Consultants show growing frustration with the NHS

Britain's senior hospital doctors last week showed their increasing anger about changes in the NHS—but drew back from setting off down a path to withdraw their services. Although a motion at their annual conference to explore ways of withdrawing services and selling them back to the NHS was narrowly defeated—by 58 votes to 56—the frustration felt by the consultants at the consequences of the 1991 NHS reforms is growing. When a similar proposal was debated last year only a few voted in favour.

The underlying concern among both supporters and opposers of the motion was the maintenance of professional standards. Dr Basil Hudson, a consultant anaesthetist in Derby, said that consultants would become more and more uncomfortable about being employed by commercial organisations in which they felt unable to maintain their professional standards. "If that is the case they may have to consider withdrawing from direct employment and becoming self employed medical practitioners." Dr Chris Bayliss, a consultant radiologist in Exeter, proposed the idea of doctors working in small groups similar to barristers in chambers, employing a clerk to negotiate contracts with hospitals, clinics, and general practice fundholders. "Our professional standards, morals, and ethics are being continually undermined. Our good will is running out."

Those who opposed exploring the idea said that it would lead to doctors competing against each other and to the fragmentation of the NHS. They also feared that local arrangements would give managers more power over working arrangements. Before the debate a spokesman for NHS trusts managers had commented favourably on radio about the idea, as a way of introducing discipline into consultants' work. Radiologist Dr Gillian Markham said that she found that reaction insulting and reason enough to reject the idea.

After the meeting the chairman of the Central Consultants and Specialists Committee, Mr John Chawner, said, "The fact that virtually half of consultants want us to look at the alternatives is very significant." He attributed the increased frustration to several factors. In the past year the government has proposed introducing performance related pay in the health service. It has said that from next year doctors should receive only a modest pay rise, topped up with performance pay if money could be found

Expressing frustration: consultants voting at their annual conference

from local budgets. The conference roundly condemned this move (p 1643):

Consultants are also frustrated at what they see as the disadvantages of the internal market—a two tier service, fast tracking of fundholders' patients, and the misuse of waiting list funds to treat patients who have been waiting a long time at the expense of more clinically urgent cases. They strongly supported the claim that the reforms "have disadvantaged patients and communities, created an expensive bureaucracy and billing system, destroyed professional morale, and fragmented the service." The new attitude, according to surgeon Mr James Robertson, is "pack 'em high, sell 'em cheap, never mind the quality."—LINDA BEECHAM, *BMJ*

Overseas doctors pose threat in New Zealand

Doctors in New Zealand want a curb on the number of overseas doctors being allowed into the country to practise because of fears that local graduates will be forced to go abroad to find work. New Zealand's two medical schools say that increasing numbers of newly qualified doctors may be unable to get jobs because they are having to compete with doctors from overseas.

The dean of Auckland's School of Medicine, Professor Peter Gluckman, said: "Many of our students are unable to practise because they are being displaced by overseas doctors, who are not trained for the New Zealand environment." He expected that 40 to 50 newly qualified doctors would have difficulty in getting jobs next year.

At present doctors from Britain, the Republic of Ireland, Australia, Canada, and South Africa automatically qualify for registration in New Zealand. About 400 doctors from overseas registered in New Zealand last year, while 260 doctors graduated from the country's two medical schools. In particular, about 140 South African doctors registered in New Zealand from 1 January to 20 April this year. The president of the Medical Students' Association, Michael Nightingale, said: "I think it odd that New Zealand has still got an open door policy when countries like Australia [which allows in 200 doctors a year] are restricting the unlimited entry of people into the workforce." The minister of immigration, Mr Roger Maxwell, said, however, that it would be a retrograde step to turn away highly qualified immigrants. The intention was to increase the country's "human capital" in the long term, he said. He has agreed to meet representatives of the Medical Council of New Zealand to discuss the matter.

