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BMA and King's Fund call for overhaul of health reforms

Anne Gulland BMJ

The health think tank the King's Fund and the British Medical Association have both urged the government to radically rethink its Health and Social Care Bill, with the BMA reiterating its view that it should be withdrawn.

The health bodies make the calls in submissions to the NHS Future Forum, the body conducting the government's listening exercise on NHS reform, which is due to end next week.

The BMA states: "It is clear from the deep seated concerns expressed by stakeholders across the health sector in recent months that the legislation is fundamentally flawed."

The King's Fund says the bill needs major overhaul to deliver the fund's vision of integrated care. Its report states that the government has not articulated the problems facing the NHS: "One of the reasons the coalition government has run into difficulty is that it moved very rapidly to set out radical changes to the NHS without having first clarified the problems that these reforms were meant to address."

Chris Ham, chief executive of the King's Fund, told the *Guardian* newspaper that there should be an end to the "arm wrestling" over the NHS. "If you are running a hospital or primary care trust or pathfinder consortium of GPs you are now very unclear about the direction that the government is going in on these reforms," he said.

The changes to the bill demanded by the King's Fund include redefining the role of the economic regulator Monitor to strike a balance between promoting competition and collaboration; giving all bodies involved in healthcare a duty to collaborate; and encouraging GPs and specialists to work more closely together and ensuring that a range of health professionals are involved in the commissioning consortiums.

In its submission the BMA calls for Monitor's role in promoting competition to be scrapped; an independent, transparent public appointments process to the NHS Commissioning Board; flexibility around the timetable for transition to foundation trust status and the retention of deaneries.

The King's Fund report, *Where Next for the NHS Reforms?* is at www.kingsfund.org.uk.
The BMA's submission is at www.bma.org.uk.

Cite this as: *BMJ* 2011;342:d3243

REUTERS

CAP+ wants China to abolish the specific designation of hospitals for HIV treatment

People with HIV in China are routinely denied treatment

Jane Parry HONG KONG

People in China infected with HIV face severe discrimination in the healthcare system, including denial of treatment for conditions not related to HIV, finds research conducted by the International Labour Organization's Office for China and Mongolia. It also says that healthcare workers face stigma and inadequate protection when treating patients with the infection.

At the same time a non-governmental organisation, the China Alliance of People Living with HIV/AIDS (CAP+), is recommending changes to tackle poor access to healthcare that people with HIV in China face.

The International Labour Organization's study, done in collaboration with the Chinese National Centre for AIDS/STD Prevention and Control and Marie Stopes International, involved a survey of 103 people with HIV and 23 healthcare workers. People with HIV reported routine denial of access to treatment; treatment that differed from that given to people with similar conditions but who didn't have HIV or AIDS; mandatory testing for HIV; and inappropriate disclosure of their HIV status.

One of the main obstacles to equitable treatment is the designation of specific hospitals specialising in infectious disease to treat patients with HIV. The designation applies to provision of antiretrovirals but is being misinterpreted by general hospitals to deny people with HIV access to treatment there, referring patients instead to the designated hospitals, critics say.

"The existence of designated infectious disease hospitals becomes a convenient excuse for general hospitals to turn sufferers away," said Meng Lin, coordinator of the secretariat of CAP+, speaking at a press conference to release the reports in Beijing. "The refusal of access to medical treatment for people living with HIV doesn't only occur for complex surgical procedures, it also occurs for a number of relatively simple problems such as haemorrhoids, cleaning and stitching of external wounds, and fractures."

Rulian Wu of the International Labour Organization, said, "Hospital managers are worried about the hospital getting a bad reputation and scaring away other patients."

The International Labour Organization has called on the Chinese government to promote better awareness among healthcare workers of the rights of people living with HIV. However, CAP+ wants to see the specific designation of hospitals for HIV treatment abolished.

Cite this as: *BMJ* 2011;342:d3181

COLIN CUTHBERT/SPL

The UK is one of the slowest adopters of innovations from the laboratory: a cultural change is needed in the NHS, said John Bell

Health bill should include duty to promote medical research

Zosia Kmietowicz LONDON

UK research leaders have backed calls for the integration of hospital and community health services, public health, and social care as the way to improve healthcare, rather than restructuring of the service in England as proposed in the health reform bill.

