Britain reverses landmine policy

Britain has reversed its policy on anti-personnel landmines on the eve of the United Nations weapons convention review conference. David Davis, minister of state for foreign and commonwealth affairs, told parliament this week that "the UK will work actively towards a total, worldwide ban on anti-personnel mines." In the event of such a ban, Britain would give up its own anti-personnel landmine capability and destroy its stockpiles, currently estimated at several thousand mines. In addition, Britain will impose a moratorium on all exports of anti-personnel mines, with immediate effect.

This represents a significant shift in the government's position. Britain has hitherto opposed a ban on landmines but has increasingly stood alone, with 27 states now supporting a worldwide ban. The armed forces of seven countries—Australia, Austria, Belgium, Canada, the Netherlands, the Philippines, and Switzerland—have recently renounced the use of anti-personnel mines. Pending a worldwide ban on all anti-personnel mines, the Foreign and Commonwealth Office intends to continue replacing existing mines with self destructing ones. These are thought to be safer as they automatically self destruct after a time lapse. However, the International Red Cross views them as "unreliable, remotely delivered on a huge scale and virtually impossible to map accurately, and thus likely to increase the level of civilian landmine casualties."

Strong support for a ban from senior figures in the US military has increased the pressure on Britain to reconsider its position. Studies by the Red Cross that cast doubt on the military efficacy of landmines may also have played a role.

The case against landmines has been argued vehemently, most recently in an edi-

A protest by the Swedish red cross against landmines—2000 pairs of shoes representing victims injured each month

torial in last week's *BMJ* and at this weekend's conference of the World Medical Association (WMA) in Geneva. Concern focuses on the small anti-personnel mines, designed not to kill but to halt an advancing army by leaving live wounded personnel needing immediate resuscitation. Because they are undetectable, their legacy persists well into peacetime and, although some "smart" mines self destruct after a time lapse, most "dumb" ones do not. All of Britain's anti-personnel mines are "dumb" mines. The injuries that they cause—limb avulsion, genital injuries, shrapnel wounds, blindness, and deafness—also overstretch medical services. Victims are usually civilians, often children, and number around 2000 a month, according to the Red Cross.

Proliferation in the range of mines available is blurring the traditional distinction between anti-tank and anti-personnel mines. A new class of mines, "dual use" mines, are of particular concern to the International Red Cross. It fears that if too tight a definition of "anti-personnel mine" is used then this will leave a loophole so big that a ban will be ineffective.

The WMA has issued a statement calling on national medical associations "to protest to their governments about the manufacture, sale, distribution, and use of such weapons systems."—SANDRA GOLDBECK-WOOD, *BMJ*

Mercy killing of mother prompts inquiry

Prosecutors in Britain are to consider whether a man who admitted giving his 80 year old terminally ill mother an overdose of diamorphine should be prosecuted for killing her.

Greater Manchester police are preparing a file for the Crown Prosecution Service after Derek Rowbottom said that he gave the overdose at North Manchester Hospital to his mother, Alice, who was in severe pain and dying of liver cancer.

Mr Rowbottom, from Ashton under Lyne, Greater Manchester, said that he had pushed the booster button on his mother's diamorphine drip after seeing her call out in pain every time she was turned. He told nurses that the drip was faulty and repeated the exercise with the replacement drip before a nurse saw him and summoned security staff.

The hospital alerted the coroner, who called in the police. They questioned Mr Rowbottom in the presence of his solicitor. He told reporters that he had "just wanted

Correction

Threatened surgeon has case reconsidered

An editorial error occurred in the news item by Clare Dyer (13 April, p 927). The item reported on how a surgeon in Leeds, Mr Duncan Walker, has made accusations against a colleague, Mr R Unnikrishnam Nair. The item did not make clear that Mr Nair had been cleared completely. An investigation was carried out by Leeds Healthcare and the United Leeds Teaching Hospitals Trust. A statement released after the investigation said: "Leeds Healthcare and the United Leeds Teaching Hospitals Trust are delighted to be able to confirm the complete exoneration of Unni Nair from any suggestion or implication of corruption or fraud."

