

Briefly

Nutrition claims: Australian and New Zealand food makers will have to follow stricter criteria for making health claims on their products starting in early 2013. Government ministers responsible for food regulation recently lent majority support to new rules requiring that nutrition claims be based on evidence, as set out in the review report for the *Standard for Nutrition, Health and Related Claims* by Food Standards Australia New Zealand (www.foodstandards.gov.au/_srcfiles/P2_93_RR.pdf). High-level health claims, such as “calcium reduces the risk of osteoporosis,” will come under added scrutiny, and must be preapproved by Food Standards Australia New Zealand. Other topics discussed during the ministers’ meeting include improved front-of-pack labelling for food, a guideline on the addition of caffeine to foods and the inclusion of unpackaged meat products in a standard for country-of-origin labelling. — Veronique Hynes, Ottawa, Ont.

Auditor’s recommendations: There’s a need to improve oversight of diagnostic imaging facilities often owned by physicians and to develop new options for patients in need of long-term-care beds, according to the Auditor General of Ontario. Although half of the province’s independent health facilities are owned or controlled by doctors, “the Ministry has not analyzed the patterns of physicians referring patients to their own facilities,” Auditor General Jim McCarter states in his *2012 Annual Report* (www.auditor.on.ca/en/reports_en/en12/2012ar_en.pdf). As well, “unlike hospitals, facilities are assessed by the College of Physicians and Surgeons of Ontario to help ensure that, among other things, diagnostic images are being correctly read by the facilities’ physicians. However, as of March 2012, about 12% of facilities had not been assessed within the previous five years. Even for assessed facilities, the College

assessors did not review the work of all physicians working at those facilities.” McCarter also noted that the wait time for long-term-care beds for “crisis clients” (typically in hospital) is a median of 94 days; that participation rates in breast, colorectal and cervical cancer screening programs fall short of targets; and that diabetes prevention measures, including the discontinued electronic diabetes registry, have hardly proven effective. — Wayne Kondro, CMAJ

“Duty of candour”: British doctors will be contractually obligated to disclose medical blunders to patients under new National Health Service (NHS) regulations to be introduced by April 2013, Health Minister Dan Poulter has announced. “The importance of an open culture cannot be underestimated,” Poulter stated in a press release (www.dh.gov.uk/health/2012/12/duty-candour/). “[C]reating this contractual duty of candour now ensures that NHS contracts for the next financial year will champion patients’ rights to always have basic honesty from our NHS, as well as safe care.” Such a duty “is likely to be the most effective mechanism to improve openness in the NHS,” the health department indicated in a report, *Implementing a ‘Duty of Candour’; A new contractual requirement on providers: Analysis of consultation responses* (<https://www.wp.dh.gov.uk/publications/files/2012/11/summary-of-consultation-responses-duty-of-candour.pdf>). But if an ongoing British inquiry ultimately recommends that a statutory duty rather than a regulatory duty would be a more effective approach, the government is prepared to introduce such a legislative requirement, the report added. — Wayne Kondro, CMAJ

Efficiency progress: The National Health Service (NHS) in the United Kingdom has made “a good start” in becoming more efficient this year but must “quicken the pace of service

transformation and make significant changes to the way health services are provided” to meet its target of £20 billion in savings by 2014–15, according to the National Audit Office. The NHS has so far targeted the easiest savings — such as pay freezes and cuts to back-office costs — but financial sustainability can only be achieved through service transformation, states the audit office’s Dec. 13 report *Progress in making NHS efficiency savings* (www.nao.org.uk/idoc.ashx?docId=5a6516f7-a4dc-40a2-aba4-d6be9dbedb59&version=-1). Furthermore, the report suggests, there is “limited assurance” that the NHS actually achieved the £5.8 billion in savings it reported for 2011–12. The National Audit Office could substantiate only £3.4 billion of NHS efficiency savings. — Roger Collier, CMAJ

Negligence exemption: Arguing that physicians are “too scared” to develop and test innovative cancer treatments because they fear negligence claims, British Lord Saatchi has introduced a private members’ bill that would provide legal protection to doctors who experiment with “responsible” innovations in cases where there is no proven evidence-based therapy. But Saatchi’s “Medical Innovation Bill” does include some constraints to “deter reckless, illogical and unreasonable departure from standard practice” (www.publications.parliament.uk/pa/bills/lbill/2012-2013/0061/20130061.pdf). Those include a requirement that physicians obtain consent when it is required by law and a prohibition against the administration of “treatment for the purposes of research or for any purpose other than the best interests of the patient.” — Wayne Kondro, CMAJ

Rising premiums: Premiums for employer-based health insurance in the United States rose 62% from 2003–