They also believe that a duty to support and promote medical research should be enshrined in the bill because it could translate into better care for patients and help pay off the country's debts by boosting the drug industry. They urge that, to champion research, Sally Davies, the chief medical officer for England and head of the National Institute for Health Research, be given a seat on the NHS Commissioning Board, which will oversee the outcomes of the NHS when GPs take full responsibility for commissioning in April 2013.

Mark Walport, director of the health research charity the Wellcome Trust, lambasted the Health and Social Care Bill in its current form as a danger to the NHS. In a letter to the prime minster Sir Mark said that making GPs responsible for commissioning was likely to "exacerbate the existing divide between clinical care in primary and other healthcare settings."

Sir Mark said that evidence points to the integration of services as a means to reduce healthcare costs while improving the care provided to patients. In Scotland, where health boards commission primary and secondary care and where electronic patient records make tracking health outcomes easy, an integrated approach had led to 40% fewer amputations among people with diabetes over six years and a 43% reduction in the need for laser eye treatment.

Similarly, integrating health and social care budgets would save money by discharging patients to the community promptly rather than keeping them in hospital unnecessarily.

Sir Mark also expressed the trust's "continuing disappointment" that "the NHS is such a reluctant partner in the translation of discoveries that we and others fund in UK research laboratories into better methods of preventing, diagnosing, and treating ill health."

Sir Mark said, "The Wellcome Trust spends over £600m [€685m; $975m] a year on research, and over 80% of this is spent within the UK. Yet the NHS continually fails to capitalise on discoveries from our research laboratories and does not encourage the translation of these outcomes into better methods of preventing, diagnosing, and treating ill health."

WELLCOME LIBRARY

Mark Walport: wrote to David Cameron

Speaking at a press briefing on 19 May, Sir Mark said that the NHS was an important part of the British economy and that commissioners needed to see research and development as part of their role and to make sure that patients benefited from treatments that were emerging from research. This would act as an "effective stimulus and market to the pharmaceutical and medical devices industries," he said.

John Bell, president of the Academy of the Medical Sciences, which campaigns to ensure that research results are translated into healthcare benefits for society, said at the press briefing that the NHS had been very successful at repelling innovation.

The traditional attitude of NHS managers when a new drug was launched is, "It is going to hit my budget," rather than thinking about how it might help patients, he said.

Cite this as: *BMJ* 2011;342:d3196

NHS paid private sector £217m for operations that never took place

David Payne BMJ

The NHS paid private sector treatment centres £217m (€250m; $350m) for routine operations that never took place, with millions of pounds more swallowed up buying back premises and compensating providers for cancelled contracts, show figures from the Department of Health.

Independent sector treatment centres (ISTCs) were introduced by Labour in 2003 to cut waiting times for elective surgery and improve patient choice.

But a study by the Bureau of Investigative Journalism that was based on requests made to the health department under freedom of information laws showed that just four of the 31 first wave of centres performed all their contracted operations (http://thebureauinvestigates.com). The bureau found that Greater Manchester Surgical Centre performed worst, undertaking just 56% of contracted procedures. Netcare, its parent company, received almost £38m for operations that never happened.

As part of the £1.5bn ISTC scheme the government has to buy back the centres after five years. So far it has spent £70.1m and is due to spend another £116.1m. A further £59.8m was spent compensating six companies after a planned second wave of ISTCs was reduced from 24 to 10, the investigation shows.

Allyson Pollock, professor of public health research and policy at Barts and The London School of Medicine and Dentistry, said that the planned NHS reforms for England, with their focus on private

Government plans for public health body are "confused"

Adrian O'Dowd LONDON

The government's plans to create a new public health body within the Department of Health and change responsibility for public health accountability are "confused," MPs have been told.

Public health experts giving evidence to the parliamentary health select committee on 17 May told the MPs of their concerns about responsibility and accountability for public health under the reforms proposed in the Health and Social Care Bill.

The committee was holding the first public oral evidence session of its new inquiry into the management of and opportunities for public health.

Professor David Hunter, director of the Centre for Public Policy and Health at Durham University, said that the health bill, in its current form, was confusing on the issue of who had lead responsibility for public health accountability.

"I think it is confused," said Professor Hunter. "Part of it lies there [in local government] and part of it lies in the new entity Public Health England within the Department of Health and with the secretary of state for health.

