditions of health service staff, leading to claims that doctors in Scotland could end up being paid less than their counterparts in other parts of the

IAN WALDIE/POPEFOTO

The health service could be better tuned to Scotland's needs

United Kingdom. Concern has also been raised that Scotland's rich tradition of medical education could suffer. At the moment, Scotland produces more doctors than it needs, and there are worries that student places could be cut, which would have a detrimental impact on medical schools.

But balanced against these concerns is a widespread optimism that a Scottish health service, unshackled from the dominance of London, could start doing things differently. Some of the ideas already mooted include appointing a minister

to take charge of public health to tackle longstanding health problems. New ways of working have also been suggested, with joint health and social work budgets being used to create change. Sam Galbraith, the Scottish health minister, said: "Bringing government close to home will help people feel involved and will encourage participation. Our bad habits feed off a sort of cultural fatalism: the feeling that we're not in charge of our own affairs. In a Scottish parliament we will be in charge, and that will be better for our health." □

France to investigate illegal sterilisation of mentally ill patients

Alexander Dorozynski, *Paris*

The French government has ordered an investigation into illegal sterilisations carried out on thousands of mentally handicapped people, mostly women, sometimes without their permission and even without their knowledge.

The extent of the practice was made public last week,

when *Charlie Hebdo*, a satirical weekly magazine, claimed that in recent years tubal ligation had been performed on about 15 000 mentally handicapped women. The figure was an extrapolation of data from a study by Nicole Diederich, a sociologist from the National Institute for Health and Medical

Research, which showed that 35% of 260 mentally handicapped women in institutions in the department of the Gironde had been sterilised.

French law on surgical sterilisation—even when it is voluntary—is unclear. Such surgery is likened to mutilation and is authorised by law only on strong medical grounds. Voluntary tubal ligation and vasectomy for contraception are illegal. Last year the national ethics consultative committee suggested that sterilisation could be carried out on mentally handicapped people

as a last resort in exceptional cases, in qualified microsurgery wards, and after the agreement of an independent interdisciplinary committee.

Ms Diederich, who has been studying the care provided to mental patients in institutions for several years, said: "Most of the time, it [sterilisation] is a very subterranean, occult practice. You have to scratch here and there to get information." She said she had sent a report of her findings to the French parliament in 1991, but she had not had a response. □

In brief

Slimming drugs withdrawn following heart scare: The drugs dextenfluramine and fenfluramine have been withdrawn worldwide by their manufacturers following reports of heart valve defects in the United States. No similar cases have been reported in the UK.

Move of blood testing from Liverpool to Manchester to go ahead: Professor John Cash, asked to head an independent review of a plan to move services from Liverpool to Manchester, said that although the "rationale behind the original decision remains unproven," the move is so far advanced that it should not now be stopped.

Infections kill 5000 people a year in British hospitals: A study published by the Office of Health Economics says infection acquired in hospitals also contributes to another 15 000 deaths, making it a bigger killer than either road traffic accidents or suicide.

Expert panel set up on CJD: The British government has announced the setting up of an expert panel headed by Professor Peter Smith from the London School of Hygiene and Tropical Medicine to weigh up the risk of an emerging epidemic of Creutzfeldt-Jakob disease (CJD).

US acts to protect confidentiality of medical records: Legislation is before Congress which would penalise doctors or organisations that disclosed information without patient consent. However, the proposal excludes prosecution for using that information for research, public health needs, and law enforcement. Currently the use and disclosure of health information is protected only by limited federal law and a patchwork of state laws.

New national blood agency for Canada: A new national blood agency will take over from the Red Cross within the next year in Canada. Public confidence in the Red Cross was lost following the scandal surrounding HIV and hepatitis C infection of blood (9 August, 330).

BMA calls for 10% pay increase for doctors

Linda Beecham *BMJ*

The BMA has called for the average pay of doctors to be increased by not less than 10% in 1998 as a first step in reducing the gap between the pay of doctors and that in comparable professions, such as lawyers, accountants, and actuaries.

For the first time the association has published its evidence to the Doctors' and Dentists' Review Body in full in advance of the review body making its recommendations. The BMA has deplored the government's action in phasing this year's pay award (2.35% in April and 1.4% in December), and it continues to criticise the review body for straying from its original remit by insisting that doctors' pay should be compared with that of the public sector. "The review body is being disingenuous in arguing that because the public sector workforce is a large proportion of the total and because doctors are paid from taxpayers' money, public sector comparisons are relevant," the BMA says.

