French surgeons are set to strike

Brad Spurgeon *Paris*

At least 2000 French surgeons planning strike action are expected to seek refuge in London in September to avoid being forced back to work by the police, in accordance with French employment law.

The action is also symbolic, in view of the demand in Britain for French surgeons and of British patients seeking surgery in France.

Since June the surgeons threatening strike action, a group called the Association de chirurgiens de France, have been exhorting surgeons to sign up for a return trip to London, from 30 August to 4 September, at a cost of €450 (£299; \$548) each.

Except for a small increase 15 years ago the tariff the healthcare

system reimburses for surgery has not changed in 20 years, and the surgeons want the government to double it. Also, the cost of their insurance premiums has quadrupled over the past three years and now accounts for a quarter of their income.

The surgeons are concerned that low pay at home and better financial prospects in countries like Britain are depleting their numbers, which, the health ministry estimates, will fall by about a quarter from 23 000 to 17 000 by 2010.

The problems are most acute among France's 6000 independent sector surgeons, who will make up the bulk of the strikers.

"Young people prefer to turn to other specialties, which pay

more and are, above all, less restrictive," Dr Philippe Cuq, the association's spokesman, said. "Today the hourly rate for a lawyer, an architect, or a manager is generally higher than that of a surgeon."

Surgeons in France fall into two categories: the first can charge only the rates set by the state healthcare system; the second can charge extra, but patients are not reimbursed.

Specialists in the first group earn only as much as general practitioners—on average, €70 000 before taxes—complain the surgeons. Although specialists in the second category earn double that, it is still less than the earnings of dermatologists, radiologists, and cardiologists.

"When we consider the increase of the cost of living and taxes," said Dr Jacques Caton, president of the National Union of Orthopaedic and Trauma

Surgeons, "all we're asking, by doubling the tariffs, is to be at the level of 20 years ago." The tariff for a hip replacement is €460. "A television repairman earns more than that," he said.

The French government is debating the overhaul of its overspent healthcare system, but the surgeons have received little support from health minister Philippe Douste-Blazy. He said in June that the surgeons' demands were unrealistic but admitted that "the situation is serious."

Two weeks ago the government offered to pay for part of the insurance premiums, in return for professional accreditation. But the surgeons fear that insurance companies will simply charge more, and they have requested a freeze on premiums. □

See www.chirurgiens-de-france.org/

Sexually transmitted diseases continue to rise

Caroline White *London*

The overall numbers of sexually transmitted infections in England, Wales, and Northern Ireland continued to increase during 2003, the Health Protection Agency announced at the launch of its first annual report.

But although there are some signs that the steady rises since 1995 may be starting to level out slightly, the figures hide huge variations in the diagnoses of individual infections.

And they show that rates of infection are consistently higher in homosexual men than in heterosexual men for almost every infection reported by genitourinary medicine clinics.

Overall, the numbers of reported sexually transmitted infections rose by 4% between 2002 and 2003—from 678 709 to 708 083—with a cumulative increase of 57% since 1995.

Chlamydia infections rose overall by 9% between 2002 and 2003 (from 82 558 to 89 818). But between 1995 and 2003 chlamydia infections increased by 196% in men and by 188% in women; among homosexual men, however, they increased by 666%.

The report notes that within

the south west of England there was a 40-fold difference between doctors in the rate of screening for the infection, largely attributable to lack of knowledge about highest risk groups and the screening process itself.

Cases of syphilis also shot up by 28% between 2002 and 2003, with an overall increase of 1058% since 1995. Syphilis infections in homosexual men, however, rose much more—by 2075% since 1995.

The largest rise in syphilis between 2002 and 2003 occurred in men aged over 65, although the largest cumulative rise since 1995 (1723%) occurred in the 33-44 age group.

Overall, cases of gonorrhoea fell by 3% between 2002 and 2003, despite rising by 11% in homosexual men. Cases overall increased 139% since 1995. The number of cases of first attack of herpes also fell by 2% in 2003, with a 15% increase overall since 1995.

Commenting on the figures, Anne Weyman, chief executive of the Family Planning Association, said: "The continued rise in sexually transmitted infections is disastrous both for individuals

and the NHS, which bears the spiralling costs of treatment."

The government urgently needed to implement more and earlier sex education in schools and provide long term investment in sexual health services, if it was "serious about stemming the rising tide of sexually transmitted infections," she said.

The figures have also translated into sharp increases in workload for genitourinary medicine clinics, with a 63% rise reported by clinics between 2002 and 2003, with a 225% increase since 1995. Clinics dealt

with 1.5 million episodes in 2002.

The BMA's chairman, Jim Johnson, said that genitourinary medicine clinics were struggling to cope, leaving many patients waiting weeks for an appointment. "It is a scandal that the service we offer patients is worse than it was 90 years ago," he added. □

More data on sexually transmitted infections is available from the Health Protection Agency at www.hpa.org.uk/infections/topics_az/hiv_and_sti/epidemiology/sti_data.htm#data

Light micrograph of cervical smear showing chlamydia infection