We apologise to Mr Nair and his family for the distress caused by this error.

Headlines

Coma woman allowed to die: A high court judge in Britain has given an unnamed health authority the right to allow a woman who has been in a coma for the past eight years to die. Robert Francis, QC, for the health authority told the judge that the woman was to all intents and purposes brain dead.

Hospitals have recruitment problems: The National Association of Health Authorities and Trusts has published a report stating that four out of five hospitals in Britain are having difficulties in recruiting consultants and junior doctors. In particular, problems exist in recruiting staff for jobs in accident and emergency, psychiatry, anaesthetics, paediatrics, and orthopaedics.

Reported rise in AIDS cases: During March 1996, 364 cases of AIDS were reported in the UK, the largest number of cases reported in a single month since reporting began. In all, 1894 cases were reported during the 12 months to the end of March, according to the Communicable Diseases Surveillance Centre, an increase of 13% on the previous 12 months.

Surgery cancellations on the increase: The number of hospital operations cancelled at the last minute shot up by 22% in the three months to 31 December 1995, according to official figures from the Department of Health. In England, 14514 patients had their operations cancelled on the day set for admission, or even after admission, compared with 11874 for the same period in 1994.

Investigation launched into salmonella cases: The number of cases of infection with *Salmonella indiana* in Britain in the past few weeks has risen appreciably. Thirty five cases were reported in the first three weeks of April, compared with 73 cases in the first 15 weeks of 1996. The Communicable Disease Surveillance Centre is carrying out a national investigation.

Editor accepts visiting professorship: The editor of the BMJ, Dr Richard Smith, has accepted an invitation to become a visiting professor at the London School of Hygiene and Tropical Medicine. The position, for an initial period of two years, will be in the school's Department of Public Health and Policy.

my mum to be out of her pain" and had felt "tremendous relief" when he learned the next day that she had died. He has since been advised not to make any further comment.

The hospital has set up an internal inquiry, and a coroner's inquest is to be held. A spokeswoman for the Crown Prosecution Service said that a decision on prosecution would have to await the postmortem report on Mrs Rowbottom. "Equally we have to look at whether a prosecution is in the public interest."

If the report shows the overdose to be the cause of death, Mr Rowbottom could be charged with murder, which carries an automatic life sentence. In many mercy killing cases, however, the patient is so ill that it cannot be said with certainty whether death was caused by the illness or by the act intended to end the patient's life. In such cases, where attempted murder is charged, the judge has complete discretion over the sentence.

Last November the Crown Prosecution Service decided not to bring charges against Nigel Nelson, who walked into a police station and confessed to the mercy killing of his 6 week old handicapped daughter, Naomi. Born prematurely, she was deaf and blind and had a bowel defect.—CLARE DYER, *legal correspondent, BMJ*

China steps up battle against AIDS

China's southwest province of Yunnan has announced plans to invest US\$58m (£39m) to create a "disease prevention belt" along its lengthy border with Vietnam, Laos, and Burma. The aim is to bring the region's AIDS epidemic under control by the year 2000. The scheme, reported in the official newspaper, *China Daily*, will also target cross border infectious diseases among children.

Yunnan is the region of China worst hit

by HIV infection and AIDS and accounts for about 2000 of China's officially recognised 2500 cases, although many believe that the real number is far higher. Yunnan is a province where heroin addiction and drug trafficking are commonplace because of trade links with the drug producing countries of South East Asia.

The disease prevention belt will be established at six frontier posts, in eight border prefectures, and in 26 border counties. No details were given as to how the system would operate.

Yunnan is one of China's poorest provinces and home to a number of the country's national minority peoples. In recent years economic and trade links have opened up with Myanmar, Laos, and Vietnam, improving the local economy but also sparking the growing drug addiction and AIDS crisis. Widespread prostitution has worsened the situation. The *China Daily* said, "those patients [with HIV] who live in the border areas were infected by various means—sharing dirty needles, mother to infant transmission, and sexual contact."