In the general practice section of the evidence the BMA says that GPs' pay must be increased to encourage new doctors into general practice, to

persuade existing GPs to remain in practice for longer, and to recognise and reward GPs for their increasing workload. The number of GP principals has remained virtually static, whereas the number of hospital doctors has increased by an average of 2.6% between 1990 and 1995. The number of GP registrars declined by more than a fifth between 1986 and 1996. The evidence emphasises the low morale of GPs, many of whom find that they are no longer able to cope to their satisfaction with the demands that patients make.

The consultants' evidence also shows an increase in workload. The number of patients treated continues to rise, with a 6.5% increase in finished consultant episodes in 1995-6 and consultants being asked to undertake

more non-clinical work. They say that there is no evidence of a shift of work away from hospitals and into primary care.

The BMA said: "The demands of the job, the pressures of working in an overstretched service combined with a steady deterioration in relative pay are having an adverse impact on morale and highlight the need to break the cycle of decline." The chairman of the BMA council, Dr Sandy Macara, said that he believed that the review body was as annoyed as the profession when the government phased the last award. But he warned that there was "a major danger that the profession will lose faith in the review body system if it does not recognise the force of our case this year." □

Dr Macara warned that doctors could lose faith with the review body

Group to vet any plans to close psychiatric hospitals in Britain

Kamran Abbasi, *BMJ*

Plans to close psychiatric hospitals are to be vetted to help ensure that adequate community mental health services are organised in advance, health minister Paul Boateng announced last week.

A new body, the Independent Reference Group, will provide ministers with advice on the appropriateness of such closures, as well as providing guidance on reducing the stigma of mental illness and on the mental health issues affecting ethnic minority groups.

Mr Boateng said: "The move away from institutional care to

care in the community has failed to deliver for many the necessary level of support. And it is no surprise that the public has never had confidence in the system." He added: "We want to ensure that the full range of support services is available in the community before local hospitals for the mentally ill are closed. Mentally ill people should be cared for in safety and security, and we need to tackle the everyday concerns of the public."

The members of the new group are drawn from a wide range of mental health organisations, including the charity

MIND, which is strongly in favour of care in the community, and the charity SANE, which has campaigned against psychiatric bed closures. There are also representatives from the Royal College of Psychiatrists, the Royal College of General Practitioners, and the Royal College of Nursing.

In view of the heterogeneity of the group, Mr Boateng emphasised that a consensus was not essential and that the final decision on the appropriateness of a closure rested with the government.

The Independent Reference Group will now attempt to draw up a set of criteria for the closure of long stay hospitals and the provision of community care. Between 35 and 40 further closures of psychiatric hospitals are planned. □

Thalidomide ban to be lifted in the US

Terri Rutter, *Boston*

A scientific advisory committee to the Food and Drug Administration has recommended that thalidomide, which has never been licensed in the United States, should be allowed to be used to treat serious inflammatory conditions associated with leprosy.

Once approved, the drug could also be prescribed, under certain restrictions, to treat other diseases, including some forms of cancer, lupus, chronic host-graft disease, and some complications due to AIDS.

Thalidomide was used widely throughout Europe during the 1950s and 1960s as a sedative for pregnant women. But after about 8000 babies were born with severe deformities to mothers who had taken the drug its use was stopped. Thalidomide was never licensed in the United States, but it can be prescribed under certain circumstances under a special dispensation that allows rare or controversial drugs to be used for "compassionate" purposes in

Thalidomide was used widely in Europe as a sedative

individual patients. Women who are given the drug, however, must agree to make all efforts possible to avoid getting pregnant; men must agree to wear condoms or abstain from sexual intercourse because it is unknown whether thalidomide can be found in semen.

The scientific committee was set up to review the drug after reports that buyers clubs in San Francisco were obtaining the drug illegally from Brazil to give to patients with AIDS. Cellegene, an American pharmaceutical company that manufactures thalidomide, was asked to review the data on the drug and submit an application to the Food and

Drug Administration.

The administration said that there was renewed interest in the drug because of its ability to lower the body's concentrations of tumour necrosis factor α , a chemical mediator which increases in response to infections such as tuberculosis, sepsis, and cancer. There has also been interest in the fact that thalidomide stunts new blood vessel growth, which would make the drug useful in treating macular degeneration.