Meanwhile, overseas doctors denied full registration in New Zealand have formed the New Zealand Overseas Doctors' Associ-

Headlines

Britain has poor record on heart disease and cancer: An analysis of the 70 regions of the European Union in the latest regional trends survey shows that Britain has Europe's highest rate of death from heart disease (on average 528 per 100 000). It also has the second highest rate of death from cancer (277 per 100 000), lower only than that of Denmark (299).

US urged to declare tobacco a drug: The American Medical Association has called on the Food and Drug Administration in the US to rule that tobacco is an addictive drug. This follows a study showing that non-smoking women who live with smokers have a 30% greater risk of developing lung cancer than do women living with non-smokers.

US senate abortion bid defeated: Abortion would be included in any basic health insurance package under President Clinton's plans for health reform in the US. A Republican amendment proposing that abortion should be removed from the package was defeated in the senate's labour and human resources committee.

Polish abortion law could be relaxed: The Polish parliament has proposed relaxing the strict antiabortion legislation by allowing women to terminate pregnancies when they are in a difficult personal situation. But the Roman Catholic president, Mr Lech Walesa, says that he will not sign the law, and prochoice deputies would need a two thirds majority to override a veto.

Joint Consultants Committee elects new chairman: Professor Sir Norman Browse, president of the Royal College of Surgeons and professor of surgery at the United Medical and Dental Schools of Guy's and St Thomas's Hospitals, has been elected unopposed to chair the Joint Consultants Committee, a joint committee between the profession and the health departments in Britain. He succeeds Mr Paddy Ross.

Health secretary admits varied NHS management costs: The health secretary in Britain, Virginia Bottomley, has stated that the management costs of NHS trusts vary more than twofold, from under 4% to more than 8.5%. The costs in health authorities vary fourfold, and Mrs Bottomley said that in future trusts and authorities would be required to publish their management costs.

ation to fight for their rights. A member of the lobby group, Dr Tawhid Hassanien, holds an Egyptian medical degree and practised in Britain for five years. The new Medical Practitioners Bill, due to be introduced to parliament this year, is likely to change the system so that doctors do not get automatic registration on the basis of which university they attended. Dr Hassanien supports the change and is pushing for foreign doctors to be considered on a case by case basis. The medical council is hinting, however, that changes are likely to follow the international trend of tightening up on the registration of immigrant doctors. Dr Robin Briant, who chairs the medical council, said that the choice of countries whose doctors are currently allowed automatic registration in New Zealand was not racist but probably reflected New Zealand's past as a British colony. "The council is considering whether to extend the registration examination to overseas doctors of all nationalities rather than selected ones," she said.—CHARLES ESSEX, community paediatrician, Auckland

Doctors seek ruling on nuclear weapons

A bid to declare the use of nuclear weapons illegal on health grounds has been launched in the International Court of Justice in the Hague. The World Health Organisation has asked for a ruling after a controversial decision by last year's WHO Assembly that the action lay within its remit. The court is being asked to rule whether the use of nuclear weapons breaches the WHO's obligations under international law.

The case is likely to last a year after the deadline (10 June) for presenting written evidence. Twelve nations represented in the WHO, including the Ukraine, Sweden, Mexico, and the Republic of Ireland, are reported to have submitted statements arguing the illegality of nuclear weapons. The Ukraine said that as a country that had suffered the "ruinous and disastrous consequences of the Chernobyl nuclear catastrophe" it was "deeply convinced" that using nuclear weapons was illegal.

The British government has said that it will argue that the use of nuclear weapons is legal. Along with France, Germany, and the United States it is expected to argue that the question is beyond the mandate of the WHO.

The International Physicians for the Prevention of Nuclear War (IPPNW) is one of three organisations behind the bid. It presented the court with nearly 100 million signatures and more than 150 000 statements to support its case.

IPPNW's copresident, Professor Vic Sidel, outlined his beliefs after 30 years' research into the health consequences of nuclear war. He said that research dating back to 1962 concluded that nuclear war in the United States would leave 133 million people dead with 32 million of the 93 million survivors injured. Roughly 80% of medical resources would be destroyed, leaving one bed for every 64 victims with trauma and

Nuclear weapons violate the basic principles of common morality

burns and one doctor for every 633 injured patients.

