SYDNEY MORNING HERALD

Australian doctors renew battle over euthanasia

Doctors in Australia are still considering a legal challenge to block the country's first voluntary euthanasia bill, which is due to become law on 1 July in the Northern Territory (2 March, p 529). Their renewed threat follows a controversial decision by the government working party—set up to implement the Rights of the Terminally Ill Act—to liberalise former guidelines.

The chairman of the Coalition Against Euthanasia, Dr Chris Wake, said that the working party had failed to provide the safeguards needed to protect doctors and nurses from charges of murder and manslaughter. He said that the recommendations, including one allowing doctors to use whatever drugs they deemed appropriate to assist suicide, watered down the act's safeguards.

"The government has taken no advice on how people should be killed and it is left open to GPs to make up their own mind on what they will do," said Dr Wake. "This is a most peculiar medical service as it is designed to kill the patient." The working party also recommended that the specialist qualifications of the second doctor, needed to confirm the patient's terminal condition and degree of pain, be made less stringent.

Dr Wake, president of the Australian Medical Association in the Northern Territory, said that the association had recently reaffirmed its view that euthanasia is unethical. He said that there were plans to take legal action to stop the bill ever coming into force. At least one patient, a 51 year old woman with terminal breast cancer, is waiting to make use of the bill's provisions.

Dr Wake said: "The regulations are so lax. They leave themselves open to very obvious legal challenge, quite independent from the controversial aspects of trying to enshrine a right to die in a Western civilisation."

Under the act the consent of two doctors and a psychiatrist is required and the patient must be aged 18 or over and be of sound mind and suffering from a terminal illness with an unacceptable amount of pain. There is also a 10 day "cooling off" period.

Dr Philip Nitschke, a Northern Territory doctor who supports the legislation, welcomed the working party's report. "The way they've tackled the issues has been a bit of a triumph really because of the incredibly predatory and hostile environment we're operating in," he said.

Dr Nitschke said that doctors now had more flexibility to use oral drugs or even carbon monoxide to assist death. He has helped to develop a computer driven machine which allows the patient to administer a lethal injection and have more control over the process.—CHRISTOPHER ZINN, *Australian correspondent, Guardian*

HIV in plasma is best predictor of progression to AIDS

The amount of HIV in plasma has become the best available marker for predicting an infected person's risk of developing AIDS or dying, says the US multicentre AIDS cohort study. Investigators found that the amount of HIV RNA in a patient's plasma was a better predictor of the risk of disease progression than the CD4+ T cell count, which is currently the routine marker of HIV disease progression. They reported their findings in the 24 May issue of *Science* (272:1167-70.)

The investigators analysed blood samples obtained every six months from 180 men infected with HIV who enrolled between April 1984 and March 1985. The patients were followed up longer than those in any previous study of viral load. Median follow up for patients who developed AIDS was 5.6 years (range 0.02 to 10.6 years). For those who did not develop AIDS, median follow up was 10.6 years (range 3.2 to 11.2 years).

For their analyses the investigators measured HIV RNA with a highly sensitive branched DNA signal amplification assay. The assay yields reproducible results and is comparatively simple to perform. It uses a light detecting system to find HIV RNA in virus particles in plasma. The intensity of

Headlines

US advises streptococci checks in pregnancy: The US Centers for Disease Control and Prevention has recommended that pregnant women have routine vaginal and rectal cultures for group B streptococci one month before delivery. They advise that women who test positive as asymptomatic carriers of group B streptococci be treated with penicillin or other antibiotics during labour. It has been estimated that 1 in 500 neonates develops group B streptococci infections each year.

Doctors discriminate against smokers: A report from the British Heart Foundation says that fewer smokers with angina are given coronary artery bypass grafting—1.03 per 1000 a year compared with a rate of 1.45 per 1000 among ex-smokers.

US Halcion case issue unsettled: The US Food and Drug Administration (FDA) said last week that prosecutors should investigate whether Upjohn hid safety concerns about the sleeping pill Halcion. But the drug, which was removed from British markets in 1991, can stay on the US market because it has been designated as safe so long as users follow instructions on the pills' label exactly, said the FDA in a long awaited report to Congress.