The Thalidomide Victims Association of Canada referred to the possibility of thalidomide's approval as "extremely distressing." □

Poor sterilisation of instruments leads to infection outbreak in Paris

Alexander Dorozynski, *Paris*

Poor sterilisation of surgical instruments in a Parisian clinic has led to an outbreak of a tuberculosis-like infection of the spine caused by *Mycobacterium xenopi*, a usually harmless bacterium often present in the water supply.

The 31 patients who have so far been diagnosed as having the spinal infection were operated on between 1988 and 1993 for intervertebral disc prolapse, either by percutaneous or arthroscopic techniques. The infection causes painful inflammation and abscesses.

The clinic, called Clinique du Sport, reported the first cases in 1993, and an investigation by the Parisian health authorities showed that arthroscopes had

been cold sterilised in a disinfectant liquid and then rinsed in tap water contaminated with *M. xenopi*. The bacterium is highly resistant to standard disinfectants, and stringent precautions are recommended when surgical instruments are not disinfected in autoclaves.

The clinic then changed its sterilisation method and contacted all patients who had received operations for vertebral disc hernias. By July this year 31 former patients, all treated before 1994, were diagnosed as having the disease; 850 former patients were then warned of the specific risk and requested to undergo diagnostic tests.

According to Dr Véronique Vincent of the mycobacteria lab-

oratory at the Pasteur Institute, the bacterium is usually non-pathogenic in humans, although it is related to *Mycobacterium tuberculosis* and can cause pulmonary infections in people with a history of tuberculosis, silicosis, aspergillosis, and chronic bronchitis.

These cases are the first reports that *M. xenopi* has led to an outbreak of severe vertebral bone disease. Dr Vincent said: "The big problem is that the infection is resistant to the usual antibiotics. There is no therapeutic consensus or a standard treatment." The incubation time can be several years: a patient who was operated on in December 1991 was diagnosed as having the disease only in June of this year.

Several patients are suing the clinic. Dr Bernard Kouchner, secretary of state for health, said that private clinics will be required to have a nosocomial infection prevention committee, as do public hospitals. □

Information on drug efficacy must be given

John Warden, *parliamentary correspondent, BMJ*

Drug companies were warned this week that they will have to be more forthcoming about the efficacy of the drugs they supply to the NHS in Britain. The health secretary, Frank Dobson, said that in future the NHS will be looking for further and better particulars about the effectiveness of drugs.

He added: "The drug companies will have to be more forthcoming. They will have to provide objective evidence on the beneficial effects of drugs in particular types of patients and the extent of those effects."

Mr Dobson, addressing the Royal Pharmaceutical Society's conference in Scarborough, also warned that the forthcoming negotiations on pharmaceutical pricing will be tough so as to contain the NHS drugs bill and to encompass the more informative approach from drug companies. He explained that by looking at the overall benefits as well as at the costs of drug treatment the NHS aims to refocus attention on effective prescribing.

He also announced a grant of £250 000 (\$400 000) towards the cost of research by the Royal Pharmaceutical Society into helping patients take their drugs properly, at the right time, and in the right quantities.

The health secretary said that the NHS internal market, which Labour plans to abolish, tended to penalise drug based treatment. For example, the internal market concentrated on pricing contracts for elective surgery and, as a result, not enough attention was given to treatment patterns in the medical specialties in which drug treatment is important. A purchaser who chose to invest in drugs for secondary prevention of heart disease was regarded as less efficient because this approach brought no additional "finished consultant episodes." And if the drug treatment succeeded, with fewer people going into hospital, it counted as another "reduction" in efficiency. □

Virus set against virus

Debbie Josefson, San Francisco

Scientists have invented a new approach to combating AIDS by using another virus to selectively target and eliminate cells that are infected with HIV.

The same strategy was used by two groups—a team from the United States using a defective vesicular stomatitis virus and a group from Germany using a modified rabies virus (*Cell* 1997;90:841-7, 849-59). This is the first time that viruses have been engineered to infect and kill another virus, and the approach may have applications beyond the treatment of AIDS.

HIV usually gains entry into T cells by binding its cell envelope protein, gp120, with the T cell surface receptors CD4 and fusin. A cell infected with HIV signals that it is infected by displaying the HIV envelope protein, gp120, on its surface. This

serves to mark it for immunodestruction, but it also allows for cell to cell transmission of HIV because gp120 is the access key to T cells.

