New health minister outlines future for South Africa

South Africa's new health minister, Nkosezana Zuma, has announced that there will be swift improvements to the nation's health care under the new government. Some of the first changes will include nutritional feeding schemes in schools, free health care for children under 6, and toughened health warnings on cigarette packets.

Dr Zuma will have the backing of two major policy documents: the final plan of the African National Congress (ANC) for a national health system and the reconstruction and development plan of the government and the ANC for housing, health, welfare, and other key areas. As far as free health care for under 6s is concerned, Dr Zuma told parliament that this would operate in all state hospitals and clinics "where such needs exist." But she pointed out that in some areas of the country facilities simply did not exist and this had to be addressed.

Dr Zuma, who worked underground for the ANC while it was banned, intends to remove disparities in health spending and to establish a widespread network of clinics throughout the country. She told parliament: "Eventually we feel that permanent clinics acting as community centres available after hours for community activities such as literacy classes are the answer."

The health plan which Dr Zuma will work to was drawn up with the help of the World Health Organisation and Unesco. As well as focusing on young schoolchildren it will concentrate on elderly people, disabled people, and those with certain chronic illnesses. Fees at public hospitals will be increased for those patients with some existing form of cover such as insurance, and hospitals will be able to keep some of that income to improve their services. Primary care facilities in rural and poorer urban areas will be a priority.

The ANC hopes to introduce a comprehensive drugs policy into the country, encouraging generic prescribing, and making sure that every area has an essential drug list in the public sector. The ANC's plan also deals with training and remuneration of health staff. It outlines the health problems caused by apartheid and violence and seeks to redress some of them. One of the more controversial parts of the ANC's plan is its intention to allow some official and limited form of recognition to traditional healers and "traditional drugs."

Dr Zuma, who is due to announce full details of the government's health plans next month, will face her toughest test when

Voting for change: health care at least could improve rapidly

dealing with the tobacco industry. The fourth largest tobacco company in the world, Rembrandt, operates out of Stellenbosch, and the ANC and Dr Zuma have given notice that they intend to increase the excise on tobacco products to discourage use of tobacco and to increase government revenue for health spending.—PAT SIDLEY, freelance journalist, Johannesburg

Doctors try to halt performance pay

Patients' care will suffer if the government insists on introducing performance related pay for doctors, the British Medical Association (BMA) has warned. Consultants, junior doctors, and public health doctors have tabled 25 motions in opposition to performance related pay for their annual conferences later this month.

Performance related pay would not be added on top of existing salaries. Instead the Department of Health is proposing that the Doctors' and Dentists' Review Body should recommend a lower salary for doctors this year than it would have done. Local trusts would then have to find the extra money for performance related pay by making productivity savings.

The secretary of the BMA's central consultants and specialists committee, Sally

Watson, said: "Our first fear is that a lot of people won't get any of that money at all because trusts won't be able to afford it. The reason for the Doctors' and Dentists' Review Body being set up in 1968 was to avoid doctors having to negotiate over pay and all the local disputes that that can entail. We fear that this system would undermine the role of the review body pretty quickly. By the second year the review body won't have the necessary information on what doctors are being paid so it will have no baseline for a decision."

One of the health department's guidelines for locally devised schemes is that "each scheme should have clear objectives linked directly to the organisation's business needs and performance management process." Sally Watson says that this is a particularly worrying aspect: "We are concerned that people will get more pay for things that managers want—for instance, treating fundholders' patients or treating a particular category or patient because that category brings money in for the trust. Ultimately, that could interfere with clinical judgment."

The BMA argues that there is no evidence that performance related pay has improved performance anywhere in industry. There are also fears that performance related pay could mean that some specialties such as orthopaedics would be better paid than psychogeriatrics, for example. The association also believes that the health department

Headlines

FBI investigates use of new laws after abortion protest: The Federal Bureau of Investigation in the US is considering whether to charge eight people arrested for blocking an abortion clinic in Milwaukee under a new law that deals with access to clinics. Protestors cemented themselves to cars outside the entrance and poured acid into the building.

Growth of medical expenditure is slowing in France: After a series of increases in medical expenditure in France in the range 6.6-9.0% a year growth was down to 5.7% in 1993. Expenditure on pharmaceuticals and biological tests has decreased. The drop is largely attributed to the publication of guidelines to limit prescriptions. Medical expenditure as a percentage of the gross national product in France is 8.9%, the highest in Europe.