GP numbers up by 10% over a decade: The number of general practitioners in England has risen by more than 10% over the past 10 years, with all of this increase occurring among women, according to figures published by the Department of Health. In 1995, 31% of general practitioners were women, compared with 21% in 1985.

MRC will research Gulf war syndrome: The UK's Medical Research Council has launched a call for research proposals to investigate the reported illnesses in veterans of the Gulf war. The Ministry of Defence says that it will help to fund those studies judged to be of the highest quality.

Patients at risk are not taking medicines: Nearly one in five patients who had had kidney transplantation are not taking antirejection drugs, according to a report from the Royal Pharmaceutical Society. As a result 91% have either rejected the kidney or died. Patients who took drugs as prescribed had an 18% rejection or death rate.

light generated by the captured particles is proportional to the amount of HIV RNA present.

The researchers found that only 8% of patients with fewer than 4350 HIV RNA copies per ml of blood progressed to AIDS within five years of study entry, whereas 62% of those with more than 36 270 HIV RNA copies per ml developed AIDS within five years. Men with intermediate viral loads had progression rates of 26% to 49%.

Only 5% of patients with an initial viral load below 4350 copies per ml died within five years, whereas 49% of those with baseline viral load above 36 270 copies per ml died. Patients with intermediate viral loads had death rates of 10% to 25%.

In contrast to the close relation between viral load and disease progression, initial CD4+ T cell counts were considerably less predictive. Among patients with CD4+ T cell counts greater than 500 per µl of blood at study entry, 50% with viral loads above 10 900 died within six years. Yet among patients with similar CD4+ T cell counts but HIV RNA values below 10 900, only 5% died.

"These data indicate that treatment strategies should not be based solely on CD4+ T cell numbers," said chief researcher Dr John Mellors of the University of Pittsburgh.

The multicentre AIDS cohort study is one of the largest prospective HIV studies in the world. More than 5000 homosexual and bisexual men were enrolled into the study between 1983 and 1991. Each volunteer is seen every three to six months. — JOHN ROBERTS, *North American editor, BMJ*

No cause for alarm over baby milk, says EU

The scare over phthalates (chemicals that have oestrogenic activity) discovered in nine unnamed brands of baby milk in Britain now seems resolved after Britain's EU partners studied the results of the Ministry of Agriculture's tests and decided there was no cause for alarm.

Although the exact concentrations of phthalates found have not been disclosed, they did not breach the European daily limit of 25 mg per kilogram. Of 15 brands tested by the ministry, however, all contained some phthalates and nine showed concentrations similar to those that have been found to reduce testicular size and fertility in laboratory rats.

Tim Boswell, the junior agriculture minister, said that the European limit itself contained a 100-fold safety margin. He refused to name the brands tested, saying: "If there was a risk, we would name them. This is not a risk situation. We are dealing with it." Phthalates have been linked to cancer in mice, but few scientists believe they pose such a risk to humans.

The government's deputy chief medical officer, Dr Jeremy Metters, said that the

Breast is better

RUPERT CONANT/IMPACT

Department of Health had seen the research and concluded there was no cause for alarm. "Mothers should continue to use the infant formula that they have been feeding their babies."

This position was supported by Dr Richard Sharpe of the Medical Research Council's reproductive biology unit, which carried out the tests into phthalates' effects on rats. "Infants are not at any risk from formula baby-milk powder because of the presence of low levels of phthalates which may have weak oestrogen activity," he said.

Dr John Chisholm, deputy chairman of the BMA's general practitioners' committee, said that parents and doctors wanted the results of the tests, not bland government assurances. "Mothers will find this frightening. They have a right to know the facts, so that they can choose milk which is safe."

The manufacturers' representative, the Infant and Dietetic Foods Association, is to work with the government to track down the source of the oestrogen mimicking chemical, used in the packaging industry to give flexibility to plastics. Possible culprits include the packaging in which raw produce arrives at the plant and the tubing used when milking cows.