2011, outpacing income increases for middle- and low-income families, according to The Commonwealth Fund, a private foundation based in the state of New York. If premiums continue to rise at this rate, the average cost for family coverage will be almost US\$25 000 by the year 2020, states the foundation's report *Realizing Health Reform's Potential* (www.commonwealthfund.org/~media/Files/Publications/Issue%20Brief/2012/Dec/premiums/1648_Schoen_state_trends_premiums_deductibles_2003_2011_1210.pdf). Health care deductibles have also risen sharply, doubling during the same period. The US needs to adopt a systemic approach to reducing health care spending and lowering insurance costs, the report suggests, rather than "continuing to shift costs onto family budgets." — Roger Collier, *CMAJ*

Slipping security: The security of patient data is worsening in the United States, with 45% of health care organizations reporting more than five breaches in the past two years, up from 29% in 2010, according to the Ponemon Institute, an information security research centre based in Traverse City, Michigan. The vast majority of organizations, 94%, report at least one breach, which amounts to a total estimated economic impact of US\$7 billion, states the executive summary of the *Third Annual Benchmark Study on Patient Privacy & Data Security* (www2.idexpertscorp.com/assets/uploads/ponemon2012/Third_Annual_Study_on_Patient_Privacy_Executive_Summary.pdf). The primary causes of patient data breaches are lost or stolen computing devices and human error. Only about half of health care organizations profess confidence in their ability to detect inappropriate access of patient information, the report states, and 81% allow employees to connect to their networks with personal devices that may not be secure. — Roger Collier, *CMAJ*

Euro tobacco warnings: A requirement that health warnings cover 75% of the front and back surfaces of tobacco packages, a ban on claims that brands are "light" or "mild" and a prohibition

against the use of flavours that disguise the taste of tobacco are among measures contained in a new European Commission plan to toughen its tobacco directive. The revisions to the European Union's 2001 directive would also require manufacturers to inform smokers on every package that "tobacco smoke contains more than 70 substances that cause cancer" (http://ec.europa.eu/news/environment/121220_en.htm). The Commission projected that the tougher measures, which are expected to take effect in 2014, "will make smoking less attractive and discourage young people from starting. Some 70% of smokers currently start before the age of 18, and 94% before 25." It estimated that smoking kills roughly 700 000 people annually in Europe. — Wayne Kondro, *CMAJ*

Surgical disclosures: Survival rates of patients for every surgeon in 10 medical specialties will be published commencing in the summer of 2013, the United Kingdom's National Health Service (NHS) has announced. The 10 surgeries? Adult cardiac, interventional cardiology, vascular surgery, upper gastrointestinal, colorectal, orthopaedic, bariatric, urological, head and neck, and thyroid and endocrine surgery, the NHS Commissioning Board states in *Everyone Counts: Planning for Patients 2013/14* (www.commissioningboard.nhs.uk/files/2012/12/everyonecounts-planning.pdf). "This work is a ground-breaking step towards ensuring the rights and pledges set out in the NHS Constitution, including patients' right to choose the most appropriate setting for care, are delivered. This means choice both at the point of GP referral and along the care pathway. Choice and competition incentives are important insofar as they contribute to achieving better outcomes for patients and local communities. The NHS Commissioning Board is working in partnership with Monitor to make available the best evidence of how, where and what circumstances choice and competition has the potential to make the biggest positive difference." — Wayne Kondro, *CMAJ*

Childhood nutrition: Policy makers often focus on initiatives to improve

children's educational and social development but tend to ignore the impact of appropriate nutrition on outcomes both in childhood and later in life, according to Demos, a think tank based in London, England. Proper nutrition in the first two years of life can improve behaviour, learning ability and lay the foundation for a healthier adulthood, states the report *For Starters* (www.demos.co.uk/files/For_Starters_-_web_3_.pdf?1354715497). The report recommends increasing focus on childhood nutrition in public health and early education policies, running national campaigns to educate parents on infant nutrition and embedding early childhood nutrition indicators in frameworks measuring child poverty and health inequalities. "Perhaps the home environment is viewed as being too difficult a nut to crack, while early education settings are easier to influence and regulate," the report concludes. "As a result, instead of practising early intervention to support all parents to make healthy choices for their babies and toddlers from the very start, we tend to reserve support with healthy eating for families whose children are already demonstrating nutritional problems, typically once a child is identified as being overweight or obese and at risk of long-term health problems." — Roger Collier, *CMAJ*

Bribery crackdown: Drug giant Eli Lilly and Co. agreed to pay US\$29 million to settle US Securities and Exchange Commission (SEC) charges that the firm violated the Foreign Corrupt Practices Act by allowing "improper payments" to be made to foreign government officials in Russia, Brazil, China and Poland to obtain business for subsidiaries. The firm continued the practice for years after it became aware of the violation, the commission alleged in a press release (www.sec.gov/news/press/2012/2012-273.htm). "Eli Lilly and its subsidiaries possessed a 'check the box' mentality when it came to third-party due diligence. Companies can't simply rely on paper-thin assurances by employees, distributors, or customers. They need to look at the surrounding circumstances of any payment to adequately assess whether it could wind up

in a government official's pocket," stated Kara Novaco Brockmeyer, chief of the SEC Enforcement Division's Foreign Corrupt Practices Unit. Among the SEC allegations were that a Lilly subsidiary in Russia paid "millions of dollars to offshore entities for alleged 'marketing services' in order to induce pharmaceutical distributors and government entities to purchase Lilly's drugs" and that a subsidiary in China "falsified expense reports in order to provide spa treatments, jewelry, and other improper gifts and cash payments to government-employed physicians." — Wayne Kondro, *CMAJ*

