

NEWS

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ROSS GILMORE/ALAMY

Younger people and those living in Scotland (above) were on average happier than the middle aged and people in many areas south of the border

Poor health does not always mean an unhappy life

Nigel Hawkes LONDON

The first results of the programme to measure national wellbeing in the United Kingdom show that 40% of people who rate their own health as bad or very bad nevertheless also report medium to high levels of satisfaction with life.

The statisticians from the Office for National Statistics (ONS), which is responsible for the programme,¹ were surprised that ill health did not have a greater effect on satisfaction, but there is no denying that good health makes a difference: 80% of people whose health was good or very good reported medium to high levels of life satisfaction, twice the proportion of those whose health was poor.

So far, the nascent programme does not yet allow any deeper explanation of causes, except for a few obvious ones, such as a clear link between unemployment and low life satisfaction.

It remains unclear, for example, why people

of black Caribbean or African origin profess the lowest level of life satisfaction of any ethnic group (6.7 of a possible 10, compared with a score of 7.4 for white people), why the people of Rutland and of Bath and north east Somerset are so indecently satisfied with life (with more than 85% in both areas scoring high on this measure), or why Londoners endure chart topping levels of anxiety.

The programme aimed to develop subjective measures of wellbeing, to be read in conjunction with traditional objective measures such as life expectancy and employment status. It does not seek, said Glenn Everett, its director, to define a single happiness index.

"The measures will supplement and not supplant older measures," he said at a London press conference to launch the first year's findings. "And the distributions, not just the means, are important."

A total of 150 000 people aged over 16 were interviewed as part of the Integrated Household Survey. This sample was large enough to enable breakdown by region, ethnicity, employment status, and other variables without unacceptable loss of statistical significance.

Respondents were asked four questions between April 2011 and March 2012: how satisfied they were with their lives nowadays; to what extent did they feel that the things they did in their lives were worthwhile; how happy they felt yesterday; and how anxious they felt yesterday.

Three quarters (75.9%) rated their life satisfaction at 7 or more out of 10, while 80% gave the same rating for the worthwhile question. Just over one in 10 (10.9%) said that they were unhappy yesterday, with a score of less than 5 out of 10, while 21.8% scored their anxiety as high (more than five out of 10).

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Private hospital planned to delay NHS operations to increase its income

Zosia Kmiotowicz LONDON

The Department of Health for England has been forced to intervene after a private hospital that treats NHS patients told doctors to delay operations booked through the NHS Choose and Book scheme so that more patients would opt to pay for their operations privately.

Consultants at BMI Healthcare's Meriden Hospital in Coventry were instructed by Bernie Creaven, its chief executive, to introduce a delay of four weeks from when they see a patient

in the outpatient department to when they operate on them. The delay would be gradually extended to eight weeks from September, she said.

The reason she gave was that there was not enough "differentiation" between NHS and private patients and that this was negatively affecting referrals of private patients.

Primary care trusts contract private hospitals to treat NHS patients at NHS costs. They benefit because they are not left with empty beds but are paid less than if a private patient was being

treated. BMI Meriden, for example, charges self paying private patients £8500 for a hip replacement, but the NHS would pay it £5484.

In the letter to consultants, dated 13 July, Creaven said, "Over the past few months I have had numerous discussions with consultants regarding the lack of differentiation between NHS and private patients and there is significant anecdotal evidence to suggest that the lack of differentiation has had a negative effect on our private patient referrals."

She said the new rules on delaying operations for NHS patients would take effect immediately, adding, "I believe that this time to access the system is probably the most critical factor for some private patients converting to NHS patients."

A health department spokesman said, "We expect NHS patients to be given the best possible care and as short a wait as possible. We will be contacting BMI to ensure that NHS patients are not disadvantaged."