Given the ease with which smugglers and drug traffickers manage to operate across the mountainous borders, it is not clear how the Yunnan authorities hope to implement the border quarantine belt. Nor is it clear what the checkpoints will actually check.

The project also heralds a return to China's traditional view that AIDS is a foreigners' disease which must be kept out, rather than a domestic challenge to be addressed by greater public awareness and education.

For many years, for instance, foreigners who wish to live in China have had to produce a recent HIV test certificate. Chinese people returning from living abroad are also tested.

A programme funded by the European Union has developed two national and 25 provincial training centres on control of HIV, AIDS, and other sexually transmitted diseases.—RICHARD TOMLINSON, *freelance journalist, Beijing*

Checkpoints are unlikely to stop the spread of disease

SEAN SPRAGUE/PANOS

Trial begins into victims of CJD growth hormone

The families of eight young people who died from Creutzfeldt-Jakob Disease (CJD) after being injected with human growth hormone as children began a test case against the Department of Health and the Medical Research Council in the High Court in London last week.

The eight victims were among 17 people aged between 20 and 34 who developed the disease after treatment with human growth hormone between 1959 and 1985. Sixteen have died and the seventeenth is dying.

The families are seeking a ruling that the Medical Research Council, which oversaw the programme between 1959 and 1977, and the health department, which ran it for a further eight years, were negligent. If the families succeed, compensation will be assessed later on a case by case basis.

The hormone, extracted from the pituitaries of cadavers, was given to abnormally short children to boost their growth. The programme, which treated 1900 children, came to an abrupt end in 1985 after the first deaths from CJD of people in the United States who had been given human growth hormone. Since then, genetically engineered hormone has been used.

Robert Owen, QC for the families, told Mr Justice Morland that the deaths were a "dreadful tragedy" that was avoidable. The families allege that it was always predictable that infective agents incubating in the brain would be present in the tissues of the pituitary gland.

They claim that "serious and avoidable errors" were made in assessing risk, in the selection criteria for pituitary glands, and in the method of extraction and purification. Mr Owen said that from 1968 onwards, as research advanced, a clearer picture of the risk of transmission of CJD was emerging, to be discernible by those who looked. But "the defendants did not look."

An animal virologist suggested to the Medical Research Council in 1977 that no pituitaries from people who had had dementia should be used, but this was not implemented until 1980. Many of those who died were infected by 1980. One victim had begun his treatment after the concern was raised and had completed it before the change was implemented.

The Medical Research Council and the health department deny negligence and say they had no duty of care towards the children. They argue that because of their status as a research body and a government department, it would not be just, fair, and reasonable to make them liable for any negligence that might be proved.

If the families succeed, a second group of recipients of growth hormone, so far free of CJD, plan to bring a test case next year over the psychiatric effects of living with the fear of developing a fatal disease.—CLARE DYER, *legal correspondent, BMJ*

Some questions in medical science can only be answered by animal studies

Medical researchers challenge antivivisectionists

Medical researchers have launched a campaign that criticises antivivisectionists for "conning the public for over 100 years." The campaign aims to persuade people to make up their own minds on the issues of animal research rather than to accept the dogma of antivivisectionists.

Dr Mark Matfield, executive director of RDS, the group behind the campaign, said: "Any sensible debate must start from the facts. Many of those who campaign against animal research claim that it is unnecessary and inhumane. Their version of medical history denies the essential role of animal research in the development of major medical advances."

RDS, which was founded in 1908 and has about 10 000 members including medical researchers, doctors, and veterinary surgeons, was set up to provide reliable information about the use of laboratory animals in medical and biological research.

In this new campaign, which includes posters and a booklet, the organisation highlights examples of recent animal research aimed at finding solutions to illnesses such as cystic fibrosis and Alzheimer's disease. The campaign booklet points out that "in addition to the medical benefits, we should not forget that every advance in veterinary medicine is, almost by definition, the result of animal experimentation."

The booklet acknowledges "the wide range of non-animal experimental techniques which can now provide answers to

scientific questions that animal studies simply could not address." But it emphasises that many key questions in medical science can still only be answered by studies on animals.