Last-resort tuberculosis therapy approved: The United States Food and Drug Administration (FDA) has fast-tracked approval of the first last-resort drug to treat multidrug resistant tuberculosis. But the drug, bedaquiline, should be used with considerable caution, Dr. Edward Cox, director of the Office of Antimicrobial Products in the FDA's Center for Drug Evaluation and Research stated in a press release (www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm333695.htm). "Multi-drug resistant tuberculosis poses a serious health threat throughout the world, and Sirturo provides much-needed treatment for patients who don't have other therapeutic options available. However, because the drug also carries some significant risks, doctors should make sure they use it appropriately and only in patients who don't have other treatment options." It's estimated that nine million people worldwide are afflicted with tuberculosis. The drug, sold under the brand name Sirturo, "carries a Boxed Warning alerting patients and health care professionals that the drug can affect the heart's electrical activity (QT prolongation), which could lead to an abnormal and potentially fatal heart rhythm. The Boxed Warning also notes deaths in patients treated with Sirturo. Nine patients who received Sirturo died compared with two patients who received placebo. Five of the deaths in the Sirturo group and all of the deaths in the placebo arm seemed to be related to tuberculosis, but no consistent reason for the deaths in the remaining Sirturo-

treated patients could be identified." — Wayne Kondro, *CMAJ*

Constrain the gouging: As part of its comprehensive 10 year plan to reshape aged care in Australia, the federal government announced that it will require aged care facilities to obtain approval if they want charge more than A\$85 a day for accommodation and justify fees above A\$50 per day. "Importantly, all prices will be published on the Government's MyAgedCare website making the system more transparent and open to scrutiny. This will set clearer boundaries and protect older people and their families from being overcharged or being asked to pay exorbitant fees without genuine justification," Minister for Ageing Mark Butler stated in a press release (www.health.gov.au/internet/ministers/publishing.nsf/Content/mr-yr12-mb-mb139.htm). Butler also announced that aged care homes that are willing to invest to "significantly upgrade" their facilities will be able to tap an A\$480 million pool of monies that will be used to increase government accommodation supplements to A\$52.84 as of July, 2014 from a current level of A\$32.58 per resident. The incentives "will result in alterations, updates, upgrades and other improvements to residential care facilities, including bedrooms and common areas," Butler stated. — Wayne Kondro, *CMAJ*

Slow growth: For the third consecutive year in 2011, United States government spending on health rose 3.9%, to US\$2.7 trillion, or US\$8700 per person, according President Barack Obama's administration. But "personal health care spending growth accelerated in 2011 (from 3.7 percent to 4.1 percent), in part because of faster growth in spending for prescription drugs and physician and clinical services. There were also divergent trends in spending growth in 2011 depending on the payment source: Medicaid spending growth slowed, while growth in Medicare, private health insurance, and out-of-pocket spending accelerated," the National Health Statistics Group within the Office of the Actuary at the Centers for Medicare and Medicaid Services

reported in *Health Affairs* (<http://content.healthaffairs.org/content/32/1/87.full>). "The recent recession had an immediate and noticeable effect on the health sector because of high unemployment, loss of private health insurance coverage, and a reduction in the resources available to pay for health care. All of these factors contributed to historically low growth in aggregate health spending during 2009–11. In 2011, however, there were some signs of change, evident in faster growth in nonprice factors such as the use and intensity of health care goods and services. Additionally, insurance coverage expanded in 2011 for dependents under age twenty-six, and overall private health insurance coverage did not decline as had been experienced in the prior three years." — Wayne Kondro, *CMAJ*

Exposure standards: Safety limits must be implemented for public exposure to wireless technologies, powerlines, appliances and other devices with electromagnetic fields, an international panel asserts. Scientific evidence supporting the proposition that there are health risks from exposure to electromagnetic fields has substantially increased in recent years, an international working group of physicians and health experts states in *BioInitiative 2012: A Rationale for Biologically-based Exposure Standards for Low-Intensity Electromagnetic Radiation* (www.bioinitiative.org/report/wp-content/uploads/pdfs/BioInitiativeReport2012.pdf). The review of 1800 studies states that exposure to extremely low frequency electromagnetic fields (ELF) and radiofrequency radiation poses particular health risks — such as cancers and neurological diseases — for cell phone users, children, pregnant women and prospective parents. Among conclusions drawn were that "exposure to ELF causes childhood leukemia" and that people who have used a cell phone or a cordless phone "for ten years or more have higher rates of malignant brain tumor and acoustic neuromas. It is worse if the cell phone has been used primarily on one side of the head." — Wayne Kondro, *CMAJ*

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