"Professional accountability to the CMO [chief medical officer] would be acceptable, but the problem would be having a senior local government officer jointly accountable to the health secretary at the centre and locally to the chief executive at the local authority."

The chair of the parliamentary health select committee, Stephen Dorrell, Conservative MP for Charnwood, asked about the strengths and weaknesses of how public health accountability currently worked and how the structures were changed by the government's proposals in the health bill.

Professor Hunter said that currently the public health function was led by the NHS and added: "One of the reasons for the changes is that the health improvement part of the agenda arguably has more to do with what happens outside the NHS than what happens inside the NHS in terms of improving the public's health and improving the social determinants of health and tackling health inequalities. Arguably that is a non-NHS core function, and yet the lead for it has been within the NHS since 1974," he said.

He added that the current arrangements for accountability of public health professionals reporting to the NHS and then jointly to NHS and local authorities were a "bit mixed, a bit messy, and a bit chaotic."

MPs asked about comments that setting up Public Health England within the Department of Health was not the way forward.

Lindsey Davies, chair and president of the Faculty of Public Health, also giving evidence, said: "If Public Health England is set up as is planned at the moment as just one more directorate of the Department of Health, it will lose any opportunity to really speak influentially and authoritatively to the public about important health matters. That would be a huge loss."

Fiona Sim, vice chair for the Royal Society for Public Health, said: "We have similar views about the need for Public Health England not to be part of the Department of Health."

Dr Sim, who is also a part time salaried general practitioner and a public health specialist, said GPs recognised the importance of public health and added: "Most GPs are not trained in public health.

"They recognise that they need public health specialist expertise, and there is a lot of concern about what that might look like, how they would access that, and whether commissioning consortia could afford to buy in public health expertise."

The inquiry continues.

Cite this as: *BMJ* 2011;342:d3151

provision, will multiply the poor value of ISTCs "100 times over."

In a lecture on trust in public health last week, she accused private sector providers of "cherry picking" and of being reluctant to provide data, making it harder to judge the success or otherwise of the ISTC programme.

She said, "The justification [for ISTCs] was waiting lists. But [the private sector] doesn't want emergency care. It only wants elective surgery. It doesn't want the risk of patients not turning up. And problems get dumped back on the NHS."

The health minister Simon Burns said, "The NHS bill [Health and Social Care Bill] puts safeguards in place to ensure that the waste seen under the previous government's ISTC contracts doesn't happen again.

"The best providers would deliver services, money would follow the patient, and all providers would be paid, at NHS prices, with no income guarantees. This is the exact opposite of the 'take or pay' arrangements included in the ISTC contracts."

See David Payne's blog at http://blogs.bmj.com.

Cite this as: *BMJ* 2011;342:d3277

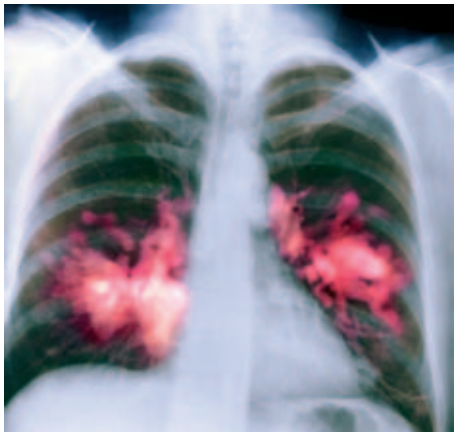
Audit shows steep rise in lung cancer surgery since 2004

Susan Mayor LONDON

The number of patients with lung cancer undergoing potentially curative surgery for their condition has risen by more than half over the past five years, show figures from a national UK audit.

The audit analysed data on 37 637 patients with a diagnosis of lung cancer or mesothelioma who were first seen by hospitals in the United Kingdom during 2009. This number represents around 95% of the expected number of new cases of lung cancer.

Results showed that around one in seven patients with lung cancer underwent surgery, representing a major increase from the figure of around one in every 11 patients in 2004, when the audit first started.



Three quarters of lung cancer patients are not suitable for surgery, owing to late diagnosis

Around three quarters of lung cancer patients are not suitable for surgery because their illness is diagnosed at a late stage, but the audit's authors say that the improved surgery rate suggests that more clinical teams have developed the expertise to assess patients of borderline fitness for surgery and have access to more complex surgical techniques often needed in these situations.

