In brief

Infection with *Clostridium difficile* kills 12 at hospital:

Twelve patients at Stoke Mandeville Hospital, Buckinghamshire, have died from infection with *Clostridium difficile* in the past 18 months. The overall number of reports of the infection in England, Wales, and Northern Ireland rose by 98% between 2001 and 2004, from 22 008 to 43 672.

Indonesia begins drive against polio:

Indonesia has begun a vaccination drive to stamp out the country's poliomyelitis outbreak, which has paralysed 14 children since May. With the help of the World Health Organization it aims to vaccinate 6.4 million children in West Java, where the outbreak began.

Cloning pioneer plans stem cell bank:

Hwang Woo-Suk, the South Korean cloning pioneer, plans to open a world stem cell bank by the end of the year to consolidate current stem cell lines in one location. Dr Hwang's work on embryonic stem cells was published in *Science* on 19 May 2005 (www.sciencemag.org, doi: 10.1126/science.1112286).

Indian hospitals promote their services in London:

Hospitals and dental clinics from India promoted their services at a medical tourism exhibition in London last week. Doctors said that patients could have a cardiac bypass operation in India for £2500 (\$4600; €3700) compared with £14 000 in the UK.

Sweden bans smoking in bars and restaurants:

A law banning smoking in bars and restaurants in Sweden will come into effect on 1 June.

Patients denied arthritis treatment:

An estimated 1700 patients are being denied access to treatment for rheumatoid arthritis with antitumour necrosis factor α , despite their suitability for it and a ruling by National Institute for Health and Clinical Excellence that it should be made available, says a report from the British Society for Rheumatology and the Arthritis and Musculoskeletal Alliance. See www.rheumatology.org.uk.

Too many heart patients discharged without follow-up care

Zosia Kmietowicz *London*

Too many patients who are treated in hospital for heart disease are being discharged without appropriate advice on how they can improve their health and with little follow-up care, show results of a patient survey done by the NHS inspection body, the Healthcare Commission.

Responses to a postal questionnaire completed by almost 4000 patients who had been hospitalised with coronary heart disease show that nearly half of the people who had had a heart attack or angioplasty had not taken part in a cardiac rehabilitation programme. Overall, 63% of cardiac patients treated in English NHS trusts had not had any formal rehabilitation, and 37% were not on a regular programme to

have their heart checked, either by their GP or at a hospital.

Advice from hospital staff about what lifestyle changes patients could make to reduce their chances of another coronary event was also patchy. Nearly half of patients were not given any advice about how they could change their diet; more than a third received no information about exercise; and 41% of smokers were not told about specialist services that they could access to help them quit.

The Healthcare Commission did the survey to gauge the progress that had been made in the care of cardiac patients since the implementation of the framework for coronary heart disease in 2000. Patients from

about a third of acute trusts in England took part in the survey, which had a 75% response rate.

Although a progress report published by the commission in March showed that coronary heart disease was being treated more promptly and was helping to save lives (*BMJ* 2005;330:558), the present survey showed that there were gaps in the follow-up care of patients, said Anna Walker, chief executive of the Healthcare Commission.

"It is very concerning indeed that some heart patients are reporting to us that they are not getting the advice and aftercare they need to recover as fully as possible and enjoy the best possible quality of life," she said.

Coronary Heart Disease: Survey of Patients 2004 is available at www.healthcarecommission.org.uk.

Longer versions of these articles are on bmj.com

Support grows for retaining the opt-out to the 48 hour week

Rory Watson *Brussels*

Moves by the European Union to establish a clear legal definition for active and inactive on-call time for medical staff and other essential services, and to abolish the opt-out from the 48 hour maximum working week, have become entangled in the wider political debate on the future of the 25 member bloc's economic policy.

Social affairs and health ministers were unable to reach agreement on the latest proposed changes to the EU's working time directive last week. Some argued that its flexibility was essential for strengthening the union's economy and competitiveness. Others maintained that its existence opened the door to exploitation of employees.

The contrasting positions pit the defenders of Europe's social model, such as France, on one side against the more liberal reforms being championed by the United Kingdom. The differ-

ences reflect the more fundamental debate on the very nature of the union, after French and Dutch rejection of the draft EU constitution. "This is a classic policy area where the two philosophies meet head on and nothing will be resolved until EU leaders have agreed among themselves on the general way ahead," said one Brussels official after the negotiations.

The UK appears to be gaining support for retaining the opt-out, although the commission would like to see it removed by 2012. At last week's talks, the UK was backed by Germany, Poland, Austria, Hungary, Malta, Cyprus, and others. Such a group would be able to block any moves to impose its abolition by legislation.

That outcome is likely to satisfy the BMA, which, although determined to prevent any exploitation of vulnerable junior doctors through this provision, believes that the opt-out should remain for those consultants who are able to control their own hours and wish to work more than 48 hours a week.

Faced with a deadlock over the opt out, the only way that other elements of the draft working time amendments, notably more precise definitions of on-call time, could survive would be if they were tabled as

separate legislation. This is a move that the European Commission, the European parliament, and several governments currently oppose.

The BMA believes that all on-call time for which staff have to be resident at their place of work should count as part of the working week. The latest proposal states that the inactive part of on-call time should not count, however.

Votes against the European constitution in France and the Netherlands (above) are affecting other European issues