The effect of ionising radiation on the immune system would result in uncontrollable infectious diseases, such as cholera, typhoid, tetanus, and polio, leading to death rates of up to 35%, according to Professor Sidel. Meanwhile, there was potential damage to the human gene pool, with consequences for future generations. "Nuclear war means death to humans and the environment. The only possible solution is prevention," he said, citing the 1987 WHO report which said that no local health service could cope with the casualties from a single nuclear weapon.

Colin Archer of the International Peace Bureau argued that because nuclear weapons crossed national boundaries and affected civilians they "violated the basic principles of common morality—you don't attack non-combatants."—TONY SHELDON, freelance journalist, Utrecht

German hospital directors accused of bribery

Directors of 50 out of 51 heart centres in Germany have accepted bribes from producers of artificial heart valves for choosing their products, the news magazine *Der Spiegel* reported last month.

The scandal began when Karl Kaula, director of the Verband der Angestellten-Krankenkassen (the association of employees' health insurances), wrote to the minister of health, Horst Seehofer. Kaula estimated that the losses for the health insurance system resulting from excessive prices for heart valves may have amounted to DM45m (£18m). Then Allgemeine Ortskrankenkasse, Germany's biggest public health insurance company, reported that producers of other

implants, such as pacemakers and hip joints, were involved in the scandal.

The procedure, as described in *Der Spiegel*, seems to be that hospital directors negotiate purchase prices for heart valves with sales staff and are offered discounts depending on the number of implants they buy. Instead of the money saved being passed to the hospital it was said in some cases to have been transferred to "research accounts" to which only the hospital directors had access. In other cases hospital directors were said to have accepted shares, cars, or holidays from the industry for taking part in the deal.

In a first reaction, the president of the Deutsche Arztekammer (German chamber of physicians), Dr Karsten Vilmar, found it "depressing" that the insurance companies blamed doctors for bribery. Dr Ellis Humber, president of the Berlin chamber of physicians, conceded, however, that accepting bribes may have been "common practice" among hospital directors even in the '80s. Mr Seehofer said that he had heard about the scandal but had passed all available evidence to the Ministry of Justice: "I am not the state attorney," he said.—HELMUT L KARCHER, medical writer, Munich

Computer screens get the all clear

Pregnant women who work at computer terminals are not at greater risk of suffering miscarriage or having babies with congenital deformities, according to a report published by the National Radiological Protection Board. The report also states that visual display units (VDUs) do not seem to cause cataracts or skin diseases, though some existing skin problems may be aggravated.

The report, produced by the board's advisory group on non-ionising radiation under the chairmanship of Sir Richard Doll, considered nine epidemiological studies of spontaneous abortion rates in VDU users: of these, six had found no increase in risk and three had found some increase in subgroups of workers. But the advisory group did not consider these latter three studies to have been as well designed as the former. The studies also indicated no increase in congenital abnormalities in children born to women using VDUs in early pregnancy. The report concludes "there does not appear to be any urgent need for further epidemiological studies."

The advisory group also issued a statement on electromagnetic fields and the risk of cancer, concluding that "there is no persuasive biological evidence that extremely low frequency electromagnetic fields can influence any of the accepted stages in carcinogenesis. There is no clear basis from which to derive a meaningful assessment of risk, nor is there any indication of how any putative risk might vary with exposure." The advisory group did, however, find some evidence to suggest a possible link between exposure to electromagnetic fields and childhood leukaemia.—CLAUDIA COURT, BMJ

American children to be weaned from hot dogs to bananas

Since the second world war American children have grown up eating hamburgers, hot dogs, and chips, most of these eating habits being established by school lunches. But last week the United States Department of Agriculture announced that American schoolchildren were eating too much fat and sodium and too little fibre. It is proposing new rules for school lunches. If they are implemented schoolchildren will dine on low fat cheeses, turkey sausages, poultry burgers, and low fat salad dressings.

The federal government spends more than \$5bn (£3.3bn) a year to provide lunches for 25 million children in about 92 000 schools. The school lunch programme began in 1946, after the army reported that many wartime recruits had been malnourished.