Caesarean section rate in US could be levelling off: In 1992, 22.6% of deliveries in the US were by caesarean section compared with 24.7% in 1988, according to Public Citizen, a consumer group. The group claims that the fall is due to women who have already had one caesarean section insisting that they attempt a natural delivery.

German health fraud could be widespread: Germany's health insurance companies have accused surgeons and medical companies of inflating the costs of pacemakers, hip joints, and other implants by up to twice the real price. The insurers claim that chief surgeons and about 10 companies in Germany formed a cartel up to 14 years ago.

Medical academics oppose PRP: At their annual conference this week representatives of medical academic staff called on the BMA to oppose the introduction of performance related pay into the NHS and medical academic departments.

Greece withdraws opposition to European Union advertising ban: Greece, a major tobacco producer, announced this month that it would not block a ban on tobacco advertising. This leaves Germany, the Netherlands, Denmark, and Britain still opposing a ban.

should be striving for quality, not quantity.

Mark Porter, a member of the BMA's junior doctors committee, said that juniors have particular concerns: "The key problem is that we are not here simply to provide a service; we are trainees, and our work is determined by the need to gain appropriate training. If we work towards performance related pay targets, where we may be required to do a large number of tonsillectomies, for instance, then we are not getting good all round training."

Junior doctors are also likely to miss out because their contracts tend to be for only six months or a year, and they fear that they will never have sufficient time to meet performance related pay targets in any one hospital. Even if they do, says Mark Porter, it is unlikely that the financial bonus would ever catch up with them in their next hospital.

The government has given no indication so far of how performance related pay for doctors would work.—CLAUDIA COURT, *BMJ*

NHS trusts fail to set local pay

Plans to set NHS pay and conditions at local level will not succeed without clearer central and corporate strategy, says a report from the National Association of Health Authorities and Trusts. Little progress has been made since the NHS reforms in 1990, which gave hospital trusts the freedom to set pay and conditions at local level for all staff except junior doctors. Trusts were encouraged to exercise their new autonomy, to break down traditional distinctions between professional groups, and to link pay to performance. Existing central pay bargaining schemes were expected to "wither on the vine," says the report. The report concludes, "it may have been unrealistic to expect long established pay schemes to be overthrown without there being clear corporate agreement on what should replace them."

The chief executives and human resource directors of trusts identified two main barriers to progress: the continued existence of the central pay bargaining schemes—the Whitley councils and the pay review bodies; and staff transfer arrangements, which allow staff to retain their pre-existing terms and conditions of service when they transfer to another hospital. The central schemes have retained their advantage over trust contracts, says the report, by becoming more flexible and because of employees' distrust of performance related pay schemes. Non-Whitley packages are spreading only slowly and are largely confined to health care assistant and management grades. The report recommends a management task force to advise the NHS Executive on the timetable for achieving local determination of pay. The task force should include representatives from both trust and non-trust hospitals.—

FIONA GODLEE, *BMJ*

Approaches to Pay and Reward by NHS Trusts is available from the National Association of Health Authorities and Trusts, Birmingham Research Park, Vincent Drive, Birmingham B15 2SQ, price £8.

Doctors call for softer drug laws in Australia

The Australian Medical Association (AMA) has sparked a national debate on Australia's drug laws after calling for the partial decriminalisation of marijuana for first offenders. The AMA's national conference in Canberra voted in support of relaxing the legal sanctions against people caught with small amounts of the drug to avoid making them criminals.

But the move prompted a storm in the federal parliament with various politicians being accused of, and admitting to, smoking it. Others questioned why the AMA, which takes such a public stand against the use of tobacco, should be advocating the conditional decriminalisation of cannabis.

The premier of Victoria, Mr Jeff Kennett, said that he found the AMA's move extraordinary. "I can understand its concern, but I just can't balance up the arguments about stronger requirements on cigarettes, which we all support, and yet actually weakening the laws on the drug that is more severe," he said.