Dr Matfield said that he hoped that the campaign would encourage a more rational debate and added: "What we are asking people to do is quite simple—think about the issue carefully and find out the facts before you make up your mind."—CLAUDIA COURT, *BMJ*

US doctors warned about test for breast cancer gene

A test that is purported to identify women at high risk of breast cancer is at the centre of a growing debate in the US among researchers, regulators, private laboratories, and women. The test is a genetic analysis to detect mutations of the BRCA1 gene, which lies on chromosome 17.

The mutation, which is more common in Ashkenazi Jewish women, is thought to confer an 80-90% lifetime risk of breast cancer and a 40-50% lifetime risk of ovarian cancer. Such cancers may account for as many as 10% of breast cancer cases in the US. The mutation was discovered in 1990, and a commercial test is now being offered for \$295 (£195) by a laboratory near Washington, DC.

The commercialisation of the test has prompted a working group at the National Institutes of Health to issue a statement that

warns doctors and patients about how the test should be used. Initially the group, which has no direct regulatory power, sought to ask regulators at the US Food and Drug Administration to ban the test until its predictive characteristics could be worked out in clinical trials.

But women on the working group protested that the language was "paternalistic" and added a statement that the test could be carried out when accompanied by pre-test and post-test counselling that addresses the current status of knowledge and the uncertainties surrounding the test.

Dr Hanina Hibshoosh, an assistant professor of pathology at Columbia Presbyterian Medical Center in New York, said that the test had many problems—for example, the significance of a BRCA1 mutation in women without a family history of breast cancer is unknown. And there is not yet a standardisation of the test.

The test also poses several ethical questions. Should patients with positive results have prophylactic mastectomies and oophorectomies? Should screening be carried out prenatally, as is done for some inherited diseases? The Food and Drug Administration has said that it has the authority to regulate the test but that at present it lacks the staff to do so.—DEBORAH JOSEFSON, freelance journalist, *New York*

New US theory on Gulf war syndrome

Two American researchers have proposed a new hypothesis to explain the symptoms of the Gulf war syndrome. Dr Mohamed Abou-Donia of Duke University and Dr Robert Haley of the University of Texas suggest that many of the symptoms complained of by Gulf war veterans could be caused by small doses of cholinesterase inhibitors, including one of the drugs given to prevent death from nerve gas.

The researchers' report, funded by private sources including Ross Perot, will be described in detail in the May issue of the *Journal of Toxicology and Environmental Health* (vol 48, pp 1-22). The report was leaked and published last week in the *New York Times*.

Gulf war syndrome is the name given to an array of symptoms that have affected veterans of the 1991 war against Iraq. About 30 000 veterans who reported symptoms have been examined, and two thirds have been found to have physical disease. The 10 000 others have been told that their symptoms are probably psychological.

Studies by the US Defence Department and independent studies have so far been unable to find another explanation for the symptoms. But the paper to be published says that the drug pyridostigmine may help to account for the vague symptoms. Pyridostigmine is one of several drugs that the US military gave to soldiers to prevent death from nerve gas, which military leaders expected Iraq to use in the war.

At war in the Gulf: there are new explanations for the syndrome caused by active service

Nerve gas is a cholinesterase inhibitor that attaches tightly to receptors in the body. Pyridostigmine is also a cholinesterase inhibitor, but it is short acting. It works against nerve gas by occupying binding sites for a short time. The researchers point out, however, that soldiers in the Gulf war were exposed to many other cholinesterase inhibitors, including insecticides sprayed on to uniforms and insect repellents used on the skin.

The researchers suspect a low grade syndrome of organophosphate poisoning from multiple sources, none of which alone would cause harm. The symptoms of such poisoning include muscle weakness, sweating, hyperperistalsis, bronchorrhoea, wheezing, excessive salivation, and urinary incontinence. Patients with acute poisoning are usually agitated and anxious.

