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New rules drive off NIH researchers

Tough new rules on ethics and on competing interests have caused four top researchers at the US National Institutes of Health (NIH) to quit and a prospective new head of one of the institutes to reconsider taking up the position.

Meanwhile, the director of the NIH, Elias Zerhouni, told a Senate committee on 6 April that the rules had had a "deleterious impact" on the institutes and that he would consider changes.

The most senior of the top researchers to leave is James Battey, chairman of the NIH's stem cell task force and head of its National Institute on Deafness and Other Communication Disorders, who will retire in September. He has applied to be president of the new California Institute for Regenerative Medicine.

The new rules ban consulting and require many NIH employees to sell shares in pharmaceutical and biotechnology companies. They were published in February 2005 (www.nih.gov/about/ethics/020105COISummary.pdf) after debate in Congress about a *Los Angeles Times* article that reported that some of the NIH's 17 000 employees had received millions of dollars from outside sources (*BMJ* 2004;329:10).

Leading NIH scientists said the rules should be relaxed so as not to discourage scientists from working at the institutes (*BMJ* 2005;330:559).

Janice Hopkins Tanne *New York*

Attempts to contain Marburg disease epidemic have limited effect

An outbreak of Marburg haemorrhagic fever in Angola that has so far affected 205 people, killing 180 of them, does not yet seem to be under control despite high level international efforts. The disease is rare, has a high mortality, and has no vaccine or treatment. It had not been seen in

French doctors go on strike to demand reintroduction of compulsory out of hours work

Emergency services in France's hospitals last week began a "general and unlimited" strike, organised by the French Association of Hospital Emergency Doctors. The striking doctors are asking not only for more staff, better working conditions, more beds, and more money but a revamp of France's entire emergency and out of hours care system.

One of their complaints is that doctors with private practices do not carry out enough out of hours work, forcing patients to use hospitals instead.

Dr Philippe Douste-Blazy, the health minister (pictured above), said he would study the impact of a new voluntary system in which doctors can be requisitioned to work if needed, and hinted that compulsory out of hours work may be required.

Brad Spurgeon *Paris*

Angola before this epidemic began in late 2004.

The latest number of deaths was announced last Friday by the World Health Organization. WHO has also launched an appeal for \$2.4m (£1.3m; €1.9m) to support the emergency response to the outbreak.

Although adults have been affected, children were the worst hit initially. Seven provinces, all in the north of Angola, are affected, the latest being Zaire province, which borders the country of the same name. The centre of the outbreak is Uige, a city with about half a million residents.

A WHO spokesperson said: "The dramatic symptoms of Marburg haemorrhagic fever and its frequent fatality are resulting in a high level of fear." Chibuzo Odigwe *Calabar, Nigeria*

More details on the virus and the epidemic are at www.who.int

MPs call for free personal care for elderly people

The distinction between health and social care should be abolished, allowing elderly people to be looked after by a single generic agency, a parliamentary committee recommended this week. The lack of integration between the sectors is a "serious stumbling block" to providing a good quality service to elderly patients, the committee's report argues.

Members of the committee have criticised the unfairness and inefficiency of a system that is based on an "artificial distinction between a universal and free health care service operating alongside a means-tested and charged-for service of social care."

The current system permits the NHS to neglect patients

with mental health problems, which affect up to 75% of patients in care homes, and to waste "significant" amounts of money on lengthy administrative battles over who is responsible for paying for treatment, they claim.

"The costs of providing free personal care would be affordable," the report concluded.

Madeleine Brettingham *London*

NHS Continuing Care is available at www.publications.parliament.uk

People with mild asthma can control symptoms without daily steroids

Adults with longstanding, mild, but persistent asthma who used corticosteroids only when their symptoms worsened were no worse off than those who used regularly scheduled treatment to control symptoms with either inhaled budesonide (Pulmicort) or oral zafirlukast (Accolate), a study has found.

Although treatment guidelines recommend daily corticosteroids as anti-inflammatory treatment to control mild, persistent asthma, research already indicates that most patients with mild asthma are using their treatment intermittently because they do not see the need for daily treatment.

The new results show that this strategy is acceptable if patients follow a strict action plan based on symptoms to guide the use of inhaled or oral corticosteroids when signs or symptoms of asthma worsen (*New England Journal of Medicine* 2005;352:1519-28).

In the study patients were instructed to start using corticosteroids if they were awakened by symptoms of asthma three or more times in a two week period or on two consecutive nights, if their relief from an inhaler containing the β agonist salbutamol was lasting less than four hours, or if they found themselves using their salbutamol inhalers for relief of symptoms daily for more than seven days.

Scott Gottlieb *New York*