Cite this as: BMJ 2012;345:e5033

Case against paediatric cardiologist will go ahead without him after his refusal to attend a tribunal



DUNG VO TRUNG/SYGMA/CORBIS

The allegations concern the time when Philipp Bonhoeffer (above) worked in a charity in Kenya

Clare Dyer *BMJ*

Philipp Bonhoeffer, former head of cardiology at Great Ormond Street Hospital for Children in London, will not appear or defend himself at a Medical Practitioners Tribunal Service (MPTS) hearing into allegations of sexual impropriety with boys in Kenya, it has emerged.

Bonhoeffer has snubbed the hearing, due to start in Manchester on 3 September before the new MPTS, which has taken over the role of the General Medical Council's fitness to practise panels. He has instructed his lawyers to take no further part in the case brought against him by the GMC.

The allegations concern periods that

Bonhoeffer, described by the GMC as "an internationally renowned paediatric cardiologist," spent in Kenya with the Chain of Hope charity, founded by the heart transplant pioneer Magdi Yacoub.¹

The GMC alleged that Bonhoeffer "abused his position of trust when he behaved in a way which was sexually motivated, inappropriate, and misleading towards several boys under the age of 16." He is also said to have "provided gifts and financial support to other children and young adults and arranged for them to stay with him."

A further allegation was that he contacted witness A, the main witness against him, and asked him to withdraw his statement. A, now in his late 20s, alleged that the abuse took place when he was in his early teens.

Bonhoeffer won a High Court ruling last June that the GMC could not rely solely on hearsay evidence from witness A—transcripts of police interviews, mobile phone calls, and texts—but would have to produce him in person.^{2 3}

Witness A will now give live evidence by video link from Kenya. But he and the other witnesses in the case have been granted anonymity, and all except one will give their evidence from behind screens.

All the witnesses argued that their lives would be adversely affected if their identities became known. Witness A, who is married with a child, claimed that he and his family's safety would be at risk, possibly because of attitudes to homo-

sexual acts in Kenya. Another, named as FT, was concerned about the effect on him, particularly in applying for jobs.

At a preliminary hearing on 18 July, the MPTS panel dealing with the case decided that the September hearing could go ahead in Bonhoeffer's absence. The panel was told that attempts to reach him by telephone, text message, email, and by speaking to the neighbours at his last known address were unsuccessful, and the notice of hearing was put through his letterbox.

A letter to the GMC in May from Bonhoeffer's solicitors, RadcliffesLeBrasseur, stated that he intended to take no further part in the proceedings and added, "We are not instructed to participate in his absence, and neither we nor counsel will be attending the hearing."

Bonhoeffer has strongly denied the allegations in the past. But his refusal to take part means that, unless he changes his mind, the witnesses will not be cross examined, and the panel will have to decide on the basis of their unchallenged evidence whether the allegations are proved.

The panel also acceded to the GMC's application to hear at the same time further allegations, made by FT and his parents, which had not formed part of the original charges. A female witness, Ms Y, will give evidence by video link. Another, Ms Z, is due to give evidence in person anonymously but is so far refusing to use a screen.

Cite this as: *BMJ* 2012;345:e4995

Pertussis cases rise 10-fold in people aged over 15 in England and Wales

Zosia Kmiotowicz *LONDON*

Pertussis is affecting nearly 10 times the number of older children and adults this year than when the disease last peaked in England and Wales in 2008, figures show.

The Health Protection Agency has written to GPs in areas where the incidence is highest, advising them to look out for symptoms in children aged over 15 as well as adults and to treat them with antibiotics to stop the infection spreading to babies and vulnerable adults.

The agency is keeping the Department of Health for England up to date with the situation and is discussing what, if any, measures need to be taken to prevent further

spread of the infection. The options include vaccinating adolescents and "cocooning," where close relatives of a newborn baby are vaccinated against pertussis, both of which have been used in other countries with outbreaks.

Pertussis is a cyclical disease whose incidence peaks every three to four years. The latest outbreak started in the second half of 2011.

The number of cases of pertussis in England and Wales reached 1781 at the end of May 2012, compared with a total of 1118 cases in the whole of 2011. There have been five deaths so far this year, all of them young babies. This compares with seven deaths in the whole of 2008.

