UK adheres to Formula One exemption

John Warden, *London*

The first British government to support a ban on tobacco advertising will enter negotiations in Europe on 4 December with reservations that could delay the ban. This is due to the Labour government's insistence that Formula One motor racing should be exempted from a ban (15 November, p 1251).

While the government seeks approval by the European Health Council for a directive imposing a comprehensive advertising ban, it emerged last week that it wants grand prix motor racing to be given a permanent exemption and to be subject to only voluntary controls. The public health minister, Tessa Jowell, told a committee of MPs that the directive must safeguard the position of Formula One as well as meet public health concerns that smoking should be reduced. She was uncertain if a common position would be agreed next week.

In Britain the issue has gone wider, with suspicions that the government was influenced to favour Formula One by a £1m (\$1.6m) donation to Labour party funds by senior figures in the sport. The government denies any conflict of interest, claiming that up to 50 000 British jobs are at risk if Formula One racing moves to the Far East, exposing more people to tobacco advertising rather than fewer.

Explaining why the exemption for Formula One should be in perpetuity, Ms Jowell said that it was a uniquely global sport with a high level of dependence on tobacco sponsorship. The sport's controlling body was willing to negotiate a voluntary code with the European Commission that would limit tobacco advertising. Adherence to the code would be a condition of being able to race. She agreed that voluntary codes had not proved sufficiently stringent in the past, but the advantages would be its global application and that it would be incorporated into the regulatory structure of the sport. Ms Jowell did not think it necessary to exempt other sports for longer than the four and a half year derogation allowed in the directive. She added: "I am proud of the path we have taken in delivering our commitment to reduce death and harm by smoking."

Ms Jowell said that the government had translated its manifesto into a set of practical proposals that would reduce the exposure of the people to tobacco advertising as part of a wider range of measures. But she did not convince the committee and faces a further interrogation.

The draft directive, which the health council will consider next week, has been dormant since 1992, having been blocked by

PETER JORDAN/PA NEWS

Tessa Jowell faces further probing over tobacco sponsorship

Britain, Germany, and four other states. It would ban advertising for tobacco products on posters and in magazines, as well as promotional activities and sponsorship. It also covers indirect advertising through branded goods. Germany, Austria, Denmark, and Greece still form a blocking minority. If a common position is reached next week the directive might be adopted by April 1998.

Meeting with prime minister

At a meeting with the prime minister on 25 November representatives of 83 organisations put the case for a comprehensive ban on tobacco advertising, sponsorship, and promotion. Mr Blair told the delegation that his health ministers would negotiate the best possible

deal on the directive.

The BMA was represented by Dr Sandy Macara, chairman of the BMA council. He said: "I welcome the commitment. I believe that the four or five years that it will take to implement the directive is ample time for sport to find other sponsors."

At another meeting with sports representatives the prime minister said that a task force would be set up to help sport find alternative sponsors.

Adrian Vickers, deputy chairman of one of Britain's largest advertising agencies, Abbott Mead Vickers, said at a press conference last week that unless the government stood firm "tobacco companies will exploit any loopholes to promote their products in new and more inventive ways." □

Tobacco ban could increase jobs

Researchers at the Centre of Health Economics at the University of York and the Society for the Study of Addiction say that banning tobacco advertising and reducing smoking would create more jobs than it destroyed. They maintain that if a total ban on tobacco advertising led to a fall in cigarette consumption of 5% to 10%, as estimated by the government, there would be a net increase of 15 000 jobs. The Family Expenditure Survey has shown that money saved on smoking tended to be spent on more labour intensive products. So if a target of 40% reduction in smoking was achieved there could be a net increase of 150 000 jobs.

In brief

Chinese doctors rejoin the WMA: The World Medical Association has decided to re-admit the Chinese Medical Association, which represents 400 000 doctors. Other new members are the Medical Federation of Ecuador and the Malaysian Medical Association.

Woman loses tobacco cash appeal: Mary Rice, former head of public communications at the Medical Research Council, has lost her appeal against dismissal after she criticised the MRC for accepting £147 000 (\$235 200) from British American Tobacco to fund research on whether nicotine could help older people at risk of Alzheimer's disease.

Oregon's assisted suicide under threat: Oregon's decision to allow assisted suicide for terminally ill people is threatened by a warning from the US federal Drug Enforcement Administration that a doctor who writes a prescription for suicide would be violating the Controlled Substances Act because this is not a legitimate medical purpose for the drugs.

