US campaign contributes to 7% fall in smoking among teenagers

A national anti-tobacco advertising campaign that emphasised the health related effects of tobacco led to 22% of the 7% decrease in smoking among US school students over a two year period (*American Journal of Public Health* 2005;95:425-31).

The "truth" campaign, sponsored by the American Legacy Foundation, a non-profit group that spearheads anti-smoking campaigns, includes graphic images of the toll exacted by tobacco use.

Researchers evaluated the programme's effectiveness by using data from the "monitoring the future" annual surveys to relate trends in the prevalence of smoking in school students to varied doses of the "truth" campaign.

The researchers found that smoking prevalence among all the students declined from 25.3% to 18.0% between 1999 and 2002. The annual percentage decline for all grades was 3.2% during 1997 to 1999 (that is, before the launch of the campaign) compared with 6.8% after the campaign launch.

The researchers said that the campaign accounted for about 22% of this decline. They claimed that the truth campaign prevented about 300 000 young people from becoming smokers between 2000 and 2002.

Scott Gottlieb *New York*

Scientists criticise new NIH rules to cut employees' ties to industry

The US National Institutes of Health (NIH) has strictly limited its employees' ties to pharmaceutical and biotechnology companies. A group of leading NIH scientists, called the Assembly of Scientists, has complained that the new rules should be relaxed so as not to discourage scientists from working at the institutes.

The rules, announced by the NIH director, Dr Elias Zerhouni, say that senior scientists (about 5000 people) must not consult for pharmaceutical or biotechnology companies and must sell any shares or stock options that they or their families hold in such companies. They may not receive awards of more than \$200 (£105; €151), although the Lasker and Nobel awards are acceptable, and they may continue to teach, write textbooks, and review papers.

The rules came into effect when published in the Federal Register on 3 February, an NIH spokesperson said. However, employees have up to 150 days from publication to comply. The rules are similar to regulations for employees of the Food and Drug Administration.

Janice Hopkins *Tanne New York*

The new rules are at www.nih.gov/about/ethics_COL.htm and the scientists' objections can be seen at <http://homepage.mac.com/assemblyofscientists/Personal6.html>

Hopes for Russia's transplant service rise as doctors are cleared of murder

Russia's embattled organ transplant service received a boost last week when four Moscow doctors were cleared of high profile murder charges related to transplant organs.

The case of the "killer doctors," who were accused of plotting to murder a patient for his kidneys, has caused huge damage to the country's organ transplant service and has led to the pool of willing organ donors drying up.

Prosecutors had demanded up to nine years in jail for each of the four accused doctors, but a Moscow court said there was not enough evidence to convict and that the patient in question "could not have been saved." The court cleared them of all charges.

Since the charges were announced—on 11 April 2003—the number of transplant operations in Russia has plummeted by 80%.

Andrew Osborn *Moscow*

Venous thromboembolism caused 25 000 deaths a year, say MPs

Rebecca Coombes *London*

Blood clots that develop while patients are in hospital cause deaths on a far larger scale than does methicillin resistant *Staphylococcus aureus* (MRSA), but the extent of the problem is largely unrecognised by doctors, MPs said this week.

In a critical report on the prevention of venous thromboembolism, the health select committee said the condition killed more than 25 000 patients in England each year, more than the combined deaths from breast cancer, AIDS, and road traffic injuries and more than 25 times the number of deaths from MRSA.

However, although many of the deaths from venous thromboembolism are preventable through cheap and effective drug treatment, problems often do not occur until after discharge from hospital, and so physicians and surgeons are left unaware of the problem.

MPs were shocked the situation had gone unchecked for so long and called for all patients to have their risk assessed on admission to hospital to determine if they needed preventive drug treatment.

Each hospital should establish a thrombosis team as soon as possible to promote best practice and educate and train staff, the report recommended.

Blood clots usually occur in the deep veins in the legs, thighs, or pelvis, and a problem arises if

part or all of the clot breaks off and travels through the venous system. In the United Kingdom, pulmonary embolism after deep vein thrombosis is the immediate cause of death of a tenth of all patients who die in hospital.

The MPs' report cited a study of over 4000 patients who died of pulmonary embolism after major surgery; the study showed that the use of perioperative low dose heparin saved seven lives per 1000 patients operated on. The death rate is currently eight per 1000 operated on.

Despite the scale of the problem, doctors will have to wait until May 2007 for clinical guidelines on preventive measures from the National Institute for Clinical Excellence. These guidelines will apply only to surgical patients at high risk of venous thromboembolism.

The select committee condemned this response as "remarkably tardy." It said: "Moreover, the scope of the guidelines commissioned by the Department of Health is limited to a subset of surgical patients, while the majority of sufferers are non-surgical patients."

The committee's chairman, David Hinchliffe, said: "The guidelines are too late, too narrow in scope, and will not go far enough. Hospital staff and medics are simply not aware of the extent of venous thromboembolism. Doctors need a comprehensive set of guidelines that will cover all patients to allow them to tackle the problem head on."

A Department of Health spokesperson said there were no plans to bring forward the publication of guidelines, but the wait shouldn't affect patients.

"Patients will continue to be treated who present with VTE [venous thromboembolism]—no one is waiting around until 2007. NICE guidance is not the start of the process, but an appraisal of the clinical and cost effectiveness of best practice in the NHS. There is currently a variety of treatment options available." □

Magnetic resonance direct thrombus imaging scan of a leg vein blocked by a clot

JAMES KING-HOLMES/SP

The Prevention of Venous Thromboembolism in Hospitalised Patients is available at www.parliament.uk