There has been a shift in who is affected since the outbreak started. In 2011 most of the cases were among children under 1 year, as expected, but now many more cases are being seen in adults and children over 15. So far this year there have been 1324 cases in this age group, compared with 157 cases to the end of May 2008.

Gayatri Amirthalingam, consultant epidemiologist at the Health Protection Agency, told the *BMJ* that part of the latest rise in cases may be because of greater awareness among GPs and a new blood test for antibodies to *Bordetella pertussis*. However, she also said that immunity conferred by the vaccine wanes over time, which may explain the spread of

cases in older children and adults.

Several other countries in Europe and the United States and Australia have also seen a rise in incidence in the past year.

In the US there have been more than 17 000 cases of pertussis and 10 deaths up to 12 July, compared with a provisional figure of 15 000 cases for the whole of 2011.¹ Although infants under 3 months are most affected, incidence is rising in adolescents aged 13 and 14 years.

Wisconsin and Washington states have been particularly badly hit, with more than 3000 cases each to mid-July, compared with about 200 cases in the same period last year.

Cite this as: *BMJ* 2012;345:e5008

GPs are outnumbered on boards of clinical commissioning groups

Helen Mooney LONDON

GPs have taken less than half of the seats on the new boards of clinical commissioning groups (CCGs) in England and in some parts of the country make up just a fifth of boards.

A survey by *Pulse* magazine shows that GPs are in the minority on the boards of the fledgling CCGs—the organisations that will assume responsibility for commissioning from April 2013.

The survey of 100 CCGs found that in total just under half (49%) of board posts have been filled by GPs. In a handful, GPs make up only one in five members.

The make-up of these CCG boards shows that managers and finance officers total 20% of the positions, with the remaining 31% filled by lay members, nurses, council officials, and practice managers.

The investigation found that around the country financial restraints have forced CCGs to cut the number of GPs on their boards, despite the insistence of the health secretary, Andrew Lansley, that GPs should lead commissioning.

CCGs are supposed to keep a cap on the amount of money spent on administration, and this has meant that many of the organisations cannot afford to have doctors on boards. GP members are compensated for the hours they spend on board work on a pro rata basis, while they are also paid an amount so they can employ a locum.

Cite this as: *BMJ* 2012;345:e4949



AB DOWSETT/SPL

In the US there have been 17 000 cases of pertussis (bacterium pictured above) up to 12 July compared with 15 000 cases for the whole of 2011

Cancer centre is nominated for Stirling prize



PHILIPPERJAULT

Annabel Ferriman BMJ

A new centre for patients with cancer, situated in the former car park of Gartnavel Hospital, Glasgow, has been nominated for the 2012 Royal Institute of

British Architects' Stirling prize for architecture.

The centre is one of 14 Maggie's Centres in the United Kingdom, set up in memory of Maggie Keswick Jencks to

provide support for patients with cancer. If it wins the prize it will be the second of the centres to do so, the building at Charing Cross Hospital, London,¹ having won the prize in 2009.

The doughnut shaped building, built around an internal courtyard, consists of a series of interlocking spaces, including counselling rooms and rooms for interaction between patients. It was designed by the OMA Partnership.

The winner of the prestigious prize, for which the London Olympic stadium and four other buildings have also been nominated, will be announced on 13 October.

Cite this as: *BMJ* 2012;345:e5038

Gene therapy to be authorised for first time in EU

Geoff Watts LONDON

The European Medicines Agency has recommended that alipogene tiparvovec (marketed as Glybera) be authorised for sale in the European Union. Intended to treat lipoprotein lipase deficiency in patients with severe pancreatitis, it is the first gene therapy in Europe to be recommended for this status and is yet to be approved in the United States.

The deficiency is a genetic disorder thought to affect no more than one or two people in a million. The new treatment relies on an adeno-associated virus to deliver functional copies of the lipoprotein lipase gene to the body's muscle cells.