With a world industrial output of about five million tonnes a year, however, phthalates could be ingested by cows if contaminated rain fell on their pasture. Other chemicals which interfere with sex hormones, such as dioxins, polychlorinated biphenyls (PCBs), and organochlorine pesticides, have been found throughout the food chain. Such pollutants have been implicated in reductions in sperm quality in Europe over the past 50 years, and there is also concern that they could play a part in the rising incidence of testicular cancer.—OWEN DYER, *freelance journalist, London*

MDU exposes drug errors

Errors in prescribing, monitoring, or administering drugs account for a quarter of successful claims for damages against general practitioners in Britain, says a new booklet published by the Medical Defence Union.

The booklet, *Medication Errors*, reports the results of a six year survey of 21 500 claims against general practitioner members based on information from the defence union's database. Of the 790 claims that led to the payment of damages, a quarter resulted from errors in medication.

The commonest errors were giving incorrect or inappropriate doses, prescribing contraindicated drugs, making errors in administering or dispensing, overlooking a known allergy, and using the wrong drug. These accounted for 43% of the claims. The drugs most commonly involved included corticosteroids (especially in topical and parenteral preparations), antibiotics, contraceptives, anticoagulants, and non-steroidal anti-inflammatory drugs.

The defence union found that in just under half of the cases the injury caused to the patient was permanent—such as scarring, nerve damage, or stroke. Almost a fifth of the cases resulted in death, stillbirth, or a termination of pregnancy.

While 65% of the claims were settled for less than £10 000, five were settled for over £100 000. These included a case where the prescription of a combined oral contraceptive to a hypertensive patient resulted in a stroke, and one where administration of a β blocker to an asthmatic patient resulted in bronchospasm and stroke. Dr Stephen Green, coauthor of the report and head of risk management at the Medical Defence Union, said: "It is quite a departure for the MDU to make such detailed claims data public in this way, but we feel that it is essential to highlight potential pitfalls."—SANDRA GOLDBECK-WOOD, *BMJ*

Paediatric intensive care expands with 37 new beds

The government has announced plans to provide 37 more paediatric intensive care beds throughout England. The health secretary, Mr Stephen Dorrell, said that up to 30 of these beds would be available in time for the coming winter. Another seven beds are planned for next financial year. In addition, a further 18 high dependency beds are proposed.

There are currently 196 paediatric intensive care and 53 high dependency beds in 27 units across England. The plan for more beds follows the widely publicised death last December of Nicholas Geldhard, the 10 year old boy who was transferred between several hospitals in search of an intensive care bed.

Intensive care beds each cost at least £250 000 a year to maintain, but there will be no new money for the new beds. Mr Dorrell said: "I regard paediatric intensive care beds as part of the base provision of services within the health service. They should be funded within existing budgets."

The training of nurses to staff the additional beds will be supported with £2m from the Department of Health's budget. This is designed to pay for relief nursing staff to allow about 225 nurses to attend a 24 week training course.

The announcement is part of a five point plan to improve paediatric intensive care services. As well as increased funding to train more specialist paediatric nurses, the plan includes a bed location service for doctors to help them respond to peaks in demand, research into the outcomes of intensive care facilities, and a national network to coordinate services across England.

NHS chief executive Alan Langlands admitted that plans for the bed location service were at an early stage. "We don't know precisely how it will work," he told a press conference. A bed location service would provide an early warning of rising demand for beds and would allow measures, such as the cancellation of elective operations, to be taken before a crisis developed.

Overall, the government's report concedes that further research is needed, both into the level of demand for intensive care beds and the outcomes of paediatric intensive care cases. The announcement of more beds was welcomed by the Royal College of Nursing, whose general secretary, Christine Hancock, said that the new strategy "should begin to tackle the shortage of specialist nurses so that more children can receive intensive care."—S J LOUISE SMITH, *Clegg scholar, BMJ*

Paediatric Intensive Care is available free by ringing the Health Literature Line on 0800 555777.