US warns on drugs' additive effects: The US Food and Drug Administration is to warn that all over the counter drugs containing paracetamol and non-steroidal anti-inflammatory drugs should not be used by people who have taken alcohol because of the additive effects of gastrointestinal toxicity.

Most breast implants will rupture within 20 years: A report in the *Lancet* from the US Food and Drug Administration found that 11% of women had a ruptured implant after eight years, 50% after 12 years, and 95% after 20 years. British experts said that the findings took no account of improvements in manufacture over the past two decades.

House of Commons debates bill on doctor assisted dying: Joe Ashton MP has introduced the Doctor Assisted Dying Bill to allow incurably ill adults to seek help from a doctor to die with dignity. Safeguards include two separate written requests to a doctor and a consultant, with independent witnesses.

Yves Montand to be exhumed to test paternity

Alexander Dorozynski, *Paris*

The Paris court of appeal has ordered the exhumation of the body of Yves Montand to resolve a long drawn out paternity suit. Apart from the macabre aspects of such a procedure, the decision has raised ethical and legal questions.

In 1974 Montand, a crooner and actor and one of France's most popular symbols, met Anne Drossart, a young actress

with whom he had an affair. A year later she gave birth to a girl, Aurore, who, according to Ms Drossart, was Montand's daughter. He refused to acknowledge her, and a few years later Ms Drossart initiated a paternity suit. In 1990 the court ordered a DNA test. Montand appealed, but in 1991 a court of appeal upheld the decision. Yves Montand died a few months later.

Yves Montand denied the paternity charge

In 1994 the Paris superior court ruled in favour of Anne Drossart and her daughter. According to French law, Aurore was entitled to about one sixth of her biological father's estate.

In a public opinion poll 61% of French people were shocked by the court's decision to proceed with the DNA test and 75% thought that Yves Montand's refusal to submit to the test should have been respected after his death. Dr Axel Kahn, professor of genetics and member of France's national ethics consultative committee, said that the court's decision was not valid because the law requires the consent of an individual.

A Paris court advocate, Isabelle Lucas-Baloup, disagreed, quoting a 1996 precedent in a contested inheritance. As it was impossible to obtain the consent of a dead person, it was up to the judge to decide whether the circumstances warranted a test. She also pointed out that a law adopted in May 1997 to encourage organ donation allows individuals to specify, during their lifetime, that they do not want to be donors, but does not preclude tests. In addition, while one law sanctions any action that violates "the integrity of a cadaver," another protects children born out of wedlock from being deprived of a share of an inheritance. "It is urgent that parliament intervenes in a matter that cannot be left to the appreciation of judges," said Ms Lucas-Baloup. □

British court allows terminally ill baby to die

Clare Dyer, *legal correspondent*

Doctors caring for a terminally ill 16 month old British girl were last week given permission to let her die despite the objections of her parents.

Sir Stephen Brown, president of the High Court's family division, approved the doctors' plans to withdraw artificial ventilation from the girl, who has spinal muscular atrophy type 1, and not to resuscitate her if, as expected, she stops breathing. As in earlier "right to die" cases involving babies, the judge

authorised the doctors to treat her as they considered fit, in this case specifically including the withdrawal of artificial ventilation and non-resuscitation in the event of respiratory arrest.

The girl, known only as C, is aware, recognises her parents, and smiles at them. But she is terribly disabled and emaciated, weighing only 5.4 kg. The condition normally leads to death by the age of 12 months. The judge said that the treatment would be "in the best interests of the child." It would also include "palliative care to ease the suffering of this little girl to allow her life to end peacefully and with dignity."

A solicitor for the parents said that they were "obviously very distressed." C's mother had told the court in a statement: "One of the principles funda-

mental to our religion [the parents are orthodox Jews] is that life should always be preserved. Another is that someone of our faith cannot stand aside and watch a person die where their intervention could prevent that death. In such a case, the person that stands by will subsequently be punished by God. Failing to resuscitate is equivalent to a situation such as this."

The doctors did not want to continue ventilating C because indefinite ventilation would have involved a tracheostomy under anaesthesia, which might give rise to epilepsy.

The judge said that he agreed with the course proposed by the hospital trust responsible for treating the baby, which had the support of the Royal College of Paediatrics and Child Health. □

Clinton proposes patients' bill of rights

Terri Rutter, *Boston*

Last week the US president, Bill Clinton, proposed legislation designed to protect patients from poor or inadequate health care.