In the American experiment researchers modified the genome of the vesicular stomatitis virus, replacing the genes coding for its envelope proteins with sequences encoding the human T cell receptor proteins CD4 and fusin. This modified virus serves as a decoy T cell—in effect fooling HIV to fuse with it instead of with native T cells. Once HIV is inside, the vesicular stomatitis virus destroys it.

An additional bonus of the system is that the altered vesicular stomatitis virus has the capacity to self replicate and to become a self manufacturing drug. Because the altered virus lacks its normal envelope proteins it is unable to infect normal cells. Thus, it selectively targets, enters, and multiplies within cells that signal that they are infected with HIV by having a gp120 flag. The American researchers infected human T

cell lines with HIV and then 3 and 5 days afterwards, when about half of the cells were infected, they introduced modified vesicular stomatitis virus into the cell cultures. HIV loads were lowered to extremely low or undetectable concentrations, ranging from 300-fold to 10 000-fold lower than the HIV load in the control group. The German technique was similar to the American approach, except that the modified rabies virus was rendered incapable of self replication.

Although the strategy was highly effective in vitro, it has yet to be tested in animals, and human studies are over a year away. None the less, the experiments have sparked enthusiasm and hope within the scientific and medical communities. Dr Anthony Fauci, director of the National Institutes of Health's allergy and infectious disease division, said: "This concept of cell targeted delivery has enormous potential applications for HIV, cancer, and other diseases."

Dr Nava Sarver, chief of the

targeted interventions branch at the Allergy and Infectious Disease Division, added: "This is a very exciting advance. We are getting closer to solving one of the major problems in targeted delivery of genes to specific cells for treatment and possibly disease prevention—specifically, how to deliver what you want into the cell you want it to go into."

Should the strategy work well in humans, modified viruses could be used to introduce chemotherapeutic agents into cancer cells or as vectors for delivery of protective or missing genes in people with hereditary disorders. Moreover, modified defective viruses could serve as new vaccine vectors, displaying antigens to the body's immune system.

However, before these scenarios become a reality much work needs to be done. Unanswered questions include the overall safety of using viral vectors and whether the immune system will attack the modified viruses and negate any gain seen in vitro. □

Vancomycin resistant *Staphylococcus aureus* reported

Debbie Josefson, San Francisco

The United States Centers for Disease Control have reported the emergence of a strain of vancomycin resistant *Staphylococcus aureus*.

Two cases have been documented in the US so far, and they follow the appearance of the first known case of vancomycin resistant *S aureus* earlier this year in Japan. The resistant isolates occurred in patients receiving multiple courses of vancomycin and other antibiotics for illnesses such as recurrent peritonitis and recalcitrant septicaemia.

The rapid emergence of resistant strains is worrying because since the 1980s vancomycin has been the last uniformly effective antibiotic available for serious *S aureus* infections. *S aureus* is a common bacterium that often resides harmlessly on the skin, but it is also a formidable pathogen, causing infections ranging from boils to life threatening pneumonia, endocarditis, meningitis,

abscesses, and septicaemia. It is the leading cause of nosocomial infections and deaths in hospital worldwide, accounting for some 2.5 million cases of pneumonia, 7 million ear infections, and 3000 cases of meningitis annually. An estimated 40% of these infections are fatal.

The two cases showed partial or intermediate resistance to vancomycin, meaning that they had a low susceptibility to the drug. They were also somewhat sensitive to several other antibiotics, such as gentamicin and tetracycline. None the less, the emergence of vancomycin resistant strains heralds a potentially frightening era in infectious disease.

The Centers for Disease Control said: "The finding increases the possibility that levels of resistance will eventually develop which could make infections untreatable with currently available drugs." They are emphasising the importance of infection control measures to reduce the

incidence of emerging resistant strains. An active surveillance system has been instituted, and efforts to develop new treatment modes are being aggressively pursued. Michele Pearson, of the Centers' epidemiology depart-

ment, said: "We don't know if full resistance to vancomycin will occur, but this is one indication that that might be a possible outcome. Prudent use of antimicrobials, particularly vancomycin, is very important." □

Staphylococcus aureus causes a range of life threatening diseases

TONY BRAINSCIENCE PHOTO LIBRARY

Calcium supplements reduce risk fracture

Janice Hopkins Tanne, *New York*

Healthy elderly people who took supplements of calcium and vitamin D had less than half the fractures of those in a placebo group in a three year study, even though they fell just as often, according to researchers at the Tufts University Nutrition Center in Boston.