According to dietary experts, the focus has therefore been on energy, especially from red meat and whole milk. Nowadays, said a government report, "excesses in consumption are a major concern." A government study last year found that fat made up 38% of school meals' energy (about 15% from saturated fats) and that the lunches contained about twice the recommended amounts of sodium. The average American consumes about 40% of energy as fats.

The new rules would limit fats to 30% and saturated fats to 10% of the energy served daily. Sodium would also be restricted. In contrast, lunches would contain more fibre and complex carbohydrates from fruit and vegetables. The public has 90 days to comment on the new guidelines, and the rules would not be put into effect until 1998. But consumer advocates say that the programme could be in place by the middle of next year.

The milk industry is concerned because

most milk now served is whole milk and the government's purchases for school lunches represent a major market for the dairy industry. But the fresh fruit and vegetable trade association is ecstatic. "The new rules will absolutely increase purchases of fresh fruits and vegetables, everything from apples, bananas, and oranges to broccoli and carrots," said Thomas Stenzel, the group's spokesman.—JOHN ROBERTS, North American editor, BMJ

Sick Gulf war veterans in US to get disability payments

The US government says that it plans to pay former soldiers who say that they suffered illnesses as a result of their service in the Gulf war, thus ignoring the lack of medical evidence.

Veterans Affairs secretary Jesse Brown, himself a disabled veteran of the Vietnam war, last week asked Congress for authority to provide disability payments for three years to sufferers of what has become called the "Gulf war syndrome": fatigue, arthralgia, respiratory problems, memory loss, and speech and motor incoordination.

The decision to pay the veterans comes despite reports from several medical experts that the evidence for the syndrome is insufficient. But groups such as the Disabled American Veterans say that their complaints have been treated in much the same way as the early complaints of symptoms from Agent Orange, the defoliant used by the US during the Vietnam war. It took more than 10 years for evidence to accumulate that resulted in disability payments being paid.

Secretary Brown said that he could not explain why more than 20 000 former soldiers

Americans hope to persuade their children to eat sensibly

have claimed illnesses related to the Gulf war but that "the Persian Gulf was a dirty war—environmentally speaking." And even though an independent panel of experts organised by the National Institutes of Health last April said that the syndrome could have been caused by stress, chemical pollution, or parasites, he said that the Clinton administration has not ruled out biological or chemical weapons as a source of the ailments. The Czechoslovakian military has claimed evidence that the Iraqis used chemical weapons during the war, but the British defence ministry has rejected those allegations (11 June, p 1574).

Brown estimated that payments to ailing veterans would average about \$166 (£110) a month, which is the current payment for veterans who are 20% disabled. He is asking for Congress to support a payment programme for three years or longer to give medical experts time to define the syndrome.

Whether Congress actually needs to act is uncertain, but Brown said that veterans could start to be paid within 120 days of approval.—JOHN ROBERTS, North American editor, *BMJ*

Hospitals will be prosecuted over fungal spillage

The Health and Safety Executive in Britain is to prosecute the United Medical and Dental Schools of Guy's and St Thomas's Hospitals for breaches of the Control of Substances Hazardous to Health Regulations 1988 after cultures of two dangerous fungi were spilled last September in one of the schools' laboratories.

The two fungal micro-organisms—*Histoplasma capsulatum* and *Paracoccidioides brasiliensis*—were in glass flasks, which were found broken on 17 September. About 500 ml had escaped, and the breakage was believed to have occurred two days previously. No one was thought to have handled the flasks, and how they came to break remains a mystery. The Health and Safety Executive, which investigated the incident, considered that the ventilation system in the laboratory was inadequate and decided that

about 25 people had been at risk of contact with the fungi.

The prosecution alleges that the schools failed to assess the risks properly. It also accuses the schools of not ensuring control of exposure and of not providing enough information on what precautions should be taken. The schools plan to contest the charges.