The Health Care Consumer Bill of Rights is the first major piece of health reform that the president has proposed since his failed attempts on health reform in his first term.

The bill is an attempt to address, in part, some of the many problems that patients who are enrolled in managed care plans have reported. It would give access to easy to understand information about doctors, health plans, and facilities; the right to choose one's own healthcare provider; the right to emergency care that "a prudent layperson" deems neces-

sary; the right to participate in treatment decisions, including the right to refuse treatment; the right to be respected and not discriminated against on grounds of race, sex, ethnicity, mental or physical disability, and sexual orientation; the right to have medical records kept confidential; and the right to a grievance and appeals process. Patients would have to take responsibility by "maximising healthy habits, becoming involved in health care decisions, and carrying out agreed upon treatment plans."

"Restoring public confidence begins by allowing physicians to be advocates for their patients," said Dr Thomas Reardon, chairman of the American Medical Association.

Dr Denise Nagel, director of

the National Coalition for Patients' Rights, said that one of the biggest issues to emerge since the introduction of managed care was the protection of patient confidentiality. She launched her organisation in 1994 to help patients whose medical records had been shared with people whom the patients deemed inappropriate. Dr Nagel hopes the bill will address the issue.

The bill was developed by a 34 member advisory commission set up in March. Chaired jointly by the secretary of health and human services, Donna Shalala, and the secretary of labour, Alexis Herman, the commission included doctors and nurses, representatives from the health insurance industry, and health advocates. The president has charged all federal healthcare providers—including Medicare and Medicaid—and government departments to adopt the bill, and he "challenged" all private health insurers to do so as well. □

JAMA wants campaign on clinical alerts

Deborah Josefson, *San Francisco*

The American Medical Association's journal, *JAMA*, is spearheading a campaign of "clinical alerts" to ensure that patients benefit quickly from medical breakthroughs.

The campaign will use established medical journals and the lay press to get the message across. The proposal was outlined by Dr George Lundberg, editor of *JAMA*, and Dr John Wennberg of the Department of Family Medicine at Dartmouth Medical Center in New Hampshire (*JAMA* 1997;278:1615-6).

Many proved medical treatments that are reported in the literature are slow to trickle down into clinical practice. For instance, several recent studies have shown that up to 75% of elderly patients with heart problems who are candidates for treatment with a β blocker fail to be prescribed the drug. Similarly, aspirin, which has proved to be of benefit in preventing heart attacks, is also underprescribed.

The article in *JAMA* suggests that the current response system is too slow. The authors call for a panel of medical experts to review the leading medical journals and identify clinically relevant findings of sufficient magnitude to demand urgent attention and for which solutions exist that could be readily implemented and translated into practice. An individual would be made responsible for each identified problem and accountable for implementing the changes. The clinically relevant breakthroughs would be referred to a medical organisation, which might choose to initiate further research or validate the problems. Consensus teams, consisting of doctors, researchers, government agencies, academic institutes, insurers, and managed care organisations would take part.

Dr William Jessee, vice president for quality and managed care at the American Medical Association, said that the association expected to start the educational process shortly and that the first alert would be about β blockers. □

British public wants more money for NHS

Linda Beecham, *BMJ*

Eight in 10 people in Britain put health as the first or second priority for additional government spending. This compares with six in 10 in 1983.

The finding comes from *British Social Attitudes, 14th Report: the End of Conservative Values?* and is based on 3500 interviews with a representative sample, carried out in the spring of 1996. While dissatisfaction with the way that the NHS is run dropped briefly immediately after the NHS reforms in the early 1990s, it has risen sharply since then. Dissatisfaction has doubled from 25% in 1983 to 50% in 1996. While spending on health in the three election years of 1983, 1987, and 1992 was almost twice the overall rate, in 1996-7 the increase was a "miserly" 0.7%.

The interviews showed, however, that four out of five people rejected the idea of restricting healthcare only to poor people. Only two in five believe that better off people should have access to better health care—

even if they pay for it.

Over three quarters of people (77%) were satisfied with their GP (down by three percentage points in 14 years). But just over a half (53%) were satisfied with inpatient care (down 21 points in 14 years), which shows, according to the report's authors, that the Tory reforms did not help. Three quarters of people rate waiting times for treatment as unacceptable, a slight decrease from 1987. Nearly a half (45%) feared that they might be discharged from hospital too soon.