NHS Handbook criticises evidence based medicine

Evidence based medicine may be "overly rooted in a narrow scientism" which values only that which can be measured and quantified, says Professor David Hunter of the Nuffield Institute for Health, University of Leeds.

Professor Hunter, writing in the latest issue of the *NHS Handbook*, expresses concern that evidence based medicine is "being oversold as a panacea for the problems of rationing and alleged underfunding in the NHS." This view, he says, smacks of "certainty and neatness, neither of which can readily be applied to medicine."

Evidence based medicine cannot be isolated, says Professor Hunter: "Unless we understand how doctors use evidence and how they presently make decisions it is unlikely that simply providing information to them on how to do things differently, or not at all, will succeed. A balance needs to be struck between the needs of an individual patient and of a local population."

Overall, writes Professor Hunter, "the issue is not whether an intervention is effective or not but rather how effective it is and to what degree of probability."

In a separate section of the same handbook Dr Tawfique Daneshmend, consultant physician and gastroenterologist, argues that all doctors believe that they practise evidence based medicine. He says: "The current vogue for evidence based medicine is no more than good traditional scientific clinical medicine under the latest fashionable guise, genuflecting to the modern healthcare gods of cost effectiveness and cost containment."

Dr David Sackett, editor of the journal *Evidence-Based Medicine*, said that neither

The number of paediatric intensive care beds is set to increase

PIERS CAVENDISH/IMPACT

author seemed to understand what evidence based medicine was really about. He said that far from being a panacea for rationing, evidence based medicine, in seeking the best care for the individual patient, could increase the cost of care.

Dr Sackett said evidence based medicine had two elements to it: "First there is the best external evidence. Second there is the individual clinical judgment of the clinician in deciding whether that evidence applies at all and, if so, how it has to be tailored to the individual patient." —CLAUDIA COURT, *BMJ*

The NHS Handbook is available from NAHAT, Birmingham Research Park, Vincent Drive, Birmingham B15 2SQ, price £39.95 (£36.95 for members).

Netherlands proposes tougher antismoking laws

The Dutch cabinet has proposed tougher antismoking legislation amid criticism from doctors and members of parliament about delay. In 1995, 39% of men and 31% of women smoked, an increase of 3% and 2% over the figures for 1994, which puts smoking back at the same level as in 1990. It is estimated that in 1992 nearly 30 000 deaths—almost one in four—were caused by smoking.

The proposals include developing cigarette vending machines that prevent sales to people under 18 and banning smoking on trains and in post offices. A government report will be published on the effect of increasing excise duties on tobacco, and a tougher line has been taken on the advertising code allowing self regulation by the tobacco industry.

The cabinet's proposals follow months of negotiations after the tobacco industry agreed not to target its advertisements at young people. Tobacco companies will not sponsor events where more than a quarter of visitors are expected to be young people; billboard advertising must avoid places frequented by large numbers of young people; and tobacco advertising will be prohibited in some free magazines.

Last year the health minister, Professor Els Borst-Eilers, announced that antismoking measures were the highest priority. In October 185 medical professors from the Medical Alliance Against Smoking called for "a severe restriction" on tobacco advertising, quoting reports in the *BMJ* to support their case.

A general practitioner and Dutch Labour party MP, Rob Oudkerk, recently called for a realistic policy of increasing excise duty and phasing out tobacco advertising rather than the government's "incredible" policy of working with the tobacco industry. Professor Klaas Knol, chairman of the medical alliance, said that he was disappointed that after a year's discussions little had changed. He believed that the vast majority of Dutch

Advertising boards in the Netherlands could be limited to places where young people don't go

doctors supported a total ban on tobacco advertising. He doubted whether a ban on sales to the under 18s could be enforced.

Mr Boudewijn de Blij, director of the foundation of public health and smoking, said that the review of excise duties was a step in the right direction, arguing that a 10% increase would lead to a 7% drop in smoking among teenagers.—TONY SHELDON, *freelance journalist, Utrecht*

Britain is failing to meet targets on reducing obesity

People in Britain are getting fatter and nearly 90% have at least one risk factor for cardiovascular disease, says a 1994 survey published by the Department of Health last week. The annual survey monitors progress towards the government's Health of the Nation targets for cardiovascular disease and is one of the largest and most detailed surveys of its kind in England.

