framework highlights the need for specialist care from mental health services, it does not mention the need for better medical care within psychiatric services. Relatively few specialists working in local services will be equipped to deal adequately with such combinations of neuropsychiatric problems. But neurologists could be required to give further emphasis to psychiatric aspects of disease and psychiatrists may need to give equal emphasis to neurological aspects.⁶

The framework's focus on patients' psychological, social, and emotional needs is of more than academic interest. Half of people newly assessed in neurological outpatient clinics have a comorbid psychiatric disorder, and at least a third of neurological patients want additional psychological support.⁷ Psychiatric and behavioural symptoms are often the earliest presenting complaints of many common neurological conditions.^{ws-w11} In addition, psychiatric complications predict poor outcomes from rehabilitation in most chronic neurological disorders and may even be associated with early death in several conditions.^{w12-w14}

Equally importantly, psychiatric complications considerably reduce quality of life in all neurological conditions studied to date.^{w15-w20} Moreover, psychiatric complications of neurological disease cause most distress and burden to patients and their carers.⁸ But will the framework be sufficient to change practice, when the evidence base for such interventions is incomplete and acceptable interventions that can improve quality of life for chronic conditions are not uniformly available?⁹

Evidence shows that inpatient rehabilitation for people with injuries to the spinal cord and brain is most effective when delays are short, when the package of care is comprehensive, and when there is follow-up in the community.^{w21 w22} The framework supports such care from multidisciplinary specialist teams, and those that can provide little neuropsychiatric care should forge clear and accessible links with mental health services to ensure that patients with comorbid psychological conditions are recognised and treated appropriately. Holistic and integrated care will require further improvement of neuropsychiatric services. Quality improvement approaches can help multiprofessional teams to detect psychiatric disorders among patients in acute neurological wards and in long term care settings.¹⁰ Studies in primary care and accident

and emergency units show that participation in educational programmes can improve staff's recognition of mental health problems: similar training could be adopted in neurology. However, to retain skills staff will need ongoing education and support.^{w23}

The national service framework for long term conditions heralds a welcome shift away from the narrow medical models of the past and, if interpreted in the right spirit, it could be a catalyst for much better care. Although the framework applies only to the NHS, its criteria for high quality care are universally applicable. The cost of providing such good quality care will undoubtedly be high, but the cost to society of not providing it could be much higher.^{11 12}

Niruj Agrawal *consultant in neuropsychiatry*

Department of Neuropsychiatry, St George's Hospital, London SW17 0QT
(niruj.agrawal@swlstg-tr.nhs.uk)

Alex J Mitchell *consultant in liaison psychiatry*

Leicester General Hospital, Leicester LE5 4PW

Competing interests: None declared.

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The new pope and medical ethics

Can Benedict XVI strike a balance between Catholic doctrines and health?

Given that more than 37 million people worldwide are living with HIV,¹ the late pope's opposition to the use of condoms attracted much criticism. Indeed, some critics blamed John Paul II directly for the loss of millions of lives from AIDS in Africa, where the Catholic church is flourishing; 2.3 million died in 2004 in sub-Saharan Africa alone. The new pope, Benedict XVI (formerly Joseph Ratzinger), also comes from the conservative wing of his church and is therefore very likely to endorse the encyclical of

Pope Paul VI that bars Catholics from using any kind of artificial contraceptive.² But what do we really know of his views on condom use and other medical and ethical issues?

As a cardinal, Joseph Ratzinger led the Congregation for the Doctrine of the Faith, an organisation descended from the holy inquisition. He worked closely with Pope John Paul II and was known to share many of his views. Three years ago Ratzinger wrote that "there are final boundaries we cannot cross

without turning into the agents of destruction of creation itself.³ Indeed, in his first homily as pope he stated that he would continue to underline unequivocally “the inviolability of human beings, the inviolability of human life from conception to natural death.”⁴ In response to the papal election the former Anglican archbishop of Cape Town, Desmond Tutu, said, “We would have hoped for someone more open to the recent developments in the world, the ministry of women, and a more reasonable position with regards to condoms and HIV/AIDS.”⁵

Yet Cardinal George Cottier, one of the Vatican’s most influential theologians, supports the use of condoms as defence against HIV in special cases.⁶ Furthermore, Cardinal Lozano Barragan, effectively the Vatican’s minister of health, has said that a spouse has the right to use a condom or oblige their marriage partner to do so in self defence against HIV infection.⁷ Will Benedict XVI accept and even develop this revolutionary idea for Catholics?

The defence of life is an essential Catholic philosophy, enshrined in the most influential and controversial encyclicals signed by past leaders of the Roman Catholic church: *Humanae Vitae* of Paul VI (1968)² and *Evangelium Vitae* of John Paul II (1995).⁸

The Catholic church is traditionally against abortion, which it sees as a contravention of moral law, with the legal status of the unborn child starting at conception.⁹ The church is also against euthanasia, which it considers to be a form of murder.¹⁰ Might the Vatican allow the condom’s ability to defend life, albeit only within marriage, to take priority over its ability to prevent conception?

The Catholic church opposes the use of stem cells derived from the human embryo.¹¹ It is not, however, against scientific progress and supports some controversial recent advances such as adult stem cell research and xenotransplantation, despite their ethical problems. The Vatican supports organ transplantation,¹² and it sets ethical limits only around any related loss of human dignity, the use of the body as “a container” of organs, and any failure to use objective criteria to confirm the death of the donor.

Ratzinger wrote three years ago: “It is legitimate to accept the culture of transplanted tissue and donation of organs spontaneously and in all conscience” and also declared: “I enrolled in the organisation (for organ donors) years ago and carry the paper saying that my organs will be made available to whoever may need them. It’s a sign of love.”¹³

Since becoming pope, Joseph Ratzinger has not made a direct statement on the use of condoms to protect against HIV. His previous views on pro-life issues worry many observers, particularly those campaigning for better health in less developed countries, but it may be unfair to judge him only on the basis of his past opinions. It is still not clear whether, and by how much, the Catholic church is interested in abandoning its traditional pro-life position. This seems unlikely to happen, given the recent support by Pope Benedict XVI to calls for a boycott of an Italian referendum on fertility rules.¹⁴ Nor is it clear whether a change in the pope’s position on condom use would change the behaviour of many of the more than one billion Catholics around the world.

Daniele Maria Scalise *freelance journalist*

Via S S Quattro, 31-00184 Rome, Italy

Giulio Bognolo *assistant editor, BMJ*

(gbognolo@bmj.com)

Competing interests: DMS is agnostic. GB is a non-practising Catholic.

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Mother to child transmission of HIV in China

The numbers are small but rising, and two provinces have worrying HIV prevalence rates in pregnant women

As the number of people with HIV infection increases in China, the potential for the epidemic to spread from high risk groups to the general population, including children, is a concern. An estimated 840 000 adults and children (a prevalence of 0.1%) were living with HIV in China in 2003.¹ That number may approach 10 million by 2010

if the current trends persist.² An HIV prevalence of over 1% among pregnant women has been considered an indicator of a generalised epidemic.³ Whether that rate is currently being seen in any parts of China

Sentinel surveillance data of HIV infection in pregnant women in China and a map are on bmj.com

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