Briefly

Cheaper medicine: The health ministers from five emerging countries have promised to work together to help fight disease by enabling developing nations to produce effective and affordable drugs. At a July 11 meeting in Beijing, China, the health ministers from Brazil, Russia, China, India and South Africa (referred to as the BRICS countries) pledged to transfer technologies to less-fortunate countries to enable them to make their own medicines for diseases such as HIV/AIDS and tuberculosis. Cooperation between the BRICS countries, which account for 40% of the world's population, could influence multination pharmaceutical companies and change global attitudes, the ministers claimed. The ministers also claimed that most of the affordable drugs that are currently supplied to developing nations are developed within the BRICS countries. The health ministers also discussed topics including establishing a database of the prices of medical devices and fighting counterfeit medicines. — Roger Collier, *CMAJ*

Oncology drug review: A new national drug review process to guide provincial funding of cancer drugs has begun accepting submissions. The pan-Canadian Oncology Drug Review, which began July 13, will provide all provinces except Quebec with common recommendations on the clinical evidence and cost-effectiveness of new cancer drugs (www.pcodr.ca/idc/groups/pcodr/documents/pcodrdocument/pcodr-newsrelease-july13.pdf). Currently, each province conducts its own review of such drugs, which means a duplication of work at the review level, and results in disparities in the formulary listing of individual drugs and their financial coverage across the country. The new centralized drug review is a bid to simplify that process, although final funding decisions will remain at the discretion of the provinces. — Lauren Vogel, *CMAJ*

Baby lotto: A British lottery that took place at the end of July has sparked controversy over its prize: £25 000 in fertility treatments. The country's gambling commission recently approved the £20-per-ticket draw to be run by a fertility charity called To Hatch, much to the chagrin of some medical ethicists and the United Kingdom's Human Fertilisation and Embryology Authority. The authority blasted the lottery in a written statement, arguing that using fertility treatments as a prize is "wrong and entirely inappropriate" and to do so "trivialises what is for many people a central part of their lives" (www.hfea.gov.uk/6511.html). — Lauren Vogel, *CMAJ*

Health index: Sub-Saharan African countries account for 75% of nations rated as "extreme risk" in terms of health care coverage and social health protection in a new index released by Maplecroft, a risk-analysis firm in the United Kingdom. Other extreme-risk nations include Nepal, Bangladesh and Pakistan. Out of the 10 top-performing countries, 9 are from Western Europe, including Luxembourg, Norway and the Netherlands. The index considers seven health indicators grouped into three themes: level of coverage and financial protection, availability of health care and quality of services, and health outcomes. Of the 131 countries considered, 32 earned a rating of extreme risk. These countries, according to Maplecroft, are characterized "by a range of problems including poor governance and infrastructure, poverty, ongoing conflicts and systemic corruption; all of which restrict governments' ability to rule effectively and provide healthcare" (http://maplecroft.com/about/news/healthcare_index_2011.html). — Roger Collier, *CMAJ*

UK losing nurses: The United Kingdom's National Health Service (NHS) may lose almost 100 000 nurses during the coming decade, according to a report from the Royal College of Nursing (www.rcn.org.uk/__data/assets/pdf_file/0004/394780/004158.pdf). In a worst-case scenario, taking into account such factors as a rise in early retirements because of pension reforms and a reduction in training programs, 28% of the current nursing workforce of 352 104 could be lost, suggests the independent report commissioned by the college. The nursing college has expressed concern that patient care could suffer greatly by the losses and has called for the Department of Health to establish a strategy with an emphasis on staffing levels. "The risks and consequences of getting workforce planning wrong are all too obvious: a return to the days of quick-fix overseas recruitment, downgrading of the current workforce and crude substitution between registered and non-registered roles," the report states. "As an immediate first step, we advocate that the supply of registered nurses should be stabilised and the decision to cut nursing student places by 10 per cent for 2010/11 to 2011/12 reversed." — Roger Collier, *CMAJ*

Potent coffee warning: Food Standards Australia New Zealand has advised consumers not to drink coffee products that claim to enhance sexual performance because they contain potentially harmful analogues of sildenafil. Two coffee products, sold in stores and online, have been found to contain analogues of sildenafil though no mention is made on their labels. Government authorities do not permit therapeutic drugs to be added to food products. "Analogues of drugs are similar in chemical make up to the original drug but elements have been changed. These analogues, like any drugs can interact with prescription medicines and may be dangerous, particularly for people with certain health conditions. However it is not known what the potential side effects and risks of con-

