President Clinton approves curbs on tobacco

United States president Bill Clinton wants to reduce tobacco use by children and adolescents by half in seven years. Flanked last week by young Americans wearing tee shirts bearing the slogan "Tobacco-free Kids," he authorised the Food and Drug Administration to restrict "advertising that hooks children on a product."

President Clinton said: "Cigarette smoking is the most significant public health problem facing our people ... for every day, even though it is illegal, 3000 of our young people start smoking, and 1000 of them will die earlier than they would otherwise as a result. This epidemic is no accident. Children are bombarded daily by massive marketing campaigns that play on their vulnerabilities, their insecurities, their longings to be something in the world. Joe Camel promises that smoking will make you cool. Virginia Slims' models whisper that smoking will help you stay thin. Tee shirts and sports sponsorships send the message that healthy and vigorous people smoke and that smoking is fun."

Rules restricting young people's access to tobacco products will require age verification and face to face sales; the elimination of free samples and the sale of "kiddie" packs or single cigarettes; and a ban on vending machines and self service displays except in places where only adults are permitted.

Rules aimed at reducing the appeal of tobacco products to young people ban billboards within 300 m of schools and playgrounds; limit outdoor and in store advertising to black and white text only, with a similar restriction for advertising in magazines with a significant youth readership; ban brandname sponsorship of sporting or entertainment events; prohibit the sale or the giveaway of products like caps or gym bags that carry cigarette or smokeless tobacco brandnames or logos.

The Food and Drug Administration will require each of the six tobacco companies with significant sales to children to educate young people about the real health dangers associated with the use of tobacco products.

Hal Shoup of the American Association of Advertising Agencies said that the restrictions would result in the "loss of several thousands of jobs, loss of business opportunity, and loss of creative freedom." He said that the restrictions would be challenged in court as violations of the tobacco industry's constitutional right to free speech.

On the same day as the president's announcement an Indianapolis jury ruled in

American tobacco traders may really have something to worry about now

favour of four tobacco companies against the family of a man who died of lung cancer in 1987 at the age of 52. The man, a lawyer, had smoked two to three packs of cigarettes a day for 20 years.—FRED B CHARATAN, *freelance journalist, Florida*

More doctors needed at scene of emergencies

A select committee of Britain's MPs have supported more involvement by doctors in the care of victims of accidents before they reach hospital.

In a report to parliament the committee says that the government should take steps to encourage many more general practitioners to work with their local ambulance services in responding to emergencies outside hospital, as in the schemes run by the British Association for Immediate Care (BASICS).

The MPs believe that the volunteer doctors who take part in such schemes should not have to purchase their own specialist

equipment. One general practitioner told the Welsh affairs committee that he carries £5000 (\$7500) worth of special equipment that he would not normally carry.

In the report, *The Training of Ambulance Paramedics*, the committee also recommends that doctors who work for the British Association for Immediate Care should be allowed to use blue flashing lights when responding to an emergency. It was told that the flashing green light used by doctors called to emergencies is poorly visible in daylight and badly understood by motorists.

Evidence given by doctors to the committee cast doubt on paramedical practice, with unnecessary treatment given to the patients at the scene of accidents and consequent delays in their transport to hospital.

The committee supports the establishment of a regulatory body for ambulance paramedical staff. Suggestions ranged from a royal college to a system of state registration. The MPs favour a regulatory body for paramedical staff within the Council for Professions Supplementary to Medicine. They say that this would enhance the professionalism of the staff and thus the quality of the ambulance service.—JOHN WARDEN, *parliamentary correspondent, BMJ*

Headlines

Over a million wait for UK hospital treatment: At the end of June 1 052 665 people were waiting for hospital treatment in Britain, although the number waiting over a year—10 400—was 22 400 fewer than at the same time in 1995.

Australian euthanasia law survives: An attempt to repeal a law allowing voluntary euthanasia for people who are terminally ill has failed in Australia's Northern Territory. The legislative assembly voted by 14 votes to 11 against a repeal and voted against an attempt to narrow the scope of the law.

Health authority changes mind over referral bill: Solihull Health Authority, which last week refused to pay for the London care of Mandy Allwood, who is carrying eight fetuses, has changed its mind. It will hold talks with Merton, Sutton, and Wandsworth authority over the details of who will pay the estimated £500 000 (\$750 000) for her care—but it will be paid by the NHS.

Brazil will produce male contraceptive pill: The Brazilian drug company Hebron de Caruaru says that it will begin the world's first production of a male contraceptive pill next year, to be marketed as Norfetil. It is based on a substance extracted from cotton seed and has been tested on 500 men in Brazil, Africa, and Asia.