Data submitted by cancer networks and hospital trusts in England and Wales showed that the mean proportion of lung cancer patients undergoing surgery in 2009 was 13.7%, up from 10.8% in 2008. However, there was wide variation, from a mean of 9.7% in the lowest quarter of patients to 16.1% in the top quarter. Difference in case mix did not appear to explain the whole of this variation, say the authors.

National Lung Cancer Audit 2010 **is at www.ic.nhs.uk/services/national-clinical-audit-support-programme-ncasp/audit-reports/lung-cancer.**

Cite this as: *BMJ* 2011;342:d3211

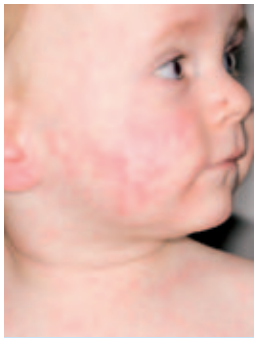
Outbreak of measles in France shows no signs of abating

Paul Benkimoun PARIS

Since 2008 France has been affected by an outbreak of measles that is spreading outside its borders and whose toll is increasing at an impressive speed. The United Kingdom's Health Protection Agency has consequently urged parents to protect their children against measles by ensuring that they have been vaccinated with two doses of measles, mumps, and rubella (MMR) vaccine before they travel abroad.

In 2006 and 2007 about 40 cases a year were reported to the French surveillance agency, the Institut de Veille Sanitaire. This figure rose to 600 in 2008, 1500 in 2009, and more than 5000 in 2010. The trend shows no signs of slowing, as more than 6400 cases have been notified in the first three months of 2011.

On 19 April the institute said that more than 14 500 cases had been notified in France since 1 January 2008. In 2010 the number of cases in children aged under 12 months was triple that in 2008, while the number of cases in young adults saw a fivefold rise. The worst affected regions are Midi-Pyrénées in the south and Rhône-Alpes and Franche-Comté in the east, with the first of these seeing a peak of 27 cases per 100 000 population.



DR P MARAZZI/SPL

The number of cases of measles in babies has tripled in two years

France's national incidence has risen from 0.9 cases per 100 000 in 2008 to 8 per 100 000 in 2010. Together with Bulgaria, France is the country with the highest incidence of measles in the European region of the World Health Organization. It is also the European country with the highest rate of exported cases, particularly to the United States, where measles was on its way to being eliminated.

Last March the French health ministry said that the outbreak was due to inadequate and disparate levels of immunisation around the country. It affected "pockets" of individuals who were receptive to the virus, especially people born since 1980. From 2005 to 2010 the ministry had been trying to implement a plan to eliminate measles and congenital rubella, and it has been trying to improve the uptake of the MMR vaccine.

Cite this as: *BMJ* 2011;342:d3161

Australian college comes under fire over carbon tax comments

Melissa Sweet SYDNEY

Leading public health and medical experts have criticised the Royal Australasian College of Physicians over its recent public comments on carbon taxes.

Earlier this month the college issued a media statement warning that the proposed carbon tax, currently the subject of intense political debate in Australia, could have an adverse effect on the health of poorer people.

The statement prompted the resignation of the chairman of the college's climate change working group, Tony Capon, a researcher at the Australian National University's National Centre for Epidemiology and Population Health.

Professor Capon told the *BMJ* that his group had previously drafted another statement for the college, emphasising that climate change would be harmful for health and recommending a carbon tax as good for health.

He said that the working group did not support the statement subsequently issued by the college, which led to media reports warning that a carbon tax could increase rates of chronic illness and have other adverse health effects.

The college's statement said: "Disadvantaged Australians, who may have limited access to resources, and suffer poorer health, have the most to gain from progressive policies that promote improved housing, transport and nutrition.

"Therefore, any measures such as carbon tax or a carbon emissions trading scheme must not have an adverse impact on the health of our community." It said that a carbon tax might lead to families having less money to spend on healthcare.

Tony McMichael, a leading climate change researcher at the National Centre for Epidemiology and Population Health, described the college's statement as "galling" and "simplistic."

"Is the RACP [Royal Australasian College of Physicians] unaware of the enormous longer-term stakes for which human societies are playing, as governments vacillate ineffectually about responding to climate change?" Professor McMichael wrote in the *Canberra Times* on 20 May .