The 1996 survey asked new questions about rationing. The results show that the propor-

tions of people who support rationing by lifestyle or age are considerably lower than the proportions who believe it happens under the present system. Four in 10 people supported discrimination in favour of non-smokers but only two in 10 supported discrimination by age. When asked who should have responsibility for rationing, 75% said that it should be doctors rather than politicians. □

British Social Attitudes, the 14th Report: the End of Conservative Values? Ashgate Publishing, Gower House, Croft Road, Aldershot, Hampshire GU11 3HR (£25).

GPs still command a lot of respect

Canada re-examines its AIDS and HIV programmes

David Spurgeon, *Quebec*

A report commissioned by the Canadian federal health department warns that the fight against AIDS is being lost and cites Britain as a country where extensive prevention programmes have limited the spread of HIV infection.

Britain has 48 cases of HIV per 100 000 population, says the report from the Canadian Policy Research Network. Canada has 129. The authors, Terry Albert and Gregory Williams, say that the epidemic could cost Canada \$C22.2bn (£10bn) over the next five years unless more is done to prevent it. Each person infected with HIV costs the Canadian economy \$C153 000 over a lifetime in direct costs, such as drugs and hospital stays, and \$C600 000 in indirect costs associated with production losses. Last year governments and private insurers spent about

\$C570m caring for people infected with HIV.

During the past five years the federal government has been spending almost half of its AIDS strategy budget of \$C40m on education and prevention programmes. These programmes have apparently been successful among older homosexual men, because the incidence of HIV among them has been cut by a half. But younger homosexual men, people who inject drugs, and aboriginal people seem not to have heeded the message.

The report calls for a national surveillance system by hospitals, shelters for the homeless, food banks, prisons, and other agencies to monitor changes in the epidemic. It says that prevention programmes must be targeted at the new high risk groups, routinely evaluated, and supported only if they prove effective. □

JOE AVERAGE/TERRANCE HIGGINS TRUST

Death rate from HIV infection rises in Bombay

Ganapati Mudur, *New Delhi*

An increase in the annual number of deaths among young and middle aged men in Bombay is the first detected demographic impact of HIV in India, doctors have told the government.

The AIDS Research and Control Centre in Bombay analysed age and sex specific mortality data from city municipal records over the past 10 years. It found that the absolute number of deaths among men aged 25 to 44 in India's commercial capital was "substantially higher" than the expected number.

There were 4120 excess deaths among men in this age group during 1996. Subhash Hira, professor of infectious diseases at the Mahatma Gandhi Medical College in New Bombay and director of the centre, said: "In the absence of any other major epidemics or calamities, we believe these excess

deaths have been the result of opportunistic infections associated with HIV, including tuberculosis."

Excess deaths were not observed among women in any age group or among men under 25 or above 44. "This is not surprising," said Professor Hira. "We're currently witnessing the effects of the first wave of HIV infections in the country that spread primarily from commercial sex workers to their male clients." City health authorities have estimated that half of Bombay's 100 000 commercial sex workers are HIV seropositive. "But the infection is now spreading beyond the so called high risk groups into the general community, and this will be reflected in mortality data in the coming years," he said.

The National AIDS Control Organisation says that about three million people in India are infected with HIV. Until last month the organisation had recorded only 4500 deaths from AIDS, but public health experts believe that thousands of people might be dying of HIV related illness without being recognised as AIDS victims. □

Children living away from home need safeguards

Caroline White, *London*

More stringent measures are needed to protect the 200 000 children officially living away from home.

People Like Us, prepared for the secretary of state for health and the secretary of state for Wales by a team chaired by Sir William Utting, former chief inspector of the Social Services Inspectorate, assessed the safeguards for children in homes, foster care, boarding schools, and prisons.

Residential care, the report says, is being destabilised by financial pressures and ideological prejudice. Dwindling service provision, from 40 000 places in children's homes in 1975 to 8000 places in 1995, severely restricts appropriate choice for each child, and not enough progress had been made to improve the standards of care and regulation. Safeguards for foster children, proposed in the 1989 Children Act, are not being implemented.

Over a third of children in residential care are not receiving any formal education. And staff are frequently deterred from reporting suspected abuse for fear of reprisals from peers and managers. Bullying also seemed to be ignored in children's homes, the report found.

The report calls for a comprehensive strategy for residential child care; legislation to regulate private foster care; and extension of the Children Act to include regulation of all boarding schools.

