Global health gap widens between rich and poor

The gap between the health of the world's rich and poor people continues to widen, with life expectancy falling in some countries while continuing to rise in others, says a new report from the World Health Organisation. Extreme poverty remains the world's biggest killer and diseases linked to poverty are increasing.

"For most people in the world today," says the report, "every step of life, from infancy to old age, is taken under the twin shadows of poverty and inequity, and under the double burden of suffering and disease. For many, the prospect of longer life may seem more like a punishment than a gift."

A person in one of the least developed countries has a life expectancy of 43 years, according to 1993 calculations, and the picture in some countries is growing worse. Life expectancy in developed countries, on the other hand, is as high as 78 years.

The report examines ill health not just by disease but also by age. As far as child health is concerned, it observes: "The number of children under 5 years who died in 1993—more than 12.2 million—equals the entire populations of Norway and Sweden combined." In part of the developed world only six out of 1000 liveborn infants die before reaching the age of 5, whereas in 16 of the least developed countries the rate is more than 200 per 1000.

Some improvements in child health are evident, notably a recent reduction in the number of children dying of diseases that can be prevented by vaccines. But the report notes "worrying signs that recent immunisation gains are being eroded or even reversed by economic and social conditions."

As far as adult health is concerned, about 80% of the 20 million deaths due to communicable disease are due to infectious and parasitic diseases. Tuberculosis alone kills about three million people, and it is estimated that there will be 8.8 million new cases of the disease in 1995.

Smoking is emerging as the world's largest single preventable cause of illness and death, says the report. The WHO estimates that there are about 1.1 billion smokers in the world today. "Smoking already kills an average of 3 million adults a year worldwide," says the report.—CLAUDIA COURT, BMJ

The World Health Report 1995: bridging the gaps is available from Office of World Health Reporting, WHO, 1211 Geneva 27, Switzerland; price Sw fr 15.

Poverty in the developing world is the main cause of death

WHO's head in controversy as auditor leaves

"A complete breakdown in dialogue and cooperation" with WHO's leaders has led John Bourn, WHO's external auditor, to withdraw his election bid for his post in 1995-6. Sir John Bourn is head of the National Audit Office in Britain, which has been external auditor for WHO since 1978. The next external auditor will be Henri Elwin Kluver, auditor general of South Africa.

Sir John's announcement, while not quite the same as a resignation (he will remain auditor for 1994-5), comes at a time of growing dissatisfaction with the leadership of WHO's director general, Dr Hiroshi Nakajima. It came as African delegates accused Dr Nakajima of making offensive remarks and called for his resignation. Their accusations gained momentum with the unauthorised release last week of a tape recording in which Dr Nakajima makes controversial remarks.

The National Audit Office in Britain complained of financial irregularities and

mismanagement in a report in 1993, and relations with WHO's secretariat have since become increasingly strained. The 1993 report was commissioned after the executive board renominated Dr Nakajima as director general. It found that the value of contracts let by the secretariat to members of the executive board had more than doubled in the six months before the election. At that time Sir John called for changes in the organisation's procedures and accountability and for strict limits on the letting of contracts to executive board members.

WHO's secretariat has been accused by Sir John of refusing to discuss with the auditors a recently submitted draft audit of WHO's regional office in Africa.

The draft report describes irregularities, such as breaches in contracting and recruitment procedures and the overpayment for overtime. The report does not put a figure on the amount of money that is unaccounted for, but notes that one example, the organisation's new telecommunications system, commissioned from one contract bid of \$1.6m (£1m), is not operational and is now 30 months behind schedule. WHO's financial regulations state that the secretariat should discuss such a report with the external auditors.

In a letter last week to the president of

Headlines

Diphtheria "emergency" in former Soviet Union: The diphtheria epidemic is worsening in the states of the former Soviet Union. WHO has declared the epidemic "an international public health emergency" and plans a new vaccination campaign among vulnerable adults. It warns that all countries should keep immunity levels high, regardless of intentions for travel.