Israeli health organisations must publish performance data, says court

Judy Siegel-Itzkovich JERUSALEM

An Israeli freedom of information group has won a four year legal battle to make the health ministry provide data on the performance of the four public health maintenance organisations.

The group, called the Movement for the Freedom of Information, was victorious in the Jerusalem district court, which ruled that starting in April 2012 the ministry must publish comparative data on as many as 50 health indicators.

Until now the ministry has said that the "health funds," which both insure all 7.5 million Israelis and provide medical services, could release their own data if they wanted to, but it would not compel them to do so. All Israelis pay health taxes as a percentage of income in exchange for a basket of services and can choose their non-profit insurer.

The ministry has long argued that the public would be confused by such statistics because medical institutions that accepted the most difficult cases would seem to provide lower quality services because they would have a higher death rate than those that "played it safe." In addition, as the ministry owns and runs about a third of all public hospitals, there was the possibility that if indicator results were eventually compared, its own medical centres could seem inferior.

Ministry officials said they welcomed the court decision, adding that "the time has come" for Israel's health system to take a step forward by presenting quality results.

The movement said that accurate, open data will enable citizens to decide which provider is best for them. Data to be published include vaccination rates; their interventions to promote healthy lifestyles; the screening they offer; their treatment results; and mortality rates.

For years, the four healthcare providers were judged by the health ministry and the state treasury on how much money they saved and received bonuses if they reduced their expenditures.

Avi Porath, a physician and epidemiologist at Beersheba's Soroka University Medical Centre and Ben-Gurion University, who also works for one of the health funds, did much comparative research on indicators. After he presented his data to the ministry, it adopted his health indicators programme nationally in 2004, but it did not require public dissemination of data.

Cite this as: *BMJ* 2011;342:d3174

"Physicians, above all, should by now be well aware that a significant and prolonged change in the world's climate—which is where we seem to be heading on current performance—poses fundamental and long-term risks to human health and survival."

Peter Tait, a GP who convenes the Public Health Association of Australia's environmental health special interest group, told the *BMJ* that the college's credibility had been dented.

"And it's given climate change doubt sowers an opportunity to latch on to their statement and to continue to sow doubt about taking action," he said.

"The college needs to acquaint itself with the mainstream established scientific opinion on global warming and what we know are going to be the health effects—and take that on board and formulate a public position in line with what the evidence says needs to be done."

The advocacy group Doctors for the Environment Australia (DEA) said that a price on carbon should be seen as a public health measure but that Australian medical groups had been slower than their peers in other countries to advocate measures for tackling climate change.

"The emergence of DEA, with its main agenda being health and climate change, can be seen as a reflection of inadequate advocacy elsewhere in Australian medical organisations," said three members of the group, David Shearman, George Crisp, and David King.

The college declined the *BMJ*'s requests for an interview. However, after publicity about Professor Capon's resignation, it released a second climate change statement on 20 May. "The college supports climate change action," it said. "However, we need to advocate for the health of the community and patients who may be inadvertently affected."

Cite this as: *BMJ* 2011;342:d3264

There is still no consensus on whether extreme weather, such as floods in Brisbane in January, are a result of climate change

EDDIE SAFARIK/AFP/GETTY IMAGES

Commission considers how to protect human rights after Guatemala studies

Janice Hopkins Tanne NEW YORK

A special commission set up by President Barack Obama is considering how best to protect the human rights of people who take part in clinical trials in the wake of the discovery last year that a US agency had conducted unethical research in Guatemala in the 1940s.

The US Presidential Commission for the Study of Bioethical Issues was established in 2009. Since Susan Reverby, a historian from Wellesley College, near Boston, discovered last year that the US Public Health Service had conducted unethical research in Guatemala from 1946 to 1948, the commission has concentrated on protecting the human rights of people in such studies. The commission held its fifth public session in New York on 18 and 19 May and plans to present its report this summer.

The chairwoman of the commission, Amy Gutmann, president of the University of Pennsylvania, said that the treatment of vulnerable people in Guatemala was "both stunning and sobering."

Professor Reverby said she hoped that the investigation would not make people afraid to participate in clinical trials. She told the *BMJ* that she "could not have imagined in a million years" that the scientific community would take her discovery so seriously.