French road deaths decline: The number of deaths from road accidents in France in the first six months of 1996 was 3666, 7.7% less than in 1995. The government says that this reflects a change in drivers' attitudes, combined with lower speed limits, lower permissible blood alcohol levels, rear safety belts, and tighter controls on vehicle safety.

Japanese drug company raided: Japanese prosecutors have raided the offices of Green Cross, a drug company in Osaka, on suspicion of professional negligence resulting in injury and death in connection with the company's sale of blood products contaminated with HIV.

Few older women are screened for breast cancer: Age Concern says that few women aged over 65 years are now being screened for breast cancer despite being at highest risk. Although 66% of deaths from breast cancer occur in women over 65, under 2% are screened.

Non-insulin dependent diabetes needs more attention

The financial, medical, and personal impact of non-insulin dependent diabetes has been greatly underestimated, says a London based health policy group, the King's Fund.

The fund estimates that the cost of treating the complications, which affect 85% of all people with diabetes and over a million people in Britain, is at least double previous estimates and may be as high as £2bn (\$3.5bn) a year. Its report found that by 2011 expenditure on diabetes could total 10% of NHS revenue.

The World Health Organisation has already warned of a worldwide epidemic of non-insulin dependent diabetes, while in Britain longevity, together with obesity and physical inactivity, is likely to result in a pronounced increase in people with diabetes. Yet the British Diabetic Association estimates that for every patient diagnosed, another patient with non-insulin dependent diabetes is undetected.

The report calls for an end to the neglect of non-insulin dependent diabetes compared with insulin dependent diabetes and other major causes of mortality. It highlights the need for greater public and professional awareness of the health threat posed by the disease, while calling for a broader appreciation of the effectiveness of preventive measures and early treatment. The public should be more aware of the link between obesity and physical inactivity and the risk of developing non-insulin dependent diabetes.

"Given the weight of evidence now available, there is no excuse for professional inactivity, whether by government or healthcare professionals," said the report's author, Linda Marks, visiting fellow at the King's Fund Policy Unit. "While they may have been clouded in people's minds in the past, the links between lifestyle and

non-insulin dependent diabetes need to be clarified and incorporated prominently into health promotion."

There should be an annual health check of all people in whom diabetes is diagnosed to ensure early detection of retinopathy, neuropathy, renal damage, peripheral vascular disease, and coronary heart disease, and regular specialist and local follow up with priority access to key services. The report recommends the development of flexible programmes of shared care between general practitioners and local specialist diabetes teams, including adequate provision of dietitians, chiropodists, and health educators.

The report cites recent British research by Dr John Peters and Craig Currie at the University of Cardiff showing that the medical records of 40% of patients with diabetes fail to record the fact that they have diabetes, contributing to previous underestimates of treatment costs. Typical health district treatment for inpatient care for a patient with diabetes was £1979 compared with £310 for a patient without diabetes.

"Our gut feeling is that preventive measures will cut the cost of diabetics care, but we now need a new study to provide the economic data to support that view," said Craig Currie, research officer in the department of medicine, University Hospital of Wales.

According to Professor Harry Keen, chairman of the British Diabetic Association, which commissioned the report: "People are still going blind, still losing limbs, and still going into renal failure unnecessarily, since in so many cases these devastating complications are preventable. The personal, financial, and medical impact of non-insulin dependent diabetes has only now been recognised and quantified."—ALISON BOULTON, *freelance journalist, London*

Counting the Cost: The Real Impact of Non-Insulin Dependent Diabetes is available free of charge from the British Diabetic Association, 10 Queen Anne Street, London W1M 0BD (tel: 0171 323 1531).

Some people with diabetes are not getting a good deal

SATURN STILL/SPF

UK government wants to improve air quality

The British government aims to eradicate threats to human health from air pollution by the year 2005 by a new system of local air quality management, new vehicle and fuel standards, and a crackdown on vehicle and industrial emissions.

In its consultation document *The United Kingdom National Air Quality Strategy*, which is largely a restatement of existing policies and legislation, the government has set standards for the main air pollutants—nitrogen dioxide, particles, ozone, sulphur dioxide, carbon monoxide, lead, benzene, and 1,3—butadiene.

For some of the pollutants, such as carbon monoxide and lead, current government policies will achieve the reduction in levels with the planned use of catalytic converters and lead free petrol. For others, such as nitrogen dioxide, particles, ozone, and sulphur dioxide, current policies are, in the government's words, "unlikely to be enough to meet the targets."

The strategy recognises that traffic is the main cause of the problem and that there must be changes in planning and transport policies to reduce reliance on cars. It does not specify what these changes would be. The environment secretary, John Gummer, called for people to be less reliant on cars. "I want to create a society in which the freedom given by the car does not result in damage to the environment," he said.