The Defence Department is to hold discussions with Dr Haley to review the evidence.—JOHN ROBERTS, *North American editor, BMJ*

British GPs take charge of health promotion

From 1 October it will be up to individual general practices in Britain to decide which health promotion activities are best suited to the needs of their patients in the light of the best evidence, the strategy set out in *The Health of the Nation*, and local health priorities. The existing banding arrangements, whereby practices are paid for activities defined by the government, will be abolished. The new proposals, agreed between general practitioners' representatives and the Department of Health, are the result of several months' negotiations. The health secretary, Mr Stephen Dorrell, said that he was per-

sued by the profession's argument that the banding system hindered good practice.

Since July 1993 health promotion has been aimed at reducing smoking and minimising mortality and morbidity from hypertension, coronary heart disease, and stroke. The three bands, attracting payments from £450 to £2165 (\$675-3247) for a doctor with an average list size, required development of an age-sex register, regular checks, and data collection.

Under the new arrangement, at the beginning of each year practices will submit a description of their proposed activities to a health promotion committee. The committee will consist of a chairperson and three members appointed by the local medical committee, one appointed by the medical audit advisory group and two by the health authority.

This new committee will recommend to the health authority whether the activities should be approved for payment. At the end of the year practices will have to confirm to the health promotion committee that health promotion activities have been undertaken—an affirmation that the practice had repeated its previous programme will be sufficient. After the first year a full description will be required only if the practice proposes to change its health promotion activities.

For the first year, practices will have to submit descriptions of proposed activities for 1 October 1996 to 31 March 1998. All agreed sets of activities will attract a unified fee, which the GMSC's negotiators say should equal the existing band 3 payment—that is, £2165. Over 90% of general practitioners are already in this band.

The GMSC, which represents all British general practitioners, has welcomed the decision, and its chairman, Dr Ian Bogle, said that the new arrangement will give practices "a chance to go back and develop health promotion in general practice for the benefit of patients and not for bureaucratic, form filling purposes."—LINDA BEECHAM, *BMJ*

Brazilian health workers go on strike

Health workers at several federal hospitals in Brazil voted to go on strike last week. The strike is one of many affecting federal institutions, including the civil service, universities the Inland Revenue, ports, and airports, and involves an estimated 600 000 workers. State and municipal hospitals, which form the majority in the public health service, continue to work as normal.

At the Federal University of São Paulo and Hospital São Paulo, workers, including doctors, professors, and nurses, began industrial action on 18 April. The university hospital, which has over 4000 employees, acts as a centre for both tertiary referrals and the treatment of accidents and emergencies. The hospital's strike committee plans to close all outpatient clinics and provide only emergency services, including haemodialysis, chemotherapy, and radiotherapy.

The strike takes place against a background of massive economic, political, and administrative reforms that have taken place since President Fernando Henrique Cardoso was elected in 1994. By law federal employees should have their salaries readjusted annually, but in January this year the government refused to do this, claiming insufficient funds and arguing that financing a pay rise would threaten the fragile economic stability.

Dr Christina Gonzalez, president of the Association of Doctors and Residents at the Hospital São Paulo, said that residents, who earn about 1000 real (£666; \$990) a month for a 60 hour week, have not had their salaries readjusted for 15 months. She disputed the government's official inflation figure of 23%, saying that an independent economic body has calculated inflation for 1995 as 46%. "We are not fighting for a pay increase," she said. "In real terms our salaries have fallen—we just want a readjustment in line with inflation."—JOHN DUNN, *doctor, São Paulo, Brazil*

Frozen embryos to be stored for longer

Embryos can be stored for longer under new guidelines from the Human Fertilisation and Embryology Authority. The statutory storage period for embryos will be extended from 1 May 1996, when patients can choose to store their embryos for a further five years or even longer.

New regulations were needed because on 31 July 1996 the present five year limit on statutory storage laid down in 1990 would have expired for embryos frozen on or before 1 August 1991. This accounts for about 9000 of the 52 000 embryos currently stored.

Patients with existing embryos in storage are required to sign a new consent form from the Human Fertilisation and Embryology Authority to continue storage beyond the five year period. The consent form needs a

doctor's approval confirming that they need infertility treatment and that an extension would benefit them.