Chinese lottery losers keep psychiatrists busy: Rates of mental illness are rising, say official reports from southern China's Hainan province. Experts blame the rise on financial speculation and gambling losses especially on the state lottery.

Government opens consultation on slimming drugs: The Department of Health has published its proposals to restrict the prescription of amphetamine-like slimming drugs. If the proposals become law doctors who prescribe the drugs outside of the statutory framework would be liable to a fine or imprisonment.

TB rife in London's homeless: Middle aged and elderly men in London who sleep rough and abuse alcohol are most at risk from tuberculosis, according to a study conducted by the charity Crisis. twelve cases of active tuberculosis were found after x ray screening of 611 hostel residents in inner London. None of the men showed signs of drug resistant bacteria.

US survey finds children's deaths preventable: A study by the National Safe Kids Campaign in the US finds that each year 7200 children under 14 are killed by accidents that could have been prevented. Over two thirds of children do not always wear cycle helmets; over half of adults do not lock their guns away, and one in three do not put medicines out of reach.

Thalidomide victims get extra funding: The firm Guinness, which now owns Distillers, whose subsidiary made the drug thalidomide, has announced that it will donate £2.5m a year for 15 years to the Thalidomide Trust after warnings that the trust fund was running out.

US "Dr Death" faces charges: Dr Jack Kervorkian, who has assisted or witnessed 22 suicides in the US since 1990, faces five charges of murdering two people in Michigan.

WHO's governing body, the World Health Assembly, Sir John said, "A high degree of cooperation and trust between an organisation and its external auditor is essential In view of the attitude of the secretariat, I have, with much regret, concluded that these essential requirements no longer obtain. For these professional reasons I accordingly wish to withdraw my bid for (future) appointments as the organisation's external auditor."

The auditor's resignation comes amid increasing dissatisfaction with Dr Nakajima among delegates and staff, especially those from Africa. In January Dr Nakajima was reported to have made remarks about African staff during a meeting to discuss improving the representation of African countries at WHO's headquarters in Geneva. After initially claiming that his remarks had been misrepresented, Dr Nakajima apologised to African ambassadors in February.

Last week the *Geneva Post*, obtained a partial recording of the meeting. Quoted in the newspaper's edition of May 5-7, Dr Nakajima can be heard to say: "The problem of Africa... transfer from Africa to headquarters or other place...two aspects. One is adaptation in culture. Several staff coming from Africa unfortunately unable to adapt in the culture predominant in the Western way...Second is the problem of language. Few Africans very good speaker. But for drafting, editing, writing documents, sometimes it is difficult."

In a speech to the assembly at its annual meeting in Geneva last week, Zambia's health minister, Mr Michael Sata, said that he was "sad and concerned at the new attitude the WHO leadership under the current director general has demonstrated." Africans were, he said, poorly represented at senior levels in the organisation. There were no Africans in the director general's 10 member cabinet and only one African among the 46 directors and two among the 28 assistants to the directors.

None of these three Africans was appointed by the current director general, he said. Quoted in the *Geneva Post*, Mr Sata said, "I think enough is enough and (Dr Nakajima) should leave honourably. In my opinion that's all he can do."

Richard Leclair, director of communications and public relations at WHO, said that the problems with audit in Africa had now largely been resolved. Africa has a new head of its regional office, Dr Ibrahim Samba, who has promised to improve audit in the future. Leclair said that the region had been subject to civil unrest and that a backlog in routine work had built up. Leclair said that Sir John was now happy that no fraud had taken place in the region.

Leclair said that Dr Nakajima was committed to increasing the number of African staff holding high positions at WHO headquarters.

Dr Nakajima's second term ends in 1998. According to sources in Geneva he is planning to seek re-election for a third term. —FIONA GODLEE, Harkness fellow, Harvard Medical School, and DOUGLAS CARNALL, BMJ

Dentistry: a tourist attraction in Jordan

Jordanian dentists refuse treatment for Israeli visitors

The Jordanian Dental Guild has barred its 2800 members from treating Israeli patients who arrive in Jordan as tourists and seek treatment, which is cheaper than that available at home. Any Jordanian dentist treating Israelis could face expulsion from the national union.