In the Guatemala studies nearly 700 people were deliberately infected with syphilis and other sexually transmitted diseases in hopes of showing that the new drug penicillin could be used immediately after sex to prevent infection. They were not told the study's purpose and did not give informed consent. Last year the US apologised to the president of Guatemala and to people involved in the study (*BMJ* 2010;341:c5494).

Susan Reverby said she "could not have imagined in a million years" that the scientific community would take her discovery so seriously

At the session in New York Valerie Bonham, the commission's executive director, reported that her team had visited Guatemala, met Guatemalan investigators, and visited one site still standing. She said that they had reviewed 125 000 records and collected 14 000 records from 13 separate archives.

Christine Grady, a bioethicist at the National Institutes of Health Clinical Center, told the meeting that there was a proliferation of rules regarding protection of the rights of people in clinical trials, among them the Declaration of Helsinki and the "Common Rule" governing 17 US agencies for the protection of human subjects. She emphasised that rules alone cannot protect human trial participants.

But other speakers said that the paperwork involved in getting studies approved by institutional review boards or ethics committees could deter research.

Several speakers said that researchers sometimes focused on compliance with rules—"what must be done"—rather than on ethics—"what should be done." Most speakers agreed that it was futile to try to find one perfect set of guidelines.

The presidential commission's website is www.bioethics.gov.

Cite this as: *BMJ* 2011;342:d3232

IN BRIEF

WHO cuts budget by almost $1bn: The World Health Organization is to cut its budget by $845m (£524m; €600m) and will lose 300 jobs at its headquarters. Health ministers voted to reduce the budget by a fifth, from $4804m proposed in January to $3959m. However, more funds are earmarked for child and maternal health, fighting chronic diseases, and strengthening health systems.

FDA restricts access to rosiglitazone: The US Food and Drug Administration has updated its risk evaluation and mitigation strategy for rosiglitazone to include a restricted access and distribution programme. Clinicians and patients now must enrol in the Avandia-Rosiglitazone Medicines Access Program to prescribe or receive rosiglitazone. Also, the drug will not be available from retail pharmacies after mid-November 2011. Patients will have to send their prescriptions by mail order through certified pharmacies.

Dutch GPs are slow to answer urgent phone calls: Only one in four Dutch general practices meets professional guidelines for answering urgent calls within 30 seconds, posing "serious risks" in "life threatening situations," a Healthcare Inspectorate investigation has found. GPs have two months to improve or face fines. The National Association of General Practitioners had agreed that all practices require a separate, urgent phone line or menu option.

Global Fund reports progress and record spending: The Global Fund to fight AIDS, Tuberculosis and Malaria spent a record $3bn (£1.9bn; €2.1bn) in 2010 on programmes that saved about 1.6 million lives, its 2011 progress report says. Its successes included a rise in the number of patients taking antiretrovirals, to three million from 2.5 million in 2009; the treatment of 1.7 million people for tuberculosis; and the distribution of 56 million insecticide treated nets. See www.theglobalfund.org/en/publications/progressreports.

Authors and researchers invited to join debate on publication ethics: The Committee on Publication Ethics has launched the first in a series of discussion documents that it hopes will help stimulate debate in the academic publishing community. The first paper, "How should editors respond to plagiarism?" is now available (www.publicationethics.org/resources/discussion-documents).

Cite this as: *BMJ* 2011;342:d3257

Paraplegic man can stand after spinal cord stimulation

Susan Mayor LONDON

A young man with paraplegia is able to stand for several minutes and take steps using voluntary movements in response to direct electrical stimulation of the lumbosacral spinal cord, a US research group has reported.

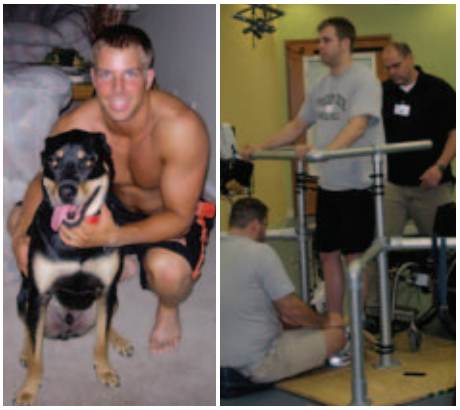
The 23 year old had paraplegia from a C7-T1 subluxation as a result of being hit by a motor vehicle in July 2006. He showed complete loss of clinically detectable, voluntary motor function but partial preservation of sensation below the T1 cord segment.