The number of obese people increased from 12.7% to 13.2% of men and from 15.0% to 16.0% of women between 1991 and 1994. These findings confirm a trend of increasing weight since the mid-1980s. Dr Helen Colhoun, senior lecturer in clinical epidemiology in the department of epidemiology and public health at University College London and an editor of the survey report, said: "Increases in weight are not dependent on our genes. People need to increase their levels of physical activity."

The survey highlights strong social class differences: in social class IV, 21% of women

were obese compared with only 12% in social class I.

The government aims to reduce rates of obesity to 6% of men and 8% of women by the year 2005. Dr Colhoun said: "We are obviously not going to reach those targets at the moment. We are going in the opposite direction."

The survey found that 88% of men and 90% of women had at least one of the four major risk factors for cardiovascular disease. Over half of the men and 62% of women took little or no exercise, nearly a third of men (27% of women) smoked cigarettes, and 17% of men (19% of women) had a systolic blood pressure over 160 mm Hg or were being treated for hypertension.

A drop in the average systolic blood pressure from 139 mm Hg to 136 mm Hg was found in 16 to 64 year olds. These figures suggest a downward trend towards the government's target of an average systolic pressure of 133 mm Hg by the year 2005. But future surveys are needed to see whether the trend will continue.

The survey found no reduction in the number of people who smoke cigarettes or who drink more than the recommended safe amounts since the survey began in 1991. As many as 30% of men and 14% of women drank more than the recommended amounts of alcohol in 1994.

Previous surveys have shown that while the proportion of men drinking more than the recommended levels has recently remained unchanged, it is rising among women. The government wants to cut these figures to 18% of men and 7% of women in its Health of the Nation targets.—S J LOUISE SMITH, *Clegg scholar, BMJ*

Health Survey For England 1994 is available from HMSO, price £40.

Herbal stimulant causes US deaths

Fifteen deaths among young people in the US have been attributed to the herbal stimulant ephedra—also known as Ma Huang, epitonin, and ephedrine—and marketed as a safe and legal alternative to street drugs under names such as Herbal Ecstasy, Cloud 9, and Ultimate Xphoria.

The products' makers target adolescents and young adults with pledges of the herb's mood enhancing and aphrodisiac properties. The pills are advertised on the Internet and sold at rock concerts and drug paraphernalia shops.

Ephedrine, the active ingredient, has long been sold as an over the counter decongestant for rhinitis. It has also been marketed as a bronchial dilator and aid to weight loss. It has amphetamine-like properties in high doses and can cause nervousness, tachycardia, hypertension, seizures, and psychosis.

The deaths have prompted the state of Florida and Nassau County near New York City to ban the sale of botanical ephedra. The US Food and Drug Administration also issued a statement warning consumers to avoid buying the products.

These warnings and prohibitions, however, cover only those herbal supplements specifically marketed as alternatives to illegal drugs, not commercially available ephedrine. The commercial preparations, which often contain higher doses of ephedrine than products such as Herbal Ecstasy, are exempt from the warnings. According to Sean Shayan, a spokesman for Global World Media, which markets Herbal Ecstasy, "If ephedrine is really problematic they should not target Herbal Ecstasy." He added that he was unaware of any adverse reactions associated with his products.

The Food and Drug Administration maintains that the ephedrine based products that claim to produce a "high" violate the law. Because herbs are considered to be food and not drugs, the legal burden of proof rests with the administration to show that the product is unsafe.—DEB JOSEFSON, *physician journalist, New York*

New York seeks to make chiropractic more available

The New York State Senate last month passed a bill requiring health plans in the state to provide unlimited insurance cover for chiropractic services. A companion bill in the New York State Assembly would require every hospital, surgical, or medical policy to provide cover for services provided by a chiropractor.