Consent will be needed from both people who provide their eggs and sperm to create the embryos. Patients can use embryos for their own treatment, donate them to other couples or to research, store them for a further five years, or decide to cease storage.

Mrs Ruth Deech, the authority's chairwoman, said: "It is only with the consent of those people whose eggs and sperm were used to produce the embryos that clinics will be legally able to keep embryos after the initial five year limit expires."

The authority is now trying through its licensed clinics to contact all couples who currently have embryos stored to discuss the options. The authority also wants all donors to contact clinics where they made their sperm or egg donation.—GERALDINE MARTELL, *BMJ*

Condom failure is on the increase

Condom failure has become the leading cause of unwanted pregnancy, says a paper published in this month's *British Journal of Family Planning* (1996;22:6-9). The paper says that users should have more information and education about the way in which condoms work and what to do if they fail.

The study presents data from 4666 women who had a termination of pregnancy at the Marie Stopes Centre in Leeds between 1989 and 1993. All the women were counselled with the aim of identifying reasons for contraceptive failure.

The data from these consultations show that, although the number of women presenting who used no contraceptive method at all has fallen, the number who said that condom failure led to their pregnancy has risen. In the most recent year of the study

more than 46% of the women blamed condom failure for their unwanted pregnancy.

A potential problem with the study—that users might blame condom failure rather than admit that they used no contraception at all—is common to all surveys in this area. But Mrs Firth said that this bias was minimised by the fact that the women were given skilled counselling after their request for termination had been approved by a doctor.

—DOUGLAS CARNALL, *BMJ*

German company halts delivery of HIV test kits

The German branch of American pharmaceutical company Abbott last month stopped deliveries of its HIV test kit, Imx HIV-1/HIV-2 Third Generation Plus. The company, based at Wiesbaden, said that it had to take action because the tests had yielded false negative results in four cases detected in Britain, France, and Spain. At the same time HIV test kits in more than 70 other countries, including Britain, were said to have been withdrawn from the market.

Although none of the cases was detected in Germany, some false negative test results may have escaped attention because in Germany only one test is normally performed for routine blood testing for HIV. In other countries, such as Belgium and France, at least two different tests are prescribed by health authorities. In Germany therefore only patients who emerged as HIV positive in the first test, usually an antibody test, would have undergone a second test, such as the anti-HIV enzyme linked immunosorbent assay (ELISA) or the polymerase chain reaction test.

In addition, of the two million third generation test kits delivered by Abbott worldwide since their introduction in July

Embryos can be stored for longer under new guidelines

(ELISA) or the polymerase chain reaction test.

In addition, of the two million third generation test kits delivered by Abbott worldwide since their introduction in July 1995, about 650 000 were sold in Germany alone.

Although Abbott of Germany immediately issued a warning not to continue using the third generation product and offered to replace it with other products, there are no estimates of the number of people who could be affected.

Test kits may also have been used for HIV testing of donor blood and blood products. In three hospitals in the state of North Rhine-Westphalia alone 3000-5000 units of stored blood will have to undergo renewed HIV testing.

Opinions vary widely on the probability of false negative results from the third generation products. The Federal Office for Sera and Vaccines estimates the chances for false positive results at about 1 in 500 and for false negative results about one in a million. Other experts, such as the microbiologist Professor Lutz Gürtler of Munich, concede, however, that the chance for false negative results may be less than 1 in 100 000.

The health ministers of the 16 German states have meanwhile recommended that everyone who has had an HIV test since last summer should be tested again.—HELMUT L KARCHER, *medical writer, Munich*

Planning blunders hit new NHS base

The new headquarters of the NHS in England, at Quarry House in Leeds, is now expected to achieve savings of just £15.6m (\$23.4m) a year in office and staff costs, compared with the original estimated savings of £21.6m (\$32.4m). Of this £15.6m, £13.3m (\$19.95m) relates to the release of vacated space in London, which so far has proved difficult to sell or rent.