Among the risks associated with the two fungi are skin infections, respiratory diseases, and meningitis. Dr Lynn Carlisle, who heads the project that was culturing the organisms, denied that students had been put at risk: "Both organisms were in the yeast phase, which has never been shown to be harmful to humans. There was no danger of anyone breathing them in and falling sick." All those who might have been exposed were screened afterwards with negative results, although effects might be delayed by a long incubation period.

In December a laboratory in Birmingham University was closed amid concerns over the containment of a virus that had been injected with a gene that causes cancer.—OWEN DYER, freelance journalist, London

Focus: Sydney

Tobacco becomes a political banana skin

Five days before the World Health Organisation's 1994 world "no tobacco" day, on 26 May, Mrs Bronwyn Bishop was appointed as the Australian Liberal/National party coalition's shadow minister for health. An hour later she made, with what one commentator called "exquisitely appalling timing," her first public statement in her new role: "If a product is legal then it should be able to be advertised. It can be cigarettes today, it can be alcohol tomorrow, it can be Mars bars the day after and armchairs the day after that. The principle remains constant." Hours later she dug herself into a deeper hole, adding, "I say to those people who believe [tobacco] is a dreadful product to make your case. They have not done so."

Before the day was over she had been admonished by her party leader and rushed to qualify her remarks as being only her personal views, not those of her party. By Sunday she had completed a volte-face, writing in a newspaper, "I agree with the medical profession that smoking is detrimental to health, and research shows precisely that."

Given the strength of Australia's anti-smoking movement, reaction round the country was predictably tumultuous. The president of the Australian Medical Association said she wasn't fit to hold her position. The medical director of the National Heart Foundation said her comments were an

insult to doctors and scientists and a threat to the public's health. Press commentators, cartoonists, and letter writers were equally vituperative ("totally stupid comments," "ridiculous... how lacking she is in political nous," "one of the most absurd statements any spokesperson for health has ever issued"). By the fourth day the heat had become so intense that she cancelled an appearance on a TV interview programme.

At the centre of Mrs Bishop's rejection of controls on tobacco advertising is the slogan, "If legal to sell, then legal to advertise." This slogan—a clarion call for the international tobacco industry for nearly 30 years—has a seductive simplicity. But its absolutist sweep camouflages several implications that deserve unmasking.

There are many precedents for legally available products to have restrictions placed on their advertising. In Australia the most obvious are some over the counter drugs, including cough suppressants, strong analgesics, hormones, and topical steroids. None of these can be advertised. The interests of the community are thought to be best served by making the products freely available but by not allowing advertising to promote their use.

Furthermore, it is not legal to sell tobacco to children. Thus Mrs Bishop's logic accepts that tobacco products should not be advertised to children. Indeed, acceptance of this corollary has already led the tobacco industry into voluntary agreements not to direct its advertising at children. This has produced such absurdities as not having tobacco hoardings within 200 m of a school, implying

influence at 199 m but not at 201 m. It has also led to McDonalds sponsoring cricket one week with overt appeals to children and Benson and Hedges sponsoring it the next—loudly proclaiming its lack of interest in the teenage market.

Tobacco control policy seeks to reduce the demand for tobacco through education and through policies affecting price, supply, packaging, and so forth. The goal of any advertising is to do the opposite—to promote the goods being advertised. By definition therefore tobacco advertising is incompatible with any serious policy to reduce tobacco consumption.

Tellingly, the minister for health, Dr Carmen Lawrence, described Mrs Bishop as "an apologist for the tobacco industry rather than a shadow minister interested in the health of the community." Notwithstanding political point scoring, the statement is instructive. It is hard to imagine any other industry being described by a government minister in such a contemptuous way. Dr Lawrence's slur was a measure of just how far advocacy of tobacco control has advanced in Australia. Indeed, a spokesman for the Australia's Tobacco Institute said of the antismoking movement, "They've won everything... Our work is practically done." Let us hope that Mrs Bishop's personal views on the subject remain just that. Let us also hope she does not continue to follow in the footsteps of her role model Baroness Margaret Thatcher, who on leaving British politics took up a consultancy with Philip Morris.—SIMON CHAPMAN