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suming products containing these analogues may be," the warning states (www.foodstandards.gov.au/scienceand education/factsheets/factsheets2011/con sumerwarningoncof5218.cfm). Consumers who are using this product should stop taking it immediately and speak to a doctor if they are experiencing side effects. — Roger Collier, *CMAJ*

Flu strains selected: The United States Food and Drug Administration has approved a flu vaccine formulation for 2011–2012 that is primarily aimed at reducing the effects of three virus strains: A/California/7/09 (H1N1)-like virus (pandemic (H1N1) 2009 influenza virus); A/Perth /16/2009 (H3N2)-like virus; and B/Brisbane/60/2008-like virus. The FDA's Vaccines and Related Biological Products Advisory Committee selected the strains as the basis for formulations that will be developed by the country's six licensed manufacturers (www.fda.gov/NewsEvents/Newsroom /PressAnnouncements/ucm263319.htm). "Vaccines to prevent seasonal influenza have a long and successful track record of safety and effectiveness in the United States," said Dr. Karen Midthun, director of FDA's Center for Biologics Evaluation and Research. "It is important to get vaccinated every year, even if the strains in the vaccine do not change, because the protection received the previous year will diminish over time and may be too low to provide protection into the next year." — Wayne Kondro, *CMAJ*

Make the elderly pay: More of the financial cost of providing health care to the elderly should be shifted onto their own shoulders, says a blue-ribbon panel commissioned by the British government to recommend a "fair and sustainable funding system" for adult social care in England. The report of the Commission on Funding of Care and Support, Fairer Care Funding, says that care costs for adults, whether in the form of long-term care facilities or support provided in patient's homes, should be subject to a lifetime cap of "between £25,000 and £50,000" after which the government would become responsible, except for the roughly £7000–£10 000 per year that the commission says pensioners should still have to cough up annually for room and board costs in homes. The independent commission, chaired by economist Andrew Dilnot, principal of St Hugh's College, Oxford and a pro vice chancellor of Oxford University, argues that the scheme would promote more long-term financial planning by citizens for their retirement. "This change should bring great peace of mind and reduce anxiety, for both individuals and carers," the report argues (www.wp.dh.gov.uk/care commission/files/2011/07/Fairer-Care -Funding-Report.pdf). Dilnot's commission estimated that its proposals, based on a cap of £35 000, would cost the government roughly £1.7 billion annually. — Wayne Kondro, *CMAJ*

Valued-based drug pricing: The British government says it will proceed with the introduction of value-based pricing for branded medicines once the existing Pharmaceutical Price Regulation Scheme expires at the end of 2013. No concerns raised during consultations on the government proposal to introduce valued-based pricing warrant a retreat from plans to proceed with the new approach, the government states in a report, A new value-based approach to the pricing of branded medicines: Government response to consultation (www .dh.gov.uk/prod_consum_dh/groups/dh _digitalassets/documents/digitalasset/dh _128404.pdf). Value-based pricing, which pegs the prices of drugs to their therapeutic benefits (www.cmaj.ca /lookup/doi/10.1503/cmaj.109-3694), is the preferred route of the future, the report states. "It will give patients and clinicians greater access to clinically- and cost-effective medicines. There will be a much closer link between the price the NHS [National Health Service] pays and the value that a medicine delivers, as assessed on the basis of improvements in health outcomes. Value-based pricing will fit into an NHS system that is configured to promote high quality in both care and outcomes, as set out in the Government's White Paper: Equity and Excellence, and the Government response to the Future Forum report. For pharmaceutical companies there will be a pricing system that gives clear signals about priority areas, so that research efforts are directed to where there will be the most important improvements in health outcomes." — Wayne Kondro, *CMAJ*

Patient safety envoy: The World Health Organization (WHO) has appointed Sir Liam Donaldson as its Envoy for Patient Safety. Donaldson, who was England's chief medical officer from 1998–2010, has been charged with raising the profile and reach of the agency's patient safety initiatives. "With this nomination, WHO is signalling the importance of ensuring that patients get safe, high quality health care all around the world," WHO Director-General Margaret Chan said in a press release (www.who.int/media centre/news/releases/2011/patient_safety _20110721/en/index.html). "With the support and intellectual leadership of Sir Liam, the Patient Safety Programme has grown from a small specialist initiative within WHO to a global advocacy and scientific community, with activities in over 140 countries and all six WHO regions. It is now poised to do even more." WHO said its data indicates that between 4%–16% of all hospitalized patients suffer patient safety incidents and that the burden is twice as high in developing countries, as compared with developed countries. Donaldson, chancellor of Newcastle University, chairman of England's National Patient Safety Agency and former chair of the World Alliance for Patient Safety said in the release that "we have come a long way in raising the world's awareness of patient safety. But challenges still remain. Health care has not achieved the level of safety of many other high risk industries. Citizens of countries around the world find it incredible that errors lead to patients getting the wrong operation or the wrong medication, sometimes with fatal consequences. Lessons need to be learned from such tragedies and action taken. The WHO Patient Safety Programme will be the cornerstone of a renewed effort globally to address these issues." — Wayne Kondro, *CMAJ*