"It's fantastic news for everyone involved in gene therapy because it gives a boost to the whole field and is particularly good for attracting investors," said Deborah Gill, an Oxford University scientist who works on treatments for cystic fibrosis.

"There are a lot of people doing developmental work in gene therapy," she added, "but to have something taken right through to market authorisation is huge step."

People trying to manage lipoprotein lipase deficiency through strict dietary fat reduction face a daunting task, and many have life threatening episodes of pancreatitis, requiring hospital admission.

Glybera's passage through the agency has been anything but smooth. First submitted in December 2009, the application was initially turned down by the agency's Committee for Medicinal Products for Human Use and by its Committee for Advanced

Therapies. After reconsideration in October 2011, the members of the second committee but not the first changed their minds.

Tomas Salmonson, acting chairman of the Committee for Medicinal Products for Human Use, said, "Our established ways of assessing the benefits and risks of Glybera were challenged by the extreme rarity of the condition and also by uncertainties associated with data provided."

It was only when the European Commission asked the agency to re-evaluate the application with respect to use of the treatment only for patients facing the most severe or frequent attacks of pancreatitis that both committees gave their agreement.

Even now the company that markets the treatment, the Dutch biotechnology company UniQure, will have to provide the agency with data from a registry set up to monitor outcomes in patients undergoing treatment. Price will also be a problem, with Glybera probably turning out to be among the industry's costliest ever products.

The next development in gene therapy for a more common condition is likely to depend on the outcome of research currently being conducted by the UK Cystic Fibrosis Gene Therapy Consortium. Gill, a member of the consortium, told the *BMJ* that she expects the results of the current study, which uses a non-viral vector to transfer the gene, to be available in 2014.

"Then it's all a question of how rapidly we can take it into a phase III trial," she said.

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IN BRIEF

UK physiotherapists and podiatrists to get prescribing rights: Physiotherapists and podiatrists in the UK could be the first in the world to be able to prescribe drugs for some conditions such as asthma and pain, which would include analgesics and anti-inflammatories, under a proposal to extend prescribing responsibilities. The proposal comes after two public consultations last year and subsequent recommendations from the Commission on Human Medicines.

Charity advises cutting salt to reduce risk of stomach cancer: One in seven cases of stomach cancer in the UK—1050 of the 7500 diagnosed each year—could be prevented if everyone cut their salt intake to the recommended daily maximum of 6 g from the current average of 8.4 g, says the World Cancer Research Fund. The charity is calling for a standardised “traffic light” system on the front of food and drink packaging to help consumers monitor their consumption of salt.

Melanoma rises among middle aged Britons: Cases of malignant melanoma among British men and women in their 50s have risen from fewer than 500 a year to almost 2000 over the past 30 years, and the rate of melanoma has risen from 7.5 cases to 26.6 cases per 100000 people, Cancer Research UK has reported. Figures show that the total number of cases of malignant melanoma among all ages rose from around 12100 in the UK in 2009 to around 12800 in 2010.

Heart disease risk factors common in obese children: Two in three severely obese children under 12 years old have at least one risk factor for heart disease, indicates a study of 500 obese Dutch children who were monitored between 2005 and 2007.¹ Over half the children (56%) had high blood pressure; a similar proportion (54%) had high levels of low density cholesterol; one in seven (14%) had high fasting blood glucose; and just under 1% had type 2 diabetes.

US drug agency bans BPA in baby bottles: The Food and Drug Administration has banned bisphenol A (BPA) from baby bottles and cups. Manufacturers had already stopped using BPA in these containers because of consumers' worries about the chemical, which mimics the effect of oestrogen in the body. The chemical can still be used in other containers.²

Cite this as: *BMJ* 2012;345:e5016

Melanoma rises
7.5 cases to
26.6
per 100000

Surgeon is accused of manipulating data to move his patients up organ list

Ned Stafford HAMBURG

A surgeon in Germany who carried out dozens of liver transplantations at Göttingen University Hospital is under criminal investigation for allegedly altering data relating to at least 25 patients to make them seem sicker than they were to move them ahead of other patients on waiting lists for donated organs.