Dr Brendan Nelson, the AMA's president, said that, while some doctors would disagree with the call the conference resolved that criminal sanctions created health problems of their own. "We are not prepared to support any Australian getting a criminal record, which can affect employment, psychological welfare, family relationships—a whole range of things that contribute to ill health—simply because they have been caught in possession

Doctors are backing the decriminalisation of marijuana

of a very small amount of cannabis," he said.

The conference also voted for prison sentences for the use and possession of small amounts to be abolished and replaced with compulsory rehabilitation programmes.

The vote marks a more progressive stance by the AMA, which has never called for decriminalisation before. Dr Nelson said that the AMA was not arguing for the legalisation of the drug or promoting its use.

The Alcohol and Other Drugs Council of Australia recently found that marijuana was becoming a normal part of teenage life. Dr Nelson said: "Equally disturbing to us is the mistaken view among some young people, and some not so young, that marijuana is in some way safer than cigarettes, that it is perhaps safer than the misuse of alcohol."

The AMA's support for a softening of drug laws could lead to state and federal government action, according to government sources in Canberra.—CHRISTOPHER ZINN, Australian correspondent, *Guardian*

• Doctors should be allowed legally to prescribe cannabis for pain relief, according to the heads of six leading British medical and nursing organisations. Three of the six, including Dr Sandy Macara, the chairman of council of the British Medical Association, also support moves to decriminalise possession of the drug for recreational use.

AIDS vaccine suffers setback in US

Seven people involved in early trials of an AIDS vaccine in the US have become infected with HIV, it was announced last week. Researchers have assured the public that the cases could not be attributed to the vaccine and that two of the new cases were in placebo arms of one study.

Three people were part of a trial to study the safety of vaccines made up of gp120, a fragment of the virus's outer coat. All three were members of groups that are at high risk of HIV infection, and researchers said that since they had not completed their course of three injections of vaccine, the vaccine had not necessarily failed. "There is nothing in these events that we hold as especially significant," said Jack Killen, who leads the AIDS division at the National Institute of Allergy and Infectious Diseases (NIAID).

Both vaccines were developed on the basis of logic. Researchers hoped that the gp120 fragment would induce the production of antibodies that would confer resistance to the whole virus. So far all trials of vaccines have been designed to test their safety and the measured immune responses among subjects. In all, about 1300 people have volunteered for one of several vaccine safety trials. No trial that would directly test a vaccine's efficacy has been started, said a spokesman for the NIAID.

Because of these goals most studies have been carried out on groups who are at low risk of acquiring HIV infection. In these groups two people contracted the infection

HIV: vaccines that induce antibodies may not be effective

while receiving placebos and two others contracted the infection while receiving vaccines.

In the study in which three people became infected about 260 volunteers had been recruited from groups at high risk of becoming HIV positive: intravenous drug users, partners of people with HIV infection, and young gay men who practise unprotected sex. All were counselled about high risk behaviour, and the groups as a whole decreased risky practices by at least a third, said Lawrence Corey of the University of Washington, a principal investigator. The subjects had all been told not to expect that the vaccines would protect them from becoming infected. The study, protocol 201, called for three injections of the gp120 fragments: an initial one, a second a month later, and the third at six months. All three subjects became HIV positive before they completed the course of injections.

A group that monitors all vaccine trials conducted by the NIAID met two weeks ago and decided that the trials should continue—no new subjects are being recruited.

The two gp120 vaccines were developed by two firms, Genentech and Biocine. Both firms' vaccines were involved in the three infections in protocol 201. A spokesman for Genentech said that he was not surprised that people had become infected during the study. Firstly, he said, no vaccine offers 100% immunity, and, secondly, these vaccines had not had a chance to bolster full antibody production.

Although trials of vaccines that induce antibodies are further along in the US, some researchers think that this traditional approach will not be effective against the HIV retrovirus. These critics believe that a vaccine will have to stimulate the body to mount a cellular immune response. On 17 June an advisory group of the NIAID will meet to decide whether to take the trials of such vaccine further by testing them on a group of 5000-10 000 volunteers.—JOHN ROBERTS, North American editor, *BMJ*

Ritual abuse dismissed as mythical in Britain

Claims of widespread satanic and ritual abuse of children in Britain were dismissed by a government report last week. The study was carried out by Jean La Fontaine, former professor of anthropology at the London School of Economics. She looked into 144 allegations of group abuse by paedophile rings and abusive families, as well as 84 cases in which ritual abuse was specifically alleged. The report echoes the findings of a six month investigation in the Netherlands that also found no evidence of ritual abuse of children (see p 1188, 30 April).