Sex with patients: A survey of 282 general practitioners in England found that 48% believe that they should be allowed to have sex with a patient if that patient finds another family doctor, while 16% believe they should be allowed to have sex with a patient even

if the patient is on the doctor's practice list. The survey, conducted by the British trade magazine *Pulse*, found that 7 of the 282 respondents admitted to having had sex with a patient. Guidelines developed by the Council for Healthcare Regulatory Excellence in 2007 prohibit general practitioners from having sex with current patients. But Dr. Tony Grewal, medical director of the Londonwide Local Medical Committees Limited, an association of general practitioners, states in the *Pulse* article that "an absolute ban on sexual relationships with patients or former patients is an unfair limitation on the right to pursue happiness for doctors and patients alike" (www.pulsetoday.co.uk/newsarticle-content/-/article_display_list/12419918/half-of-gps-back-change-in-rules-on-sex-with-patients). "We need new, authoritative public guidance which acknowledges the changes of the last 20 years, maintains the necessary safeguards for the vulnerable against exploitation or coercion, but gives a framework for those who wish to develop proper relationships," Grewal added. — Wayne Kondro, *CMAJ*

Conscientious objections: A survey of 733 British medical students has found that nearly half believe that they should be entitled to refuse to perform any medical procedure on personal, moral or religious grounds. The survey of medical students at Cardiff University, King's College London, Leeds University and St George's University of London also found that Muslim students were most likely to conscientiously object to having to perform abortions, treat alcohol-related diseases or examine patients of the opposite sex (http://jme.bmj.com/content/early/2011/06/29/jme.2011.042770.full.pdf). "Once qualified as doctors, if all these respondents acted on their conscience and refused to perform certain procedures, it may become impossible for conscientious objectors to be accommodated in medicine," the study states. — Wayne Kondro, *CMAJ*

Low contact football: The prestigious university athletic conference, The Ivy League, has adopted the most stringent anticoncussion rules in the United States by announcing that it will severely limit the number of full-contact football practices that its eight member institutions will be allowed to conduct, commencing this fall. Teams will be allowed a maximum of two full-contact practices per week, as compared with the five typically allowed in other National Collegiate Athletic Association (NCAA) schools and conferences. The new rules will also require each Ivy League school to abide by Return-to-Play protocols for concussed athletes and compel referees of Ivy League games to call more penalties in instances for hits to the head (http://static.psbin.com/7/i/rdcrpb18lgcxj2/Concussion_Report_--_FB_Final.pdf). NCAA data indicate football has the rate of concussion during games per 1000 athlete exposures at 3.1, following by men's lacrosse (2.6); men's ice hockey (2.4), women's ice hockey (2.2) and women's soccer (2.2). The Ivy League indicated that it is now reviewing its rules for hockey, lacrosse and soccer to determine if more stringent anticoncussion measures are also needed in those sports. — Wayne Kondro, *CMAJ*

Terminal lists: General practitioners in Great Britain should maintain a register of all their patients who are expected to die within 12 months, according to new guidelines developed by the National Council for Palliative Care and the National End of Life Care Programme. The guidelines, "Commissioning End of Life Care," recommend that the registry include "people whose death is imminent (expected within a few hours or days) and those with: (a) advanced, progressive, incurable conditions (b) general frailty and co-existing conditions that mean they are expected to die within 12 months (c) existing conditions if they are at risk of dying from a sudden acute crisis in their condition [and] (d) life-threatening acute conditions caused by sudden catastrophic events." Such registries will help to realign resources within the health care system by ensuring that the dying receive more support and treatment from community programs, the guidelines state (www.endoflifecareforadults.nhs.uk/assets/downloads/A__E_layouts_art_with_links.pdf). "Realigning resources away from unplanned acute care to planned community support will improve quality of care, meet patient choice and provide value for money." — Wayne Kondro, *CMAJ*