The alleged manipulation of patient data, first reported on 20 July by the Munich daily newspaper *Süddeutsche Zeitung*,¹ is being described as the biggest organ transplant scandal in Germany.

It is seen as a disaster just as a new law to help increase organ donation has taken effect. The law requires health insurers to regularly ask all customers whether they want to donate their organs for transplantation if they die.

Bernhard Banas, general secretary of the German Transplantation Society, told the *BMJ* that he has already received emails from four people who no longer trust the system and are cancelling their organ donor cards. “I fear that the scandal will have a major impact on the number of people willing to donate organs,” he said.

Currently, the only detailed account of the patient data manipulation has come from the *Süddeutsche Zeitung* article. The University of Göttingen Medical School issued a press release the same day that the article was published saying that it had been informed of alleged patient data manipulation in late June by the German Medical Association, which was investigating the allegations.²

The university immediately informed the state attorney and made the relevant patient



The most common method that the surgeon allegedly used was to say the patient awaiting a liver transplant also had kidney problems

files available to the investigation. Since then several homes have been raided by prosecutors and files seized.

The doctor at the centre of the investigation is said to have used several methods of manipulation, reported the *Süddeutsche Zeitung*. The doctor's commonest method, the newspaper alleged, was to indicate that a patient with liver disease also had kidney problems by falsely increasing the creatinine concentrations on the patient's daily record before applying for a donated liver from the Eurotransplant International Foundation.

The foundation allocates donated organs in Austria, Belgium, Croatia, Germany, Luxembourg, the Netherlands, and Slovenia.

Investigators doubt whether the doctor would have been able to manipulate the patients' files alone and that others were involved, especially as the initial investigation was triggered by an anonymous tip, says the *Süddeutsche Zeitung*.

The doctor, who has not been named publicly and who ceased working at Göttingen University Hospital at the end of 2011, was also the focus of an investigation in 2005 while at a university in Bayern.

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New drug combination for TB is tested in unique trial

Zosia Kmietowicz LONDON

Researchers have found that a new combination of three drugs is as effective as the standard treatment for tuberculosis.

The novel combination, called PaMZ, is made up of PA-824, a brand new drug candidate for treatment of tuberculosis; moxifloxacin, an established antibiotic not yet approved for use in first line treatment of the disease; and pyrazinamide, which is often used in combination with established tuberculosis treatments.

Results from a small study involving just 80 patients found that, after two weeks of treatment, the mean early bactericidal activity (EBA, as measured by the daily rate of change of log₁₀ colony forming units in sputum) of PaMZ (n=13;

EBA 0.233 (SD 0.128)) was significantly higher than that of bedaquiline (n=14; 0.061 (0.068)), bedaquiline with pyrazinamide (n=15; 0.131 (0.102)), and bedaquiline with PA-824 (n=14; 0.114 (0.05)) but not PA-824 with pyrazinamide (n=14; 0.154 (0.04)) and was similar to that of the standard treatment of rifampicin, isoniazid, and pyrazinamide (n=10; 0.14 (0.094)).¹ The trial is the first in which more than one unapproved drugs have been tested together rather than separately and could speed up the approval process for new drugs.

Andreas Diacon, principal investigator of the study, said, “With this new approach, we can now test drugs in combination right from the start, and we can possibly have a new drug

National system to recognise seriously ill patients is proposed

Nigel Hawkes LONDON

All acutely ill adult patients in NHS hospitals should be assessed by the same standardised clinical dataset to help detect those who are deteriorating rapidly and who need more intensive support, a working party from the Royal College of Physicians of London has recommended.

The national early warning score (NEWS) would be used to assess acute illness, detect deterioration in a patient's condition, and prompt a timely and competent clinical response. Such a "track and trigger" system, implemented to a common pattern nationally, would make for a step change in the care of acute illness, said Richard Thompson, the college's president.

Many hospitals already have such systems in place, admitted Bryan Williams, professor of medicine at University College London, who chaired the group responsible for the recommendation. These systems represent a lot of work, and their originators are firmly wedded to them, he said.