Professor La Fontaine found that there was corroborating material evidence, such as robes, masks, and altars, in only three of the 84 cases of alleged ritual abuse. The report describes these cases as ordinary cases of sexual abuse in which the perpetrators claimed magical powers to frighten their child victims into silence. No hard evidence of devil worship was found in any of these cases. Claims of human and animal sacrifice failed to be corroborated by police investigations. Virginia Bottomley, the health secretary, said that the report "exposed the myth of satanic abuse."

The report blamed the scares about satanic abuse in 1988-92 on health professionals' and social workers' interview techniques. In many cases they were found to have asked leading questions based on their preconceptions of guilt. "In a few cases," the report says, "the interviewers have invented information . . . in order to pressure a child to speak." Professor La Fontaine was also sceptical of the opinions of survivors' groups, consisting of adults who claim to have been ritually abused as children.

The report also singles out specialists in the field as responsible for promulgating the myth. Many specialists came from the

United States, where allegations of devil worship and ritual abuse were widespread in the 1980s.

The bulk of the cases studied came from three incidents in which social workers claimed to have uncovered rings of devil worship. In Nottingham in 1989 nine men and women were convicted of sexual abuse, but social workers accused police of failing to follow up evidence of satanic rites, including claims by one woman that children had been sacrificed. Rochdale social services took 20 children into care, some for nine months, but claims of satanic abuse were eventually dismissed by the High Court. In the Orkneys, which fell outside the study's scope, nine children were taken into care amid similar accusations, but an inquiry later cleared the adults involved.

Neil Kinsella, solicitor for parents involved in the incidents in Rochdale, welcomed the report, saying that the families "were victims of a macabre race by social workers to be the first to uncover rings of satanic child abuse." He has now issued writs on the parents' behalf alleging negligence and breach of duty by Rochdale social services department. Valerie Sinason, a child psychotherapist, and Dr Robert Hale, a psychiatrist, both from the Tavistock Clinic in London, issued a statement last week criticising the report's findings. "Ritual abuse," it said, "involves highly sophisticated organisation to ensure that as little evidence remains of any activities as possible."—OWEN DYER, freelance journalist, London

The Extent and Nature of Organised and Ritual Abuse is available from HMSO bookshops, price £3.50.

French investigation launched into "transplant trade"

An investigation into the possible illegal origin of organs for transplantation, particularly corneas, has been prompted in France by a letter of protest from a dozen doctors to the Conseil de l'Ordre des Médecins, the French medical association. The letter points out that more than 1000 public hospital patients are waiting for corneal transplants, while some are treated in private clinics that purchase corneas from foreign banks.

Unconfirmed reports have indicated that some of the corneas have reached France through illegal channels. Dr Philippe Douste-Blazy, the minister delegate of health, has decided to launch an investigation in order to have an "ethical guarantee" for corneas used in France.

The severe shortage of corneas in France worsened two years ago after a highly publicised case in which the corneas of a young boy who had died in an accident were taken without his parents' consent or knowledge. Bernard Kouchner, then minister of health, instructed that consent must be obtained from families before corneas or eyes are removed from cadavers. The numbers of corneas collected fell sharply, and that of

patients waiting for a graft grew. Some ophthalmologists in private clinics turned to private banks, mostly in the Netherlands, Belgium, and the United States, and others referred their patients to colleagues abroad.

Last week Dr Thomas De Broucker, head of neurology at a hospital in Saint-Denis, a suburb of Paris, and a dozen other doctors, wrote to the Conseil de l'Ordre des Médecins, saying that the possibility that organs that had been obtained illegally were being used in the country demanded an investigation and that, in addition, the practice of purchasing corneas abroad had created a manifest inequality between those patients who could pay and those who could not (a cornea costs Fr 3000-5000 (£350-600)).

"France," they said, "is in an extremely retrograde position in comparison to most other European and North American countries because of the dramatic shortage of grafts resulting from the obsolete legislation on the collection of [eyes]. . . . If it were possible to collect only one out of every 10 corneas available in France, all of the people waiting for a graft could be treated."

