the trial will coincide in proving that screening under the age of 50 has backing only from the emotive and from neither the scientific nor the economic communities.

MD Lewars *Consultant radiologist*

South Essex Breast Screening Service, Westcliff on Sea, Essex SS0 0SB

- 1 Baum M. Breast cancer screening for younger women is not an efficient use of resources. *BMJ* 1997;314:1834. (21 June.)
- 2 Fletcher S. Breast cancer screening in women aged under 50. *BMJ* 1997;314:764-5. (15 March.)

Greater attempts must be made to promote positive roles for elderly people

EDITOR—It is disappointing to read that the issue of family support for China's aging population is a "bad" consequence of the country's policy of controlling fertility.¹ Population aging is an inevitable consequence of successful social and economic development (including maternal and child health programmes), which results in demographic transitions from high to low mortality and fertility.² Labelling the social consequences of such trends as "bad" adds weight to negative images of elderly people in society.

Elderly people often have a major role in child care (and also in the care of frail and disabled people), which permits younger women to take up wage earning jobs. In poorer countries many elderly people remain economically and socially productive beyond usual retirement ages. Most families—in the West, in Asia, and elsewhere—want to support their elders when they become frail. Projections of crude aged dependency ratios (ratios of the population aged ≥ 60 to that aged 15-59) give little indication of true levels of dependency (which are affected by levels of unemployment, disability, and pensions) but give a negative stereotype of all elderly people as dependent and in need of support. Furthermore, elderly people in China have an important, but currently untapped, role as the repositories of a history and culture that has gone through substantial and rapid changes over recent years.

Aging populations require policy responses, but it is clear that no single formula or solution will fit all circumstances equally well. Public and private sector pensions and legislative and cultural support for unpaid family and community support may all be required, but the balance of each will differ over time and from place to place.³ A first and essential step, however, is to view "the elderly" as people with rights and not as problems.

Ageist societies deny these possibilities for elderly people and persist in promoting stereotypes of old age that bear little relation to reality. It is a pity that researchers at the Institute of International Child Health are not more aware of these issues, which are so relevant to many of their activities. The promotion of positive roles for elderly people,

family support, and intergenerational solidarity would be improved if organisations and individuals involved in health and social development were more aware of the positive aspects of population aging. Such awareness is now increasingly pursued by international agencies such as the World Health Organisation. Efforts from the academic sector would be timely and welcome.

Shah Ebrahim *Professor of clinical epidemiology*
Department of Primary Care and Population Sciences, Royal Free Hospital School of Medicine, London NW3 2PF

Alex Kalache *Head*

Aging and Health Programme, World Health Organisation, Geneva

- 1 Hesketh T, Zhu WX. Health in China. The one child family policy: the good, the bad, and the ugly. *BMJ* 1997; 314:1685-7. (7 June.)
- 2 Ebrahim S, Kalache A. *Epidemiology in old age*. London: BMJ Publishing Group, 1996.
- 3 Lloyd-Sherlock P, Johnson P. *Ageing and social policy. Global comparisons*. London: Sun Toray International Centre for Economic Research and Development, London School of Economics and Political Sciences, 1996.

Alliance between medical profession and consumers already exists in breast cancer

EDITOR—The alliance between the medical profession and consumers that Liberati calls for in his editorial¹ is already a reality in the Britain; was promoted by its chairman (me) at the exploratory meeting of the Cochrane Collaboration Breast Cancer Review Group in Sydney, Australia, in August 1995; and is collaborating with interested clinicians in Germany to set up a similar group. It has received NHS funding for a project, "Using a consumers' advisory group to increase accrual into trials," to explore a methodology through use of focus groups. The results of this activity have gone forward to help shape the national randomised trial of hormone replacement therapy in women with early stage breast cancer. I, as the chairman of the Consumers' Advisory Group for Clinical Trials, and two representatives of patients from the focus groups are on the steering committee of this ground breaking trial. The provision of suitable and adequate information is seen as crucial: its provision has been guided by the views of women obtained in a project run by the consumers' advisory group in collaboration with the patient involvement unit at Mount Vernon Hospital.

The Consumers' Advisory Group for Clinical Trials is a small working group of professionals and patients that was established in September 1994. Its formation reflected a growing recognition by the health profession of the value of input from patients into the design of clinical trials.² In 1995 it was registered as a charity and was welcomed by the health select committee in its report on breast cancer,³ and its activity is furthered by the United Kingdom Coordinating Committee for Cancer Research. It has had opportunities to provide comment on other trials—for example, the Arimidex tamoxifen alone and in combination trial.

Our main activities are to work directly with the profession on protocols, to devise and improve methodologies, and to advance public education about clinical trials. We believe that awareness of the activities of other support and information organisations, and collaboration with them and others working in breast cancer will help achieve these aims. We wish to promote a new attitude to research based on the belief that patients and the profession alike have a responsibility to further the progress of research as rapidly as possible. Our type of collaborative activity is endlessly repeatable, in other countries and other disciplines.

Hazel Thornton *Chairman, Consumers' Advisory Group for Clinical Trials*

"Saionara," 31 Regent Street, Rowhedge, Colchester CO5 7EA

- 1 Liberati A. Consumer participation in research and health care. *BMJ* 1997;315:499. (30 August.)
- 2 Thornton H. The patient's role in research. In: Health Committee. *Third report. Vol II. Breast cancer services*. London: HMSO, 1995:112-4.
- 3 Health Committee. *Third report. Vol I. Breast cancer services*. London: HMSO, 1995:paras 202-5.

Practice in prescribing emergency contraceptives in A and E departments varies

EDITOR—The management of patients who present to accident and emergency departments requiring emergency contraception remains controversial and inconsistent. From a total of 400 consultants in accident and emergency medicine in the United Kingdom we randomly selected 130 and sent a questionnaire about prescription of the emergency contraceptive pill. Altogether 102 consultants (78.5%) replied, and the table gives their responses.

Responses of 102 accident and emergency consultants questioned about prescription of emergency contraceptive pill

Response	No
Never prescribe	39
Always prescribe	10
Prescribe only if patient can't see general practitioner within 72 hours	45
No fixed policy: at attending doctor's discretion	8

Our results show an alarming conflict of practice, which leaves patients unsure whether they will receive the required help when attending accident and emergency departments. Despite reports showing the safety of emergency contraception in all but a few situations, strong beliefs still persist among doctors that it is medically unsafe and should therefore be prescribed with great care.¹ Other studies have shown that providing women with a leaflet about emergency contraception was an effective means of communication.² Practices used by many of the respondents to our questionnaire were at variance with recommendations published recently encouraging the deregulation of the morning after pill.^{3,4}