Similar warnings have previously been issued by unions representing Jordanian doctors and lawyers. Some of these groups have taken a hard line on relations with Israel after the peace treaty signed by Jordan's King Hussein and Israel's Prime Minister Yitzhak Rabin last October.

The president of the Jordanian Dental Guild, Abu Maizer, reportedly said in Amman recently that the guild had adopted a resolution last August warning members to have nothing to do with any Israeli individual or institution.

The cost of dental care in Israel is high. Dental insurance is available from private insurance companies, but policies do not usually provide comprehensive cover. In Jordan a tooth extraction costs 8 dinars (£8.90), and root canal work 25 dinars (£29); up to three times these amounts are charged by Israeli dentists.

Jacques Neriya, a former aide of Prime Minister Rabin, said, "On the one hand, Israel's medical system has for many years attracted tens of thousands of residents from almost all the Arab countries. In short, the reality dictated by politicians is one thing, but basic principles of human behaviour—and primarily the need to supply medical care to all who require it—must overcome the reality." —JUDY SIEGEL-ITZKOVICH, medical correspondent, *Jerusalem Post*

Sick Australian doctors "prefer to heal themselves"

More than half of the doctors questioned for a recent survey in the *Australian Medical Journal* did not have their own general practitioner, even though one in four had a health condition requiring attention. The doctors said that they had felt inhibited about consulting another doctor.

The random survey of 2500 doctors in New South Wales (NSW) was conducted by the NSW Doctors' Health Advisory Service and NSW Health Department and had a response rate of 44%.

"Many respondents had inadequate access to medical services either because they did not have a general practitioner or because they felt unable to discuss their problems with another doctor," say the researchers. "Many were prepared to treat themselves for serious illnesses or to self-medicate with prescription-only medications."

The survey found that 19% of respondents reported marital disturbances, 18% emotional disorders, 3% alcohol problems, and 1% drug misuse. But few had discussed these problems with a doctor.

The researchers say: "Doctors frequently experience emotional and physical problems and have higher rates of drug use, marital disturbance and suicide. It is likely these stress-related problems affect patient care but the extent to which they do has not been well researched."

More than half of the female doctors (55%) self prescribed oral contraceptives; other treatments that were commonly self prescribed included replacement hormones, laxatives, appetite suppressants, cardiac drugs, migraine preparations, and insulin.

The report recommends that medical students should be taught about the stresses of their profession and how to treat colleagues. In addition, all doctors and their families need their own general practitioner, says the report. It recommends that "corridor consultations" should be avoided, as should self prescription of any drug that alters mental function.—CHRISTOPHER ZINN, Australian correspondent, *Guardian*

BMA criticises gift catalogue

Antitobacco campaigners have strongly criticised the Littlewoods stores group for its involvement with a system of gift coupons promoted with Benson and Hedges cigarettes. Smokers of the brand earn 10 "gratis points" for every 20 cigarettes they smoke, which can be saved to obtain gifts from one of the Index catalogue shops, which are owned by Littlewoods.

The chairman of the BMA's council, Dr Sandy Macara, has written to the chairman

of Littlewoods, Mr Leonard van Geest, criticising the group's decision to involve itself in the redemption of Gratis points. The catalogue scheme is based on coupons in each packet of Benson and Hedges cigarettes.

The Gratis catalogue contains a range of household and leisure items, including toys, infant car seats, night lights, and travel cots. In his letter Dr Macara expresses "horror" that the "promotion is actively encouraging the parents of young children to smoke" and asks the company to reconsider its decision to take part in the promotion with Benson and Hedges.