Professor Bernard Glorion, president of the conseil, said that it was not up to the French medical association but rather to the World Health Organisation or Unicef to carry out an investigation. Douste-Blazy promptly reacted by saying that it was "essential to have ethical guarantees on the origin of corneas grafted in France" and ordered an investigation by the Inspectorate General of Social Affairs.

The solution may well come with the new bioethics bill, recently approved by both the National Assembly and the Senate, which would allow doctors to remove organs from dead patients unless the patients had expressed specific opposition to organ donation. Such opposition would be recorded on a national register. The bill is now being re-examined by a special joint committee and could become law in the coming weeks.—ALEXANDER DOROZYNSKI, medical journalist, Paris

Indian government plans tougher tobacco laws

The Indian government has drafted anti-tobacco legislation aimed at curbing India's rising consumption of tobacco. The legislation, which will be introduced to parliament at its next sitting, seeks to ban all advertisements for tobacco products; prohibit smoking in public; and extend statutory warnings to non-cigarette products of tobacco, which account for nearly 80% of all tobacco consumed in the country.

The legislation, prepared by the ministry of health and family welfare in consultation with the law ministry, also seeks to ban the sale of tobacco within a radius of 100 m of all educational institutions, medical colleges, and hospitals. The new rules will compel manufacturers to specify the tar and nicotine levels in their products.

The government estimates that about 142 million men and 72 million women above the age of 15 regularly use tobacco. Last year the Indian Council of Medical Research warned the government of a surge in diseases related to the use of tobacco (*BMJ* 1993;307:702) and predicted that the cost of treating such illnesses would far exceed the revenue generated from the tobacco industry.

The proposed legislation will enforce more stringent warnings about health risks associated with the use of tobacco. "The existing statutory warning, which merely states that tobacco is injurious to health, seems to have lost its significance," said Tushar Kanti Das, a senior official in the health ministry. The government intends to ask manufacturers to print statutory warnings that explicitly link the use of tobacco to heart disease, cancers, and other illnesses. These warnings will have to be printed on chewable tobacco powders and India's "beedies," a traditional type of unfiltered cigarette.

Voluntary organisations campaigning

France is looking at the ethics of its policy on corneal transplants

against tobacco have welcomed the government's move and are hoping that the legislation will be passed by parliament soon. "But such legislation should be followed by a more comprehensive anti-tobacco policy aimed at eliminating tobacco in a few decades," said Taposh Roy, tobacco control officer at the Voluntary Health Association of India. Key elements of such a policy would be a ban on expansion of the area of land devoted to growing tobacco, financial incentives to farmers to shift from growing tobacco to alternative crops, and rehabilitation of workers in the tobacco industry.

Meanwhile the tobacco industry has launched a nationwide campaign to counter what it claims is "Western oriented, anti-tobacco propaganda." The Tobacco Institute of India, an organisation based in New Delhi that lobbies for favourable government policies on tobacco, has made several representations to the ministries of agriculture, health, and commerce claiming that the proposed legislation will harm the economy. "We're seeking a review of the bill before it is introduced in parliament," said Amit Sarkar, director of the institute. "Such legislation has not been passed in any major tobacco growing and exporting country."

Tobacco economics has been a major factor hampering anti-tobacco legislation in India, which is the world's third largest producer of tobacco, with an annual crop of 500 000 tonnes. Some doctors say that the response of the tobacco industry in India is a replay of the tactics employed by its counterparts in developed countries.—GURU NANDAN, science writer, New Delhi

Britain's housing is unfit to live in

One in 13 homes in Britain is unfit for human habitation and another one in six needs urgent repairs, says a report from the National Housing Forum published this week. The report, which draws on government statistics, focuses on Britain's 19 million private homes and says that at least £70bn is needed to bring properties up to the standard expected by building societies for mortgage purposes. The rate of clearance of old properties is so slow—one in four is over 80 years old—that most houses will still be standing in the year 3000.

The National Housing Forum, which represents charities, local government groups, and professional organisations, argues that the government has not provided local authorities with adequate funding for renovation grants. "Neglecting housing is a false economy because the public purse must bear the costs of increased health and social care which are a consequence of poor quality accommodation," says the report.