Mr Frank Dobson, secretary of state for health, said: "The report presents a woeful tale of failure at all levels to provide a secure and decent childhood for some of the most vulnerable children." He promised to set up an interdepartmental ministerial task force to look into the issues raised in the report. □

People Like Us is available from the Stationery Office, price £25.

British families win compensation over CJD deaths

Clare Dyer, *legal correspondent*

Families of 14 young people who died from Creutzfeldt-Jakob disease (CJD) as a result of treatment with human growth hormone as children won a victory last week in their battle for compensation.

The Court of Appeal overturned a High Court decision last July that only those whose treatment began after 1 July 1977 were eligible for damages. Mr Justice Morland had held that treatment for new patients would have been suspended from that date if the Medical Research Council and the Department of Health had not negligently failed to pass on scientists' warnings about the risk

of contracting CJD. But the judge had ruled that if the council and the department had fulfilled their duty and passed on the concerns clinicians would still have continued the treatment for existing patients. That finding meant no compensation for those whose treatment straddled the cut off date.

Twenty three young people treated for growth hormone deficiency between 1959 and 1985 have died of CJD in Britain. But last year's ruling gave the go ahead to claim compensation to only five families because most children's treatment began before, but finished after, 1 July 1977.

Last week three Court of Appeal judges ruled that the families of six young people whose treatment straddled the compensation cut off point were eligible for damages. Another eight will be able to claim as a result of the ruling. This means that only one family, whose child finished treatment before July 1977, is ineligible for compensation. Another two are thought to be eligible under the original High Court ruling and one has not yet started proceedings.

A group of 60 people who received growth hormone but who have not developed CJD are suing the health department for compensation for the mental trauma of the ever present fear that they may contract it. They went to the High Court this week to seek a preliminary ruling on whether they can go ahead. □

EU takes action over food safety

Rory Watson, *Brussels*

The European Commission is planning to recruit nearly 100 extra staff to its consumer health and protection department and is exploring the possibility of financial compensation for the families of victims of Creutzfeldt-Jakob disease (CJD).

Both initiatives are a direct response to the public outcry over the bovine spongiform encephalopathy (BSE) crisis and a response to political pressure from the European parliament, which last week completed an investigation into the measures taken by the European Union to prevent any repetition of the disease.

The action successfully headed off the possibility of a censure vote by MEPs, which would have forced the commission's president, Jacques Santer, and his 19 colleagues to resign.

Recognising the importance of the political and health issues which had been raised by the BSE crisis, Mr Santer has reformed how the commission handles food safety issues. The nine scientific committees which advise the commission on food safety have been reorganised and have been transferred from the responsibility of the agriculture commissioner, Franz Fischler, to the responsibility of the consumer affairs commissioner, Emma Bonino. The union's small force of inspectors at its food and veterinary agency outside Dublin is being increased.

The measures were welcomed by Reimer Böge, a German Christian Democrat MEP and farmer, who had taken the lead in monitoring the commission's handling of the BSE crisis, although he, and many other Euro MPs, were openly critical of the behaviour of several governments in the European Union.

As the new controls are gradually put in place, the commission is expected to table proposals "to provide rapidly and in a non-bureaucratic way" financial compensation for the families of CJD victims.

Next year the commission will organise a conference on its new safety measures with the European parliament. □

SmithKline Beecham fined in Hungary

Carl Kovac, *Budapest*

SmithKline Beecham Pharmaceuticals has been fined one million Hungarian florints (£3065) by the Hungarian Consumer Protection Authority and ordered to withdraw advertisements that promote vaccinations against hepatitis B.

The advertisements started appearing in August in magazines targeted at teenagers and on television. According to the national public health commissioner, Ilona Molnár, the advertisements exaggerated the prevalence of the virus in Hungary, contending that it was more virulent than HIV and could be transmitted through sexual intercourse.

Miss Molnár said that the campaign, rather than performing a public service, was designed to promote the vaccine and "created an unnecessary panic and violated advertising laws."

According to Miss Molnár, hepatitis B is not as prevalent in Hungary as it is in most other European countries—there are about 200 cases a year and less than 1% of the population has been affected. She added

Magazine advertisements "created an unnecessary panic"

that the National Public Health Centre was already providing hepatitis B checks for expectant mothers and healthcare workers who might be exposed during their work, and had recommended that teenagers should receive compulsory inoculations beginning in 1998.