The finding comes as the American Medical Association makes new recommendations about calcium and warns that "a large percentage of Americans fail to meet the currently recommended guidelines for optimal calcium intake."

The double blind, placebo controlled study of 176 men and 213 women over 65 found that 26 people in the placebo group had non-vertebral fractures, compared with only 11 in the supplement group (*New England Journal of Medicine* 1997;337:670). Bone density in the femoral neck, spine, and total body increased in men and women who took the calcium and vitamin D supplements.

Participants in the study were getting around 730 mg of calcium from their normal diet. Dr Bess Dawson-Hughes, professor of medicine and head of the calcium and bone metabolism laboratory at Tufts University, said this is "not even close" to the recommended dietary allowances of

1200-1500 mg a day. Their blood concentrations of vitamin D, important for calcium absorption, were about 200 IU, which was also too low.

The supplements provided in the study contained 500 mg of calcium, bringing subjects' daily intake up to about 1200 mg, and 700 IU of vitamin D, bringing their daily intake to about 900 IU.

Dr Dawson-Hughes said of the people included in the study: "These were not high risk individuals. They were the walking well. Healthy elderly men and women who think they are eating a good diet will benefit from bringing calcium and vitamin D levels up to those in the study."

Deficiency of vitamin D, necessary for calcium absorption, is common in people deprived of sunlight who live in northern climes. Those particularly at risk are elderly people who are housebound or living in nursing homes.

This month the American Medical Association produced guidelines based on the 1994 recommendations from the National Institutes of Health's consensus development conference on calcium intake (*Archives of Family Medicine* 1997;6:495-99). The guidelines say that people should ideally get their calcium from

A 3000 year old Olmec carving may be the oldest representation of the human heart. The figure, found in southern Mexico, includes a pulmonary artery, an aorta, and a superior vena cava. It was carved 2500 years before Andreas Vesalius published the earliest accurate images of the heart.

food but that supplements may be appropriate for some groups.

The guidelines state that good calcium intake in infants under 1 year old leads to a 5-10% difference in peak bone mass in adulthood and a 50% difference in the incidence of

hip fracture later in life. The recommendations suggest 1500 mg of calcium a day for children and young adults, at least 1000-1300 mg for adults, and as much as 1400 mg a day for adults over 65. Vitamin D intake should be 600-800 IU a day. □

Exportability of managed care is limited

David Woods, *Philadelphia*

Although managed care has swept through the United States, its exportability to Britain and the rest of Europe is limited, concluded speakers at a meeting in Washington, DC, last week.

Managed care is a system of fixed prepayment for comprehensive healthcare coverage in which the companies providing it control costs by curbing use. Speakers attending *Exporting Managed Care to Europe* were in general agreement that wholesale

adoption of a system that covers some 140 million Americans was impossible but that there were aspects of applying standard business practices to the delivery of health care in Europe that offer prospects for controlling costs and increasing efficiency.

In Britain, according to Tim Baker, the commercial director of Norwich Union Healthcare, private funding is one answer to the NHS weaknesses of long waiting lists, poor quality of physical stock, low staff morale, and underfunding. But even though private healthcare provision now covers six million people in Britain, it faces opposition from senior NHS executives, from a cultural perception that health care is or should be "free," and from resistance to grafting an

American system that costs \$4500 (£2813) per head on to one that costs one third of that and has similar, if not better, outcomes. None the less, said Mr Baker, an aging population and increasingly sophisticated technology, coupled with continued restraint on government spending, will lead to consumer demand for better access, choice, value, and efficiency.

Ruth Stone, assistant director of disease management at BUPA, said that there were "many good ideas in managed care, but they all need translating." The similarities between the US and European markets, she said, are escalating costs, resistance to change, and variable practice—such as rates of surgery. However, the European model differs from

that of the US in that it offers universal coverage, free at the point of service, and less employer involvement. Where managed care comes in, she believes, is in re-engineering processes to increase efficiency and in identifying and delivering appropriate care to increase effectiveness.