The bill in Assembly, which has the backing of the New York State Chiropractic Association, would also prohibit such policies from limiting or excluding cover for specified

services provided by a chiropractor.

According to the Business Council of New York State, there are about 60 mandate bills under consideration in the legislature, and the new bill could increase costs by as much as \$96m for Blue Cross and Blue Shield alone. Group Health Insurance also opposed the bill, estimating the extra cost to its subscribers to be over \$10m a year.

Bryan Franke, assistant press secretary for the New York State Assembly, said that the fate of the bill now in the Insurance Committee was uncertain because of the concern over cost and the impact on health care insurance premiums. If the bill is passed by the Assembly, it could still be vetoed by Governor George E Pataki.

The bill has aroused some fierce opposition. A recent editorial in the *New York Times* declared: "A legislature beholden to special interests is increasingly concocting disconnected sets of medical benefits to satisfy those interests."—FRED B CHARATAN, *freelance journalist, Florida*

NHS trusts criticised for staff strategies

A new report by the Audit Commission has highlighted the wide national variation in junior doctors' supervision and training and in consultants' operating and outpatient workload. NHS trusts are criticised for failing to take a sufficiently strategic approach to their investment in medical staff.

The report, *The Doctor's Tale Continued*, examines medical staffing in most NHS

acute hospital trusts. It follows publication last year of an earlier report on the subject, *The Doctor's Tale*, and, according to Jocelyn Cornwell, associate director of the Health Studies Team at the Audit Commission, "puts flesh on its bones."

The report drew on surveys of doctors' work in operating theatres and outpatient clinics. The surveys were designed to a standard specification and were carried out in 112 hospitals in 1522 consultant firms.

The Audit Commission found that the number of fixed sessions in consultants' job plans is a key factor in determining their output, rather than the complexity of cases and emergency workload. Yet 25% of consultants have no work plans, and only three out of 10 job plans have been recently reviewed.

Having reviewed 1887 questionnaires completed by junior doctors, the commission expressed concern at the amount of junior doctors' training. Different standards of supervision among consultants—particularly as regards operations during the day as opposed to out of hours—mean that some junior doctors gain little or no training benefit. Thirty two per cent of senior house officers see new patients in outpatient clinics entirely unsupervised.

The report recommends better organisation and management of medical training. Only 2% of hospitals had plans to implement the requirements of their training contract.

The commission recommends that a regular review of consultants' jobs should become integral to trusts' business planning. Standard of supervision should be developed as part of trusts' overall risk management strategies.—ALISON BOULTON, *freelance journalist, London*

The Doctor's Tale Continued—the Audits of Hospital Medical Staffing is available from HMSO, price £10.

Chiropractors in the US could have similar status to doctors

Australian doctors' push for gun controls

The new president of the Australian Medical Association has targeted gun control as well as violence and smoking on cinema screens as major priorities of his term in office. Dr Keith Woollard, a cardiologist, said that the association would seek the support of doctors around the world to lobby the film industry about the potentially harmful effects of viewers seeing violence and smoking on screen.

Dr Woollard said that the association will join anti-gun groups this month for a summit meeting to support the federal government's tough new stance on firearms control. He said that the association would approach the film industry in the same way it had the tobacco lobby, by constant monitoring and community awareness. "We need to draw attention to what happens when people go and watch movies...and then decide whether the community shares our view that much of what is presented is unethical," he said.

In the wake of the Port Arthur massacre, which left 35 people dead in Tasmania last month, Dr Woollard said that the powerful

gun lobby had to accept the controls that would help to reduce violence in society.

"The AMA has long held grave concerns about gun control. A month before the Port Arthur tragedy I called for an urgent overhaul of the gun laws," he said. —CHRISTOPHER ZINN, *Australian correspondent, Guardian*

Organ thieving is urban myth

Media reports of children being murdered to supply organs for transplants are only rumours, according to Véronique Campion-Vincent, a French social scientist who specialises in the study of urban myths. Announcing the findings of a lengthy investigation into organ snatching, she said that there was no evidence that children in the developing world were being dismembered for the benefit of recipients in the West. There were, however, cases of poor people in India and China who had sold their organs.