Local authorities will have to produce an air quality strategy entailing measuring pollution levels and developing schemes to bring them below target. They will be given new powers, including the ability to stop and fine drivers of vehicles found to be violating standards. Currently, 20% of vehicles produce 80% of pollution. Five councils will launch a pilot scheme to stop vehicles this year. The power that police have to stop vehicles may be extended to other people, possibly traffic wardens or a specialist environmental force. Drivers could be charged for driving during the rush hour, taxed for parking on the street, and required to hold a licence to enter certain parts of the city.

Authorities will, however, get no extra funds or control over motorways, where much of the pollution is produced. And the government has admitted that the costs of the improvements are likely to fall not just on industry but on motorists and consumers generally. It will cost about £280 (\$270) more to produce a family sized car which conforms to the new environmental standards and £1130 more to produce a heavy goods vehicle. The total cost to the motor industry will be about £2.75bn.

The Labour party's environmental protection spokesman, Michael Meacher, commented: "Even the modest air quality targets set out cannot be met without a major shift in policy towards clean, green public transport."

The National Society for Clean Air said

Will face masks be needed by the year 2005?

that the strategy would fail without increased taxation of vehicles which caused more than average pollution and tax breaks for cleaner ones.

The Society of Motor Manufacturers and Traders has urged the government to reconsider the society's proposal for a car scrapping scheme to withdraw cars which were 10 years old and unable to meet environmental standards.—LINDA BEECHAM, *BMJ*

The United Kingdom National Air Quality Strategy is available from the Department of the Environment, Publications Despatch Centre, Blackhorse Road, London SE99 6TT.

Canadian doctors withdraw prenatal care

Canadian doctors' frustration at the cuts in the federal Medicare system is shown by the refusal of some family practitioners and obstetricians in Ontario, the country's richest province, to provide prenatal care for new patients.

This is an attempt to force the provincial government to stop paying the doctors less than the full scheduled fees. Such partial payments, known as clawbacks, were introduced by the government to try to control rising health care costs. The Ontario government has also recently unilaterally ended its subsidy for malpractice insurance, capped doctors' incomes, and refused to accept the Ontario Medical Association as the doctors' bargaining agent.

The refusal to take new patients has meant that some women have been unable to find a doctor for prenatal care or they have

had to travel some distance to find one. Meanwhile, a group representing almost 8800 specialists has also endorsed a plan to stop taking new patients from 1 October.

Some medical groups in Ontario have discussed taking strike action, but such a move in 1986 was backed by only about 40% of the province's doctors. The president of the Ontario Medical Association, Gerry Rowland, neither supports nor opposes strike action. "The level of frustration and anger among physicians in the province is at a higher level than I have ever seen," he said. "We completely understand why, and we certainly do not oppose them."

Doctors at the Canadian Medical Association's annual meeting seemed confused about how to respond to the spending cuts. In contradictory motions they voted for and against actions that lend support to the establishment of a two tiered health system—one publicly and one privately funded.

While the federal health minister, David Dingwall, says that the government has no intention of permitting a system of privatised medicine and opposes a two tier health system, the president of the Canadian Medical Association, Jack Armstrong, contended that it would love to see doctors support it. And if they did they would be playing into the government's hands. "The government of this country would like nothing more than to have [its] physicians...talking about private care," he told the association's meeting last week. "They will then be right off the hook, they'd no longer have the responsibility themselves to enhance and build and rebuild what has been an excellent [public] system."

In the wake of the contradictory positions taken at the meeting, the association's officials emphasised that those present endorsed a resolution calling for the organisation to "continue to strongly support a publicly funded health care system."—DAVID SPURGEON, *freelance journalist, Quebec, Canada*

Europe is divided on embryo regulations

Widespread differences exist across Europe in the regulations covering research on and the storage and donation of embryos, according to a report sponsored by the European Commission which was published this summer. The differences are so great that consensus is unlikely when the European Council votes on human fertilisation and embryology as part of its bioethics convention next month.

The differences were highlighted when nearly 4000 human embryos were destroyed in Britain three weeks ago, to comply with the five year storage deadline. Impassioned debate followed in the national and international press.

In the report *Ethics, Law and Practice in Human Embryology*, Professor Linda Nielsen, one of the authors, concludes there are "serious incompatibilities between member states." Professor Nielsen, associate professor of law at the University of Copenhagen, identifies four main legal approaches across Europe to the storage and use of embryos, which she calls "prohibitive," "cautious regulatory," "liberal regulatory," and "laissez faire."