Local authority standards of fitness for human habitation include that homes should be free from serious disrepair, have an effective piped water supply, and be free from dampness "prejudicial to the health of the occupants." But one in five homes in Britain has damp, condensation, or mould and this

One in five homes in Britain is damp

figure rises to one in three homes in Scotland. The report says that damp housing can exacerbate asthma and cause chronic health problems such as headaches, lethargy, sore throat, and poor appetite. "Poor housing conditions are often part... of the pattern of poverty and deprivation which leads to alienation, low achievement, and high levels of criminality in inner city and other areas."

The environment as well as people suffer, says the report, because old houses have inefficient heating systems and emit more carbon dioxide than new houses. More than four million homes lack central heating. Poor housing is also more likely to be unsafe: nearly 10 000 people were injured and over 550 people killed in house fires in 1991.

The report says that the amount of money set aside for housing renewal fell from £1.5bn to £500m between 1983 and 1992. In 1992, 34 928 mandatory renovation grants were provided, compared with 214 000 in 1984. The government has also reduced the rate of subsidy payable on grants from 75% to 60%, forcing local authorities to provide a higher proportion of the cost of grants.

"The government should address the issue as a matter of urgency," said Graham Facks-Martin, chairperson of the National Housing Forum. "What is needed is a substantial increase in public funding for house renovation, increased acceptance by owners of their responsibilities to repair their properties, plus a coherent strategy for dealing with the problems."

The organisation recommends that the government should invest an initial £7bn to tackle the backlog of disrepair over the next 10 years and suggests that it should intervene more to increase the volume of repairs by private owners and increase the rate of subsidy for renovation grants to 75%.

A spokesperson for the Department of Environment said that it had not seen the report but believed that the prime responsi-

bility for repairing a home lay with the owner. "The number of homes in need of repair has fallen. Public resources to help private owners are necessarily limited and therefore targeted on the neediest."—LUISA DILLNER, BMJ

Papering Over the Cracks is available from the National Housing Forum, 35 Great Smith Street, London SW1P 3BP, price £12.

Rabies persists in animals in Florida

Rabies remains endemic among a wide range of animals throughout Florida in the US, although no cases of rabies have occurred in people in the state since 1961. So far there have been 71 confirmed cases of rabies in animals in Florida this year. Figures from Florida's state department of health and rehabilitative services show that there were 149 confirmed cases of rabies in animals in 1984. Last year that figure had risen to 187 cases, which occurred in 115 raccoons, 23 foxes, 17 cats, seven dogs, one otter, one bobcat, and 23 bats.

Local veterinary associations, which run low cost rabies clinics, have tried to introduce bills dealing with rabies into the Florida legislature. An absence of sponsors prevented any bill being introduced this session.

Rob Mullen, director of public information in the health department, said: "The big puzzle is the explosion in rabies in the Tampa area due to foxes, which are infecting other animals." He said that when public attention is focused on the problem there are more demands for rabies testing and more liberal funding is supplied by the legislature. "Some people have suggested that in Tampa we bring back English fox hunting, but I'm not sure how serious they are."—FRED B CHARATAN, freelance journalist, Florida

European Union puts health at centre of new policy

The European Union (EU) is moving into health promotion as part of its new public health strategy under powers set out in the Maastricht Treaty. The basis of the new five year programme devised by the European Commission after consultation with the medical profession, international organisations, and national authorities is a 43 page document sent this month to EU governments and the European parliament for their approval.

"This document is not the be all and end all, but we believe that it can be a catalyst for action. It is fairly radical, and what it essentially says is that we should redefine health policy, introducing a new focus by putting health, not disease, at the centre," said one senior commission official.

The commission hopes that 35 million

European currency units (ecus) will be available for the programme over the full five years, with at least an initial six million ecus being available when it starts in 1995. The commission is inviting national and local authorities and organisations and agencies active in health promotion to submit proposals for the EU to back.

The EU's role will be to help the exchange of information and models of good practice; to coordinate initiatives at the union level; and to provide funding when it can. A clear preference will be given to large projects involving several EU countries.

Padraig Flynn, the Irish European commissioner responsible for health policy, believes strongly that behavioural factors such as diet, tobacco, alcohol, and drugs can be tackled by effective health education. This largely explains why the document—*Communication from the Commission concerning Health Promotion, Information, Education and Training within the Framework for Community Action in the Field of Public Health*—proposes a wide range of schemes.