"Perhaps because this was not the area of my life's work, I saw things a little differently," Williams writes in the preface to a new report.¹ "This was not just about 'what is the best system,' it was also about recognising the huge advantages of 'everybody using the same system' . . . Just like the highly effective simple surgical checklist, simple things done well can make a huge impact in healthcare and the NEWS has the potential to do the same."

The NEWS score card is based on six physiological measurements that are already routinely made: respiratory rate, oxygen saturation, tem-

perature, systolic blood pressure, pulse rate, and level of consciousness. Each is allocated a score from 1 to 3, reflecting variation from the norm (3 being the greatest variation), and the score is then aggregated. A further two points are added for patients requiring oxygen.

A low score (1-4) should prompt assessment by a competent registered nurse, who should decide whether more or less frequent monitoring or an escalation in clinical care is needed. A medium score (5-6), or a score of 3 on any one of the six measurements, should prompt an urgent review by a clinician experienced in the assessment of acute illness—a ward based doctor or acute team nurse—who should consider whether critical care skills are needed. A high score (≥ 7) should prompt assessment by a team with critical care competencies and would usually mean a transfer to a higher dependency care area.

The team responsible for NEWS said that its use would improve the assessment of illness, detect deterioration better, and ensure a timely clinical response. It is intended for use in patients 16 years or older, excluding pregnant women, and should be used to aid clinical assessment, not as a substitute for competent clinical judgment.

In some conditions, such as chronic obstructive pulmonary disease, the sensitivity of the system could be affected, and this should be taken into account when interpreting the NEWS. Concern about a patient's condition should always override the NEWS score if the attending doctor thinks that care needs to be intensified.

Cite this as: *BMJ* 2012;345:e5041

Late stage cervical cancer is more likely in US women without health cover

Michael Day MILAN

Lack of health insurance has been strongly linked to the risk of late stage cervical cancer among US women in a new study in the *American Journal of Public Health*.¹ The researchers say that the heightened risk is almost certainly due to uninsured women not being screened for the disease, which is associated with low mortality if detected early.

Their sample of 70 000 women from the US national cancer database who were given a diagnosis of cervical cancer between 2000 and 2007 found that lack of insurance was second only to age as a risk factor for a late stage (stages III and IV) cancer at diagnosis.

The American Cancer Society team, led by the epidemiologist Stacey Fedewa, said that the results show the need for the United States to boost its provision of a clinically and financially effective health prevention measure.

The report noted that "advanced-stage disease leads not only to poorer quality of life and greater morbidity, but often to higher treatment costs as well."

It concluded, "Screening should be made accessible and affordable for all women for whom it is recommended, especially for those at higher risk of advanced-stage disease, such as middle-aged women, Medicaid [the health insurance programme for people on low incomes] recipients, and uninsured women."

Fedewa told the *BMJ*: "What we actually need is more locally available centres that provide very low cost services."

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regimen in five years. From a doctor's perspective that's amazing progress. Before, I was anticipating it could take decades for a new TB drug regimen, but now it looks like it will take years."

Researchers have already begun recruiting patients into a larger trial being carried out at eight sites in South Africa, Tanzania, and Brazil to test the drugs over two months.

In an accompanying commentary Giovanni Migliori, of WHO, and Giovanni Sotgiu, of the University of Sassari, Italy, say that conclusions cannot be drawn about the safety of the new combination because of the small size of the study. They also warn that studies that measure early bactericidal activity have "intrinsic unpredictability" because of patients' clinical features and the method of sputum sampling.

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Testing combinations of drugs for TB before they are licensed could produce new treatments more quickly

Polio vaccination worker is shot and killed in Pakistan

Anne Gulland LONDON

The World Health Organization has described as a “hero” a polio vaccination worker who was shot and killed in Pakistan.