Germany typifies the prohibitive approach. Its embryo protection act of 1990 forms part of the criminal law, and several practices legal elsewhere in Europe are punishable by imprisonment in Germany. For example, it is prohibited to fertilise an egg for any purpose other than to create a pregnancy in the woman who produced it. It is illegal to fertilise more eggs than are required for replacement in a given cycle, and a maximum of three embryos may be replaced in any one cycle. Storage, freezing, and donation of embryos are therefore, by implication, also proscribed, although freezing, is allowed before the fusion of the pronuclei. Professor Erwin Deutsch of Göttingen University ascribes the restrictiveness of the German regulations to a combination of religion and national psychology. A coauthor of the report, Professor Deutsch, says: "It's not something that can be explained on rational grounds. The German tribes have always been dogmatic while the Anglo-Saxons tend

An 8 week human fetus

	Legislation	Embryo donation allowed	Specific regulatory body	No of years over which freezing is allowed	Experimentation allowed	Cloning allowed	
Germany	Embryo Protection Act 1990 Criminal Law	No	No	Not after fusion of pronuclei	No	No	
Austria	Reproductive Medicine Act 1992	No	No	1 exceptionally	Non-destructive only	No	
Norway	Embryo Research Act 1994	No	No	3	No	No	
Sweden	Law on embryo research 1991	No	No	1	Up to 14 days	No	
Denmark	1992 Act New bill due in parliament 1996	No	No	5	With individual ethics committee approval only	No	
France	1994 Act	Yes	No	5	Exceptionally non-destructive	No information	
United Kingdom	Human Fertilisation & Embryology Act 1990	Yes	Yes	5-10 with specific consent	Up to 14 days	No	
Spain	Donation & Utilisation of Embryos & Fetuses Act 1988 - under revision	Yes	No	5	Up to 14 days	No	
Ethiopia	1992 Act	Yes	No	Indefinitely	No regulation	No information	
Italy	No statutes	Yes	No	Indefinitely	No regulation	No information	

Embryo regulations vary across Europe

to be more pragmatic. We can only be grateful that things are not more restrictive." He denied that the memory of genetic experiments from the third reich have influenced policy, while acknowledging that many Germans would disagree with him.

The storage of gametes, on the other hand, is unrestricted in Germany. In a recent Supreme Court judgment damages were awarded to a plaintiff whose sperm had been disposed of against his wishes. The man had stored sperm before undergoing cancer treatment and had refused the clinic's request to dispose of the sperm two years later owing to lack of storage capacity. Experimentation on human embryos is illegal, since extracorporeal development is allowed only for the purpose of keeping the individual alive. Cloning and blending of animals and human beings, and the creation of hybrids or chimeras, is illegal in Germany as in most countries.

Italy by contrast represents the "laissez faire" end of the spectrum, with no statutory regulation whatsoever. Attempts to introduce rules governing biotechnology, genetics, and life have been frustrated by the opposition of the Catholic party and the Roman Catholic church, according to Professor Nielsen. Italy is the only country in the European Union with a Catholic party as a majority party, and Professor Nielsen suggests that its unwillingness to discuss bioethical legislation leaves a legal vacuum, with little protection of the rights of patients or doctors in the area of reproductive medicine. It also means that private health institutions are free to offer any type of intervention at any price.

The "cautious regulatory" approach describes the situation in Scandinavia and France. According to Denmark's 1992 act, due for revision this year, human embryos may be frozen for only a year and must be destroyed in the event of death of either party or divorce. Research is allowed for up to 14 days, but only with the aim of improving in vitro fertilisation techniques and promot-

ing pregnancy. All research must be reported to an ethics committee. Sweden also allows embryo research for up to 14 days, but along with most countries, it specifically prohibits any alteration of the germ cell line. Norway proscribes embryo research altogether, while France allows it exceptionally, for therapeutic reasons only, and with the permission of the couple concerned.

In Britain attitudes to embryo research and storage are more liberal, despite Britain's uniquely proactive approach to regulation. Britain is the only country in Europe to have a statutory, independent regulatory body, the Human Fertilisation and Embryo Authority, which licenses clinics that store gametes and embryos and oversees research on human embryos. Britain's five year storage deadline, now extensible to 10 years with specific consent, is the longest of all the countries that have specific legislation. Unlike many countries Britain allows donation of embryos for gestation in a woman other than the genetic mother. "I think we have it about right in this country," said Mr Peter Brinsden of Bourne Hall Infertility Clinic in Cambridgeshire. "We have some reasonable prohibitions in place—for example, on cloning—but we are free to conduct research which may be helpful in identifying the causes of miscarriage or other pregnancy related problems."

September's vote in the European Council promises harmonisation in some limited areas. For example, it is likely that commercial exploitation of human embryos will be prohibited and that genetic testing of embryos will be restricted to testing for healthcare purposes only. But broader consensus remains a distant prospect, according to Professor Nielsen, who said: "Any illusion of common ground is off the agenda right now." SANDRA GOLDBECK-WOOD, *BMJ*

Conceiving the Embryo - Ethics, Law and Practice in Human Embryology is published by Martinus Nijhoff, price £100.