Planning blunders have meant that, in addition to the financial shortfall, the new headquarters is too small. As a result, office space has had to be rented in another building, says a report last week by parliament's spending watchdog, the National Audit Office. Quarry House, now three years old,

provided 1850 m² less of office space than had been specified. This was because the design made insufficient allowance for "circulation space" (corridors) and for plant and machinery.

After government planners discovered the mistake the builders, Norwest Holst, converted roof space into offices at their own expense. But a shortfall of 460 m² still remained, and this, along with increased office requirements, meant that space has had to be rented in another building in Leeds at an annual rent of £705 600 (\$1.1m).

Quarry House accommodates about 2100 staff of the NHS Executive, the Benefits Agency, and the Adjudication Service. Despite the shortcomings, the National Audit Office credits the departments concerned with examples of good practice. They succeeded in occupying Quarry House by the

Correction

Czech doctors plan two day strike

An author's error in this story by Joe Cook (9 March, p 597). This states that from 1 April Czech doctors "will work no more than 150 hours a month." It should read "Czech doctors are refusing to work more than 150 hours of overtime a year."

Focus: Brussels

European parliament gets ambitious about health

It's a frustrating business trying to compare like with like when studying the prevalence of disease in different European Union countries—but help may now be at hand. The European

Parliament is showing a growing enthusiasm for health issues, and plans for a five year programme to establish a union-wide health monitoring system based on agreed indicators has won the MEPs' approval earlier this month.

The system is designed to provide policymakers with the data necessary to analyse trends in the health status of Europe's citizens. It aims to remedy the inadequacy, in both volume and quality, of existing information and to ensure comparable definitions—as one Euro-MP puts it, "to ensure that the concept of a hospital bed is the same whether it is used in Greece or Finland."

Proposed indicators include information on health status (life expectancy, mortality, morbidity, and quality of life); lifestyle and health habits (consumption of alcohol, tobacco, and drugs; diet; and physical activities); living and working conditions (unemployment, working conditions, transport, and the environment); health protection (finance, manpower, inpatient and outpatient care, and health promotion); and

demographic factors (gender, age, income).

Supporters of the programme, due to start next year, believe that it would respond to many of the inadequacies already identified in the European Union's first annual state of health report, published last year. This noted that breakdown by social group was available for only a few countries. Information is lacking on the prevalence of chronic diseases, such as articular and kidney diseases, diabetes, asthma, and bronchitis. Even for AIDS, data on the incidence and prevalence of HIV infection are sketchy, and data on other communicable diseases are completely lacking.

In approving this programme the European Parliament showed itself to be more ambitious than either the commission or member governments. Not only did it ask for the planned funding to be raised from 13.8m ecu (£10.6m) to 20m ecu (£15.4m) (though even this is way below the original cost tag of 35m ecu (£26.9m)). It also backed the idea of establishing a permanent European Health Observatory. This would monitor and evaluate the newly standardised health data and encourage their dissemination, not simply coordinate existing work, as some of the more cautious national capitals would like.

The European Parliament is also leading the way in pressing for union action on Alzheimer's disease. It has asked the commission to produce proposals for tackling the

disease, which will probably afflict eight million people by 2000—2% of all those over 65. Against a background of shortfalls in social budgets MPs believe it is essential to develop a long term strategy to counteract the negative consequences of growing numbers of people with the disease. The measures they want to see range from guidelines for staff training to support for outpatient clinics specialising in cognitive diseases.

They also believe much could be gained by publicising successful initiatives such as 24 helplines for those caring for patients with Alzheimer's disease.

The parliament's growing interest in health issues was also confirmed by its support for new pan-European rules to ensure safety in the use of blood and its derivatives. These cover the whole blood transfusion chain and include rules on selecting donors and the use of blood and plasma. Many would also like to see the creation of a European Blood Safety Supervisory Body to monitor the whole process.

This suggestion, together with the European Health Observatory and the Alzheimer's proposal, will now be examined by union governments—the next stage in the union's lengthy decision making process. Only then will it become clear whether the political impetus these proposals now enjoy will gain pace or falter.—RORY WATSON, *European Voice*