Muhammad Ishaq was shot at a dispensary in Karachi on Friday evening, just three days after two WHO workers were shot at in the same area of the city.¹

A statement released by WHO said that Ishaq, who was not a member of WHO staff but a local community worker, had worked with the polio eradication campaign for several months, helping to plan and implement vaccination campaigns. It said, “Because of the dedication of heroes like Mr Ishaq Pakistan is this year closer than ever to the eradication of polio. He was known for his dedication and diligence to immunise all children against polio.”

The shooting took place at a dispensary where Ishaq had worked for the past 15 years, not while he was carrying out any vaccination work. Maryam Yunus, a WHO spokeswoman in Pakistan, said that it was too early to say whether the earlier shooting and the killing of Ishaq were linked.

“Police investigations are still ongoing,” she said. “The WHO workers were shot in broad daylight. This person [Muhammad Ishaq] was not



The latest death came just three days after two WHO workers were shot in a UN car (above)

a WHO staff member and was not doing polio work. It’s too early to establish whether he was shot because of the polio campaign or whether it was because of a personal enmity.”

The polio vaccination programme had already been suspended in the area of Karachi where the most recent shooting took place. The first shooting took place during Pakistan’s national immunisation days from 16 to 18 July, a campaign to vaccinate 34 million children.

The Pakistani government, WHO, and the United Nations’ children’s agency Unicef have been scaling up efforts to eradicate polio in Pakistan, one of six countries in the world which has persistent transmission of the disease.²

But mistrust towards vaccination programmes

has been building in Pakistan after it was discovered that a Pakistani doctor had been running a fake hepatitis B vaccination campaign as part of the US government’s efforts to track down Osama Bin Laden.

Yunus said that the police were reviewing security of health staff in the area and that WHO was taking “every possible step” to safeguard the health of its workers.

Michael Coleman, a spokesman for Unicef in Pakistan, said that so far no one had claimed responsibility for the shooting.

“The high profile nature of the polio eradication programme means there have been threats but nothing of this nature,” he said.

Cite this as: *BMJ* 2012;345:e5061

Israel is accused of extorting information from patients from the Gaza Strip who seek medical care

Erika Tamara Traubmann TEL AVIV

Human rights organisations have accused the Israeli authorities of detaining Palestinian patients from the Gaza Strip, or their escorts, to try to obtain intelligence information in return for an exit permit to enable them to receive medical treatment.

An investigation by the Al Mezan Centre for Human Rights in Gaza and Physicians for Human Rights—Israel says that the latest reported case was that of Rawhy Fouad Qarqaz, 43, who needed treatment on a meniscus of the knee at a hospital in East Jerusalem. Qarqaz was summoned for an interview with the Israel Security Agency (Shabak) on 15 July and was arrested on the spot. He is currently detained in prison in



Rawhy Fouad Qarqaz was arrested and detained in prison in Ashkelon

Ashkelon, a southern Israeli city near the border with the Gaza Strip, and has been prevented from seeing his lawyer. Israeli authorities have not responded to a request by Physicians for Human Rights to allow Qarqaz to be examined by an independent doctor.

The Al Mezan Centre and Physicians for Human Rights have warned against the abuse of patients for the purpose of recruiting collaborators and collecting intelligence. Two similar cases have been reported since the beginning of July. The centre said that 12 patients and their escorts were detained at the crossings between May 2009 and April 2011. During that period 533 patients were asked to appear at the crossings for interviews.

The centre and Physicians

for Human Rights said that these actions are a continuation of “Israel’s policy of extortion of Palestinian patients and exploitation of their medical suffering, in an abuse which makes clear the extent to which Israel exempts itself from its legal commitments under the rules of international humanitarian law, particularly the Fourth Geneva Convention.”

Kifah Abdul Halim, director of the Occupied Palestinian Territory department at Physicians for Human Rights, said that since Israel’s disengagement from Gaza “all those who exit Gaza may be exposed to these methods but especially patients who suffer from medical distress and can therefore be pressurised more easily.”

A senior Israeli official reported that in the three cases from July the Gazans were detained because of suspicions of their being involved in terrorist activity.

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