Three years after the incident he began locomotor training sessions designed to retrain spinal cord networks to coordinate the movements necessary for standing and walking.

After 170 training sessions over 26 months, a 16 electrode array was surgically placed on the patient's dura mater across cord segments L1-S1, and spinal cord stimulation was provided during further training sessions for periods of up to four hours. The patterns of stimulation were designed to achieve optimum efferent patterns for standing and stepping.

Results reported last week show that the man can now stand bearing his own weight for 4.25 minutes, with assistance provided only for balance (*Lancet* doi:10.1016/S0140-6736(11)60547-3). He can also, with support, take repeated steps on a treadmill and voluntarily move his hips, knees, ankles, and toes. In addition, he has regained some bladder and sexual function and temperature regulation.

"This is a breakthrough," said the study's lead author, Susan Harkema, from the Kentucky Spinal Cord Research Center at the University of Louisville. "It opens up a huge opportunity to improve the daily functioning of these individuals." But she cautioned: "We have a long road ahead."



Rob Summers said that after years of immobility the procedure has "completely chaged my life"

The research group found that the neural network in the spine used sensory input from the legs to generate the muscle and joint movements needed to stand and walk.

"The spinal cord is smart," said Reggie Edgerton, a coauthor, from the University of California at Los Angeles. He explained that the neural networks in the lumbosacral spinal cord are capable of initiating full weight bearing and relatively coordinated stepping without any input from the brain.

"Sensory feedback from the feet and legs to the spinal cord facilitates the individual's potential to balance and step over a range of speeds, directions, and level of weight bearing. The spinal cord can independently interpret these data and send movement instructions back to the legs, all without cortical involvement," he said.

Cite this as: *BMJ* 2011;342:d3254

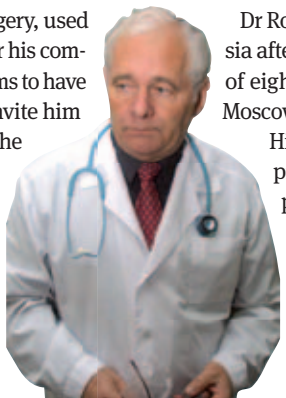
Leading doctor attacks Russia's health system

Andrew Osborn MOSCOW

A prominent Russian doctor has delivered a devastating verdict on the country's health system, claiming that it is riddled with corruption, neglect, and incompetence.

Leonid Roshal (right), the director of Moscow's Institute for Emergency Child Surgery, used a medical conference in April to air his complaints, sparking a debate that seems to have prompted the Kremlin to fail to invite him to a key meeting on child health. The paediatrician alleged that unnecessary medical equipment was being bought so that officials could cream off kickbacks, that there was an appalling lack of qualified medical staff, and that the health ministry was issuing unhelpful directives.

"I only said what the majority of doctors are thinking," Dr Roshal told the *Novaya Gazeta* newspaper afterwards. "We cannot go on like this any more."



REUTERS

Dr Roshal became a national hero in Russia after he helped to negotiate the release of eight children being held hostage in a Moscow theatre in 2002.

His speech, which was delivered in the presence of Vladimir Putin, Russia's prime minister, and Tatyana Golikova, the health minister, attracted criticism from officials as well as praise from ordinary doctors.

The Royal College of Surgeons in Ireland refuses to speak out against atrocities in Bahrain

Sophie Arie LONDON

The Royal College of Surgeons in Ireland is continuing to operate its training school in Bahrain as normal and has not commented on the intimidation and arrests of medical workers in the country in recent months.

The college has had closer ties with Bahrain than have most medical bodies in Western countries since it opened a training programme for doctors in the capital, Manama, in 2004. Its first class of 72 students graduated in 2010 in disciplines including medicine, nursing, and healthcare ethics and law.

Human rights bodies, aid agencies, and news channels have reported a coordinated campaign by Bahrain authorities against medical staff who have helped injured pro-democracy protesters since the government's crackdown on protests, involving troops from neighbouring Saudi Arabia, in March.

Some 46 medical workers are currently detained, and 29 of them face criminal charges, some of which could lead to the death penalty. They are accused of various acts, including embezzlement of public funds, possession of weapons, refusal to perform duties, and an incitement of hatred of the regime (*BMJ* 2011;342:d2928, 10 May).