The document sets out 14 areas of activity,

grouped in five sections: health information (opinion surveys and support for a European infrastructure for public health information); health information (in schools, at the workplace, and among young people); vocational training in public health and health promotion (for teachers and health professionals, promoting cooperation on the content of training courses in different countries); specific prevention and health promotion measures (with an emphasis on balanced nutrition and supporting self medication); and health promotion strategies and structures (with backing for national and regional health promotion networks and for comparative analyses of policies).

The health promotion programme is the second of eight policy areas identified as suitable for EU action in public health. A programme to combat cancer was unveiled earlier this year, and details of specific initiatives to reduce drug dependence, combat AIDS and other communicable diseases, and establish agreed health indicators are expected to appear later this year.—RORY WATSON, Brussels correspondent, *European*

Focus: Westminster

Government stumbles over disability bill

On the day the Labour leader, John Smith, died last month talks were due to have taken place between the government and the opposition about changing the working life of MPs, especially

their addiction to unsocial hours. Plans to reform the House of Commons—morning sittings, earlier nights, and free Fridays—now await the advent of Labour's new leader. The motivation for changing parliament's ways is partly a perception that it imposes an undue stress on its members and perhaps puts their lives at risk.

Evidence for this is equivocal. The average age of MPs dying in the course of the last parliament was 56. John Smith was 55, exactly the average of the eight MPs who have died in the first two years of the present parliament. But if this suggests a pattern of premature deaths they cannot on examination be fairly blamed on the demands of democracy. Heart attacks are outnumbered by other causes, ranging from a car crash to an embolism after surgery. The linkage is unproved, though the shock of John Smith's death has served to perpetuate it.

On the day he died the commons adjourned as a mark of respect, though one MP suggested that a more fitting tribute to Mr Smith's memory would have been to pass into law the Civil Rights (Disabled Persons) Bill. Like his death, this bill has become a

landmark of this parliament. One of Mr Smith's last acts was to write to the prime minister demanding the resignation of the minister for the disabled, Nicholas Scott, for his part in torpedoing the bill.

Plainly the episode reflects no credit on the government, making it appear to the disabled as if it had—in the words of one MP—kicked their crutches away. In their anger they marched, or literally crawled, on Westminster. The bill's purpose was to outlaw discrimination against disabled people in the same way as sexual or racial discrimination. It is modelled on the acclaimed Americans with Disabilities Act and has cross party support. The government underestimated the support for the bill, which it treated like an innocent to be led to the slaughter. Prime Minister John Major personally encouraged the bill to progress from second reading to committee stage. But when it came back to the house for its report stage the government promptly cut its throat.

That nowadays is the customary fate of contentious backbench bills. The technique is to table so many amendments that time expires and the bill falls. It happened a week earlier to the Tobacco Advertising Bill and a year ago to the Medicines Information Bill. But in these cases the fingerprints on the knife were those of the tobacco industry and drug companies. So who was the suspect in the demise of the Disabled Persons Bill? There is no longer any mystery. The government did the deed—though at first

Mr Scott categorically denied any hand in it.

His subsequent apology for misleading the house on this crucial point gave the bill lift off and left the government floundering. Labour demands for Mr Scott to quit were embarrassingly echoed by his own daughter, Victoria, an award winning research worker on disablement. Mr Scott has weathered the storm though the government has not. The prime minister was forced to promise further consultation. Exactly what this commits him to is uncertain.

There is now a clear conflict of principle. On one side there is the government's piecemeal approach. This targets legislation on areas where it is needed, usually by placing statutory obligations on public authorities to cater for the disabled. Over the years it has produced creditable results. The alternative is the comprehensive approach. It would give disabled people the legal right of protection against discrimination in employment, housing, transport, and the provision of goods and services, with a watchdog commission to enforce it.

John Major and the government have stumbled into an awkward hole. They calculate the difference between the targeted and the comprehensive approach as the £17 billion it would cost employers and business. But the government's mishandling of the issue has brought it face to face with a newly militant disability lobby—as well as the political calculation that there are 10 000 disabled voters in each constituency.—

JOHN WARDEN