Ms Campion-Vincent, a member of the

French National Centre for Scientific Research, carried out the study at the request of the French organ transplant organisation, responsible for regulating organ transplants. Organ transplants are declining in France because families are increasingly refusing to donate their relatives' organs. The situation is blamed on a highly publicised incident in 1991 when the corneas of a young man killed in an accident were taken without his parents' consent. There was also a television documentary, which was later discredited, featuring the alleged theft of the corneas of a live Columbian child.

Efforts are being made to reverse this trend. Last year nearly 10 000 French general practitioners took part in a campaign to encourage their patients to donate organs after their death.—ALEXANDER DOROZYNSKI, *medical journalist, Paris*

Correction

Doctors launch twins research company

An author's error occurred in this news item by Owen Dyer (13 April, p 930). The item described Dr Tim Spector as a cofounder of Gemini Research. Dr Spector points out that he is not a founder "in any financial or legal sense." He describes himself as a consultant and research collaborator for the company.

Focus: Brussels

Europe's aging population

The number of people dying annually in the European Union is set to increase by almost 20% over the next 30 years. Set that forecast against estimates that 60% of a

person's health costs are concentrated in the year preceding death, and the scale of the challenge facing public health authorities starts to emerge. The European Commission estimates that demographic aging will increase the annual death rate in the 15 member states from 3 725 000 in 1994 to 4 375 000 by the year 2025. This calculation, says the commission, indicates the amount by which "health costs will be multiplied over the next 30 years solely as a result of the demographic effect."

The scenario is set out in the commission's second examination of the demographic situation in the European Union. Unlike last year's pioneering effort, the latest report focuses on medium and long term perspectives in general and on the extent and acceleration of the aging process in particular. It indicates that the union's present population of 370 million is unlikely to increase substantially. Indeed, with only moderate immigration and fecundity continuing to drop, numbers may well fall. However, the commission identifies the emergence of a

new category—people aged over 80, whose consumption of health services is well above average. It points out that 30 years from now there will be two to three times as many people in this age category as there are now.

This aging element, predict the report's authors, will be a further pressure on health costs, which have tended to increase from two non-demographic factors—the use of more sophisticated medical techniques and a rise in the consumption of health care at all ages. This demographic aging will be particularly striking soon after the turn of the century, with the number of people who reach 60 increasing each year. From 4 million last year, this category will climb to 5.9 million by the year 2025. In contrast, the number of people reaching the age of 20 each year will fall from 5.1 million last year to 4.2 million by 2025.

The report warns that changes in policy are inevitable as countries adapt to the new age structure. But it is not meant to alarm policy makers in the union into making a "single track" approach to meet foreseeable demographic trends. The situations which different countries face are so varied that no one strategy would be equally suitable in all member states. For example, the average number of children per family varies from between 1.7 and 2.1 in northern countries such as Sweden and Denmark (now the highest in the union) to 1.5-1.8 in central countries (Britain and the Netherlands) and

to 1.1-1.4 in the southern countries.

Similarly, the growth in the number of people aged over 60 will vary considerably among countries. Between 1995 and 2025, the increase will be greatest in the Netherlands (80%), followed by Ireland (68%) and Finland (67%), and lowest in Portugal (34%) and Sweden (38%). Britain will also have one of the lowest increases (44%).

However, all countries will face the phenomenon to a degree. An aging population will be an important factor as governments seek new ways to create jobs and to divide finite public spending among infinite demands.

Both are tasks now facing the European Union as a whole. On one hand, governments are committed to working closer together to reduce unemployment, which now stands near 20 million. On the other hand, they are all working to reduce public expenditure and budget deficits to meet the introduction of a single currency by 1999.

The European Commission intends to use this and future reports to increase scientific cooperation with national authorities both to stimulate debate on the consequences of demographic change and to develop an understanding of its impact on health, social, and employment policies.—RORY WATSON, *deputy editor, European Voice*

The Demographic Situation in the European Union 1995 is published by the European Commission, Brussels.