In a separate move the pressure group Action on Smoking and Health is pursuing a complaint with the Advertising Standards Authority about the Gratis catalogue, which it says is both misleading and likely to encourage smokers to increase their consumption of cigarettes. A photograph on the page of the catalogue entitled "How to claim your gifts at Index" shows a young couple leaving an Index shop laden with goods pictured in the Gratis catalogue. But the couple would both have had to smoke 20 cigarettes a day for more than 10 years to collect all the gifts shown. The offer closes in less than 18 months. If the couple put the daily cost of 20 cigarettes towards buying the goods direct from Index they could afford the goods pictured within three months.

A spokesman for the Advertising Standards Authority, Mr Bill Lennon, would not comment on the specific details of the Gratis catalogue as the complaint has yet to be considered formally, but he did say that the catalogue was unlikely to have been through the committee of advertising practice, the authority's body charged with screening tobacco advertising before it is released to the public.

Although tobacco coupons are nothing new, the involvement of a major high street shop in this form of promotion is. "I cannot think of a precedent," said Dr Macara, "and

the fact that a respected and respectable company like Littlewoods should lay itself open to this sort of criticism is remarkable. Such promotion is insidious and for that reason all the more dangerous."

Mr Harry Thomas, group publicity relations director for Littlewoods, said that the company was still considering its response to Dr Macara's letter, though he said that "all our Index directors are non-smokers."

—DOUGLAS CARNALL, *BMJ*

US doctors win life support lawsuit

A court in the US has decided in favour of the doctors who took a terminally ill patient off life support. Their decision followed a lawsuit filed by one of the patient's daughters, Joan Gilgunn.

The lawsuit was filed against Drs William Dec and Edwin Cassem of Massachusetts General Hospital in Boston, seeking damages for the mental anguish that Joan Gilgunn claims to have suffered because her mother's wishes were not followed.

Courts in the US have debated many right to die cases over the past 20 years, in which doctors have refused to end the life sustaining treatment of terminally ill patients. But this case seems to be the first in which damages have been sought against doctors who decided to end such support when the patient might have wanted it to be continued. Medicolegal analysts believe that in these days of cost containment and managed care this case will not be the last.

Catherine Gilgunn was 71 years old when she entered Massachusetts General Hospital in 1989 for surgery for a hip fracture. She had already suffered a string of debilitating conditions, including three other procedures

Parents' smoking should not provide "gifts" for their children

GREENHILLS

for a broken hip, and at the time of admission she was ill with diabetes, Parkinson's disease, heart disease, and chronic urinary tract infections. In the year before her admission she had undergone a mastectomy and had a stroke. Before her surgery she had a series of seizures, which left her comatose with brain damage.

Dr Cassem, who directs the hospital's optimum care committee, which oversees such cases, issued a do not resuscitate order for Gilgunn. When Joan Gilgunn objected the order was withdrawn. When Dr Dec took over the case a month later, however, he asked permission from the committee to issue a second do not resuscitate order, which was granted; Gilgunn died three days later. Although Joan Gilgunn claims that she was never told of the hospital's decision, two of her four siblings agreed with the hospital's decision.

Joan Gilgunn sued the doctors involved because of emotional problems she has suffered since her mother's death, including a recurrent nightmare, in which, she claims, her mother appears and says: "You promised me you would take care of me. Why did you let them kill me?"

In Suffolk Superior Court, where the

decision was handed down last month vindicating the actions of Drs Cassem and Dec, Judge David Roseman instructed the jurors that they must "balance her preference against the medical judgment to withdraw such treatment in the context of not whether, but for how long, and at what cost, her life might be extended."

The jury found that, although Catherine Gilgunn would have wanted medical care extended, such care was ultimately "futile."—TERRI L RUTTER, medical journalist, United States

Delhi plans sperm donor laws

The Delhi state government in India plans to regulate artificial insemination and the banking of sperm to prevent the spread of HIV infection and other sexually transmitted diseases. Health authorities say that the Artificial Insemination Bill of 1995 is a "public health measure" to ensure that all laboratories offering artificial insemination services

follow "appropriate scientific procedures."