Cancer detection: The government of Scotland hopes to save more than 300 lives a year by improving cancer detection, diagnosis and treatment, according to a draft of its "Detect Cancer Early Implementation Plan." The draft, released Aug. 1, describes a £30-million plan to concentrate on breast, bowel and lung cancer (www.scotland.gov.uk/Resource/Doc/924/0119872.pdf). The document notes that Scotland's five-year cancer survival rate (44.1%) is lower than in many other European countries, including Norway (55%), Finland (58%) and Sweden (58.9%). The incidence of cancer in Scotland is expected to rise as it population ages, the draft notes. "Therefore NHSScotland needs to improve survival outcomes for people with cancer to amongst the best in Europe, manage this expected increase in incidence and continue to improve patient and carer experience," the document states. "One way of achieving this is through earlier diagnosis. Earlier diagnosis means simpler, less toxic treatments can be given. There are also fewer recurrences and longer term wider societal benefits." — Roger Collier, *CMAJ*

Breastfeeding failure: Despite the benefits of breastfeeding to both infants and mothers, most hospitals in the United States still fail to support the practice, the US Centers for Disease Control and Prevention (CDC) reveals in its "Breastfeeding Report Card 2011" (www.cdc.gov/breastfeeding/data/reportcard.htm). Less than 5% of US hospitals meet best practices in support of breastfeeding mothers, according to CDC estimates. Because the hospital period is "critical" for mothers and babies to learn to breastfeed, the agency is urging hospitals to implement written breastfeeding policies, to help mothers initiate breastfeeding within one hour of birth, to only provide formula when medically necessary, and to refer mothers to breastfeeding support groups on discharge from hospital, among other measures. — Lauren Vogel, *CMAJ*

Depression debate: Mental health experts in India are questioning a recent report that suggested the country is among the most depressed nations in the world. The report states that 9% of India's residents have extended periods of depression and nearly 36% suffer from a major depressive episode (*BMC Medicine* 2011;9:90). By contrast, only 12% of people from China report having a major depressive episode, according to the report. The Bangalore-based National Institute of Mental Health and Neuro Sciences has criticized the report, claiming the figures on India are highly inflated. Some mental health experts note that the statistics were taken from only the Union territory of Puducherry, which has the highest suicide rate in the country, and do not accurately represent India as a whole. Representatives from India's Ministry of Health & Family Welfare have also claimed the figures are being misrepresented as an indicator of depression prevalence in an entire country instead of a distinct territory. — Roger Collier, *CMAJ*

Exercise as "cancer drug": If exercise were a cancer drug, it would be a blockbuster, claims a United Kingdom cancer charity in a report that reveals physical activity both improves patients' chances of recovery and decreases recurrence of the disease in many cases. Contrary to conventional wisdom that says people with cancer should rest following treatment, the evidence review by Macmillan Cancer Support indicates that exercise can reduce the risk of death from cancer by 30% and, specifically, from prostate, breast and bowel cancer by 30%–50% (www.macmillan.org.uk/Documents/AboutUs/Commissioners/Physicalactivityevidencereview.pdf). "There really needs to be a cultural change, so that health professionals see physical activity as an integral part of cancer after care, not just an optional add-on," Dr. Jane Maher, chief medical officer of the charity, said in a press release (http://community.macmillan.org.uk/blogs/community_news/archive/2011/08/03/move-more.aspx). — Lauren Vogel, *CMAJ*

More IT: More small medical practices in the United States would adopt health information technology (IT) systems if minor changes were made to national policies to reduce the burden of transition, according to a white paper from the Computing Technology Industry Association, a nonprofit trade association that represents the US IT industry (www.comptia.org/documents/HIT_WP.pdf). Policy recommendations in the paper include providing support and resources to retrain IT professionals in health IT specialties and integrating small IT firms into the nationwide push toward adopting electronic health records. "Federal policies should reflect the important role small IT solution providers can play in the health IT transition and create avenues for them to fully participate," the report states. "Doing so will help to expand adoption by medical providers and increase the quality of care to patients." — Roger Collier, *CMAJ*

Drugstore health insurance: The largest drugstore chain in the United States appears set to begin offering various levels of health insurance at different prices to its customers later this year. Wallgreens, the country's top seller of pharmaceutical and health and beauty products, has already expanded into the health services market, with 350 in-store clinics that offer services such as seasonal flu shots and vaccinations. According to US health industry experts, various types of companies, from retailers to financial services providers, are expected to enter the lucrative health insurance exchange market. It has been estimated that as many as 36 million consumers could purchase their insurance from these private health insurance exchanges from 2014 to 2019. — Roger Collier, *CMAJ*

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