The Royal College of Surgeons in Ireland (RCSI) has refrained from speaking out in defence of the doctors it has trained. The website of RCSI Bahrain makes no comment on the political situation.

The college has reportedly sent teams to assess the situation in Bahrain in recent weeks but has not reported any findings. It said it does not comment "publicly on a political situation, or individual cases."

The college has invested at least €70m (£61m; $98m) in its Bahrain project and opened a purpose built campus in 2009. It is in negotiations for contracts to manage and operate the adjacent newly built King Hamad General Hospital, a 312 bed public hospital. At the same time the value of the college's assets, mainly in property, dramatically shrunk in 2010 to only €9m because of the effect of the global economic crisis on property values in Ireland.

Damian McCormack, professor of paediatric orthopaedic surgery at Temple Street University Hospital in Dublin, said, "It is noticeable that there has been no comment on this. If they comment at all, they fear they will be asked to leave Bahrain and [will] lose their investment and staff will lose their jobs. But this is not a time to be silent. It is vital to defend the principle of medical neutrality."

Professor McCormack, who has himself helped train Bahraini doctors sent to Ireland in recent years, is one of few Irish surgeons to speak out on this issue.

"There is an attitude that this should not be spoken of," he said. He believes that the college could face "financial ruin" if its investment in Bahrain goes awry.

The Irish Medical Organisation has also refused to comment on the current situation, saying that is does not comment on political issues.

Various Irish medical institutions have trained Bahraini doctors from Manama's Salmaniya Hospital in recent years. Bahrain authorities seized control of that hospital in March, claiming it had become an opposition stronghold.

Bahrain is of strategic importance to the United States, which has a naval base there and which sees the Sunni royal family as a key ally against the rising influence of Shiite Iran in the region. After issuing muted comments on the Bahrain situation for weeks, the US president, Barack Obama, spoke out on 19 May against "mass arrests and brute force," which were "at odds with the universal rights of Bahrain's citizens."

David Cameron was accused of "rolling out the red carpet" for Bahrain's Prince Salman bin Hamad al Khalifa on 20 May

KIRSTY WIGGLESWORTH/AP/PA

The UK prime minister, David Cameron, was accused of "rolling out the red carpet" for Bahrain's Prince Salman bin Hamad al Khalifa, who visited London on 20 May. The UK government had emphasised the importance of the Bahraini authorities moving to a policy of reform rather than repression, said Mr Cameron.

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In it he claimed that some of the money earmarked for health reforms in the past had been "buried in the ground" (implying that it had been stolen), that Russia spent only a "shameful" 3.5% of its gross domestic product on healthcare, and that hospitals and clinics were being closed.

"It is easy to destroy a system, but it takes time and money to restore it," he said.

The biggest problem was a severe lack of qualified medical specialists. "There are regions where more than 50% of the doctors are of pension age and only 7% are young specialists," he said. That, he said, was because some doctors earned as little as the equivalent of £177 (€200; $285) a month.

Mr Putin said his speech was professional but also a little naive. Ms Golikova said that his comments were "incorrect."

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WHO condemns attacks on health personnel

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Health leaders meeting at the World Health Assembly in Geneva have spoken out against a rise in numbers of violent attacks against healthcare personnel and medical facilities in countries experiencing social unrest and conflict.

Speaking at the assembly (the World Health Organization's decision making body), Margaret Chan, WHO's director general, said, "We are extremely distressed by reports of assaults on health personnel and facilities in some of these conflict situations. We urge all parties to ensure the protection of health workers and health facilities in conflict situations."

Harvey Fineberg, president of the Institute of Medicine in Washington, DC, said that it "is a fundamental tenet" of ethical healthcare that health professionals be able to care for people regardless of patients' political or ideological beliefs.

The concerns have been fanned by serious incidents such as the arrest and imprisonment of medical personnel in Bahrain (*BMJ* 2011;342:d2928, 10 May) and attacks on patients, personnel, and equipment, including shooting and hijacking of ambulances, in Ivory Coast, Libya, Afghanistan, and other countries.

Robin Coupland, medical adviser at the International Committee of the Red Cross, said that the world "needs to get a handle on the insecurity of healthcare and the impact this has on other health outcomes."

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