Private artificial insemination laboratories have sprung up in Delhi and Bombay to cater for a growing demand for donor sperm over the past five years. Although the laboratories test donors for HIV infection and other sexually transmitted diseases, supporters of the bill say that semen samples should be frozen and put in quarantine for several weeks and the donors tested again before the samples are released for use. Gynaecologists agree on the need to regulate artificial insemination. Despite India's rising population (970 million) infertility is a major problem. About a quarter of India's 100 million eligible couples are infertile. Doctors say that adoption is seldom the first option for Indian couples, who would prefer to try donor sperm, for which they are charged 300-500 rupees (£6-£10) per sample.

The proposed legislation will seek to make cryopreservation of semen and repeat testing of donors mandatory. Only a few semen collection centres in India possess cryopreservation facilities. The bill is also intended to address the issues of donor secrecy and the rights of children born from donor sperm.—MEENAL MUDUR, freelance writer, New Delhi

Focus: Westminster

MPs to seek new controls on genetics

This week of the 50th anniversary of victory in Europe recalls how in the darkest days of the war the British parliament calmly discussed and planned the details of post-war reconstruction, including a national health service. The ability of parliament to turn its mind to other issues whatever the current distraction is still alive and well.

How else to explain how the topic of human genetics is receiving the attention of parliament in these fevered political times? It hardly ranks with jobs, crimes, taxes, or lost votes among the top issues of the opinion polls. Today's equivalent of the wartime think tanks is that a select committee of MPs are into genetics as deeply as they are into politics. Six months ago the 11 MPs on the cross party science and technology committee embarked on an inquiry into human genetics. They are nearly finished an investigation which has taken them to the United States and are due to report next month.

During their inquiry the MPs have been briefed by some of the best in the business: Peter Harper, Sir Walter Bodmer, and Dame June Lloyd among others. They have been told that genetic science is still in a revolutionary state; that it is the basis for solving the problems of remaining incurable

diseases; and that the fundamental advancement of knowledge far outweighs the potential for abuse.

Concern about genetics often derives from sensational reporting. The committee was advised, nevertheless, that public awareness is improving, if only because of dramatic crime cases and science fiction—though the view they provide is often distorted. Suggestions for molecular genetics to be introduced into the school curriculum will be among the easiest for the committee to endorse. Their report might also highlight a shortage of clinical geneticists—only 53 in the UK—to translate basic research into health care.

An inquiry such as this can engender mutual suspicion between the professionals and the politicians. The scientific community fears more regulation, while the MPs question whether everything should be left to the scientists. Expert evidence was to the effect that the early regulatory systems for DNA technology set up 20 years ago have turned out to be largely unnecessary. In the same way fears that the potential to sex fetuses would lead to intervention on a large scale have proved to be unfounded. In the opinion of professional witnesses existing procedures already provide high ethical and safety standards, given the back up of the gene therapy advisory committee.

Even so, scientists should not expect the committee simply to rubber stamp the pre-

sent system. Some new regulatory body to monitor what is going on is almost certain to emerge as the committee's main recommendation, if only to reassure against the risk of undesirable research in the future. Equally, however, the committee is aware of the danger that further restrictions could damage the research effort and lose the advantage the UK holds over many other countries. Commercial interests are also involved, with corporate and economic consequences. Some of these have bearing on patent law, and the committee has spent some time debating whether the human genome can be patented. Its view is that genetic discovery alone should not be patented but that invention to convert a genetic discovery into treatment should.

Proving more difficult to resolve is the question of discrimination in employment and insurance. Should anyone tested for a faulty gene have to tell his or her insurers? The companies say yes, the geneticists no—on the ground that this may deter people from submitting to tests from which they could benefit. The current inquiry has concentrated minds to the extent that the industry and the profession have resolved to open discussions after years of standoff. The alternative to an understanding between them could be a recommendation making it illegal to discriminate against an individual on the basis of their genotype.—JOHN WARDEN, parliamentary correspondent