Chris James, vice president, of CIGNA International, concluded that managed care in Europe was neither a myth nor reality. He quoted two recent newspaper articles, one of which noted that "the NHS is likely to turn increasingly to the techniques of managed care in an attempt to hold down costs." The other stated: "Overpriced and over here—warning, rough, tough US businessmen may be hazardous to your health." □

Speaking out for the right of women to choose

Dr Nafis Sadik, the executive director of the United Nations Population and Development Fund, recently addressed a British all party parliamentary group on population issues. She tells Benjamin Hope that, although much progress has been made, there is still some way to go

Dr Sadik would like her programmes universally installed

Dr Sadik is accomplished at making her point and sticking to it. This, she says, is a habit born in the bad old days when she was routinely ignored and patronised at international meetings. But such tenacity and focus are also essential for her job: her remit is to oversee global public health programmes with minimum concessions to cultural diversity.

In fact, the point she makes has changed little since the 1960s, when she first became active in public health while still practising as an obstetrician in Pakistan. Many of her patients were suffering because of premature, poorly managed pregnancies. Yet the same women were not free to take preventive measures. Dr Sadik could accept no justification, whether religious or cultural, for the unnecessarily high levels of abortion

and maternal and infant mortality that she encountered. Now, speaking from within the United Nations and backed by a growing body of statistical evidence, her message gets the attention it deserves. Not surprisingly, she has no patience left for political time wasting.

Where family planning and women's health services are available, desired as well as actual family size is often reduced

Her organisation, the United Nations Population Fund, has spent the past 26 years painstakingly gathering facts that confirm the importance of its programmes. These provide access to reproductive health information and family planning services: a key step in giving women control over their lives. Where women have no control,

they suffer. And—because the fact of women suffering may not by itself be enough to force governments to change the status quo—the economy also suffers. Healthy women with the option to delay childbearing need less health care and are better able to contribute to development.

Dr Sadik's increasing prominence is testament to the soundness of her direct approach. Born in India in 1929, she overcame the resistance of a conservative family and entered Dow Medical College in Calcutta. After training in America, she moved to Pakistan to work in obstetrics and gynaecology. She was instantly frustrated by the preventable nature of many of the problems she encountered. "Clinical work became very repetitive. I kept telling women the same thing: eat properly and wait two years before starting a family. But they were prevented from following my instructions."

She moved to health planning for several years. Then, seizing a liberal moment in Pakistan's turbulent political history, she took up an appointment to the team that designed and set up her country's first family planning programme. Its success was easily quantifiable, with birth rates, mortality, and abortion figures coming down.

The trend in her lifetime, both locally and internationally, has been a growing acceptance that poor populations can and must be helped. Encouraged by the gradual change in her own country, and with an eye on the hits and misses of the industrialised nations, she is hopeful of meeting—if not beating—the UN's mind-boggling targets. "In our opinion the world population need not go as high as 10.5 billion [the projected figure for stabilisation]. It could level out at 8 billion. That's still high—some

say it's high now—but it is easier to plan for 8 billion than it is for 10. Our best hope lies with finding out what individuals need and making sure they are free to choose. Where there is no choice, the common perception is often that larger families are desirable. Where family planning and women's health services are available, desired as

well as actual family size is often reduced."

As the benefits of smaller families become apparent, traditional notions of the proper role of women start to shift. Progress can be rapid, with women playing a much more active part in community affairs. Dr Sadik has noted that once a woman starts doing a job discrimination does not usually occur. "The difficulty is being free to train in the first place. In my country, for example, once I had qualified, I never had a sense of not being treated as an equal by colleagues of equal rank and experience." Only later, at UN meetings, did she encounter an insidious bias in favour of men. "I think they were very uncomfortable about an Asian woman with ideas. They were very polite; they just didn't listen to me. Things are better now." As well they should be: in her ten years as executive director, the proportion of professional women staff in her organisation has risen to 44%.

Speaking out

The successes, however, remain patchily distributed. Dr Sadik is clearly frustrated by the difficulty of persuading one community to learn from the experiences of another. Having set up a successful programme, she says, her task then is "to work out why it works in some communities and not others." Providing adequate funding is obviously important, but political support for the programmes is also vital. "One of the things we try to do is to find individual leaders at all levels of government who are willing to speak out." Speaking from experience, she adds: "People in positions of authority, of visibility, need to be convinced to speak out more. The views they express can make a difference."

Dr Sadik's desire remains to see her programmes universally installed. It seems possible that she will achieve it. She also hopes to bring her energy and determination to a post in the World Health Organisation. Discussing her future projects, she reveals what seems to be a radical outlook, dismissing Western welfare states as humane, unsustainable experiments—mistakes from which the developing world must learn. On reflection, this is nothing more than her commonsense approach applied to emerging global concerns. □