György Leitner, SmithKline Beecham's general manager in Budapest, said that the advertisements "talked about hepatitis B, the risks involved, and sug-

gested possible precautions, such as vaccination, without naming our vaccine." He said: "What we did was not against the advertising law. Our public awareness health campaign was, in fact, launched before the law went into effect in October, and the material was submitted to the authorities to make sure it complied with regulations." He said that the company was surprised about the fine and planned to appeal. □

Médecins Sans Frontières faces new challenges

The international president of Médecins Sans Frontières, **Doris Schopper**, tells Hilary Bower that she wants her organisation to have a louder voice in humanitarian issues. She hopes to do this without losing the spontaneity, individual commitment, and creativity of MSF

Doris Schopper knows voluntary organisations need to change

Non-governmental health organisations (NGOs) have burgeoned in recent years and none more so than Médecins Sans Frontières (MSF). From a single French branch with a handful of people in 1971, MSF now has branches in 19 countries and sends 2400 people on operations each year to work with 15 000 local staff.

But the challenges that Doris Schopper, the organisation's international president, foresees are not restricted to questions of size and logistics. Along with those running other NGOs, she faces the pressing task of redefining the role of voluntary organisations in a rapidly changing political and social environment.

One of the most frightening changes is the increasing climate of insecurity in which volunteers work. This loss of respect for the neutrality of humanitarian work

■ *"We are seeing a whole lot of problems that nobody ever thought about in the 1970s"*

is due partly to the disappearance of the division between East and West blocs and the waves of internal wars in recent years, and partly to the increasing need for voluntary workers to speak out over human rights abuses.

She also points her finger squarely at governments whose

underlying economic interests undermine their duty to uphold the provisions of the Geneva convention. "The situation in Zaire and what is happening with the commission of inquiry is a perfect example of the lack of real willingness to uphold human rights. If there were, the European Union and the Americans would say, 'we will give no aid money as long as you do not let this commission do its work.' But they don't say this, because they have economic interests. Trying to create a secure environment not only for NGOs but for the local people we are working with, and the populations we are trying to help, is a big problem for us all. It's very important that we give a clear signal to whichever groups put humanitarian agencies in an insecure situation that we are not split, that we are all together in our response."

Intertwined with the security factor, she says, are the increasing problems of getting access to populations that need help. She points to situations such as Rwanda, where 200 000 people died in refugee camps because aid organisations were denied access.

But it is not only politics that prompts questioning of future directions. The shape of the health crises facing NGOs is also changing.

In her current role as public health adviser to the canton of Geneva, Ms Schopper has also been a driving force in developing AIDS control programmes in Africa. "We are seeing a whole lot of problems that nobody ever thought about in the 1970s. There are new epidemics such as AIDS, re-emerging epidemics like tuberculosis and meningitis that can now spring up at any time due to the high mobility in the world. There is also the huge issue of rapid urbanisa-

tion and urban slums, which 10 to 15 years ago were simply not there."

Another factor is that despite the World Health Organisation's Health for All campaign it is becoming increasingly clear that some governments will not be able to provide health care for their population.

As a result, NGOs are having to redefine what an emergency is. "What we are talking about is helping populations in danger—and there is a whole spectrum from emergency intervention and war time situations to helping people get over the conflict and to reconstruct functioning health services. There are also the chronic crisis situations, such as urban slums. For this a medium term approach is needed which tries to help people set up services that can then continue beyond an MSF presence."

Resources must be focused

While such individual operations remain the driving force of MSF's international branches, Ms Schopper is also adamant that the organisation should focus its resources and experience on some international health issues that other groups are not taking on. "A lot of things have been done separately. Now we really need to pull together our experience and ask what are the main areas in which we want to be able to intervene really strongly."

An example of this is MSF's decision to throw its weight behind the growing problem of access to drugs in developing countries.

In a recent case, intensive lobbying and negotiations with manufacturers stopped a plan to cease production of the antibiotic chloramphenicol—a drug vital for treating meningitis in developing countries but not used in developed countries.

MSF has also intervened to protect access and reasonable pricing when drugs commonly used in the developing world are suddenly discovered to have a new use in developed countries. "Issues like this are central to our everyday activities but do not make the headlines at all. You can't get care to people if you don't first of all have access to drugs and then have access to drugs which are of good quality and are a reasonable price."

Elected as international president for the second time in three years, Ms Schopper has the backing of the independent branches of MSF in her drive to give the organisation a louder voice on humanitarian issues. The challenge is to do this without losing the spontaneity, individual commitment, and creativity that has built the organisation. □