Rip up draft Mental Health Bill and start again, says BMA

The draft Mental Health Bill as it currently stands is unethical and unworkable and contravenes human rights legislation, says the BMA.

The only realistic way forward is to scrap the current document and start again from scratch, said Michael Wilks, chairman of the BMA’s ethics committee.

Dr Wilks was giving evidence to the parliamentary scrutiny committee, a cross party group of MPs and lords who take evidence and make recommendations on the bill, which was published in September.

“We believe that it is not possible to tinker with these proposals to improve them,” said Dr Wilks. “The government really does need to start again by talking to health professionals and other interested groups about what kind of legislation is needed to help people suffering from mental illness as well as protecting the community at large.”

In written evidence to the committee, the BMA has outlined a raft of problems with the proposed bill. One concern surrounds who can be detained and treated against their will. Charities and pressure groups have warned that people with alcohol problems or who are considered sexually deviant could be treated compulsorily.

Individuals with learning difficulties and personality disorders would also be at risk, says the BMA.

Dutch GPs in protest at modernisation plans

Dutch GPs have clashed with their government over demands to modernise general practice without any extra investment and to increase their list sizes, before the introduction of a new market driven health insurance system on 1 January 2006.

Angered that they are not “being taken seriously,” GPs have begun referring patients to hospitals and physiotherapists “sooner than they normally would.”

What began as a small regional action has now spread to cover most of the Netherlands’ 8000 GPs, resulting in an estimated 40 000 extra referrals a week.

The dispute originates in last year’s decision by MPs to exclude general practice from the new “no-claim bonus” scheme for public health insurance. (BMJ 2004;329:939). The scheme requires people to initially pay higher annual health insurance premiums, with money later refunded to those who make little use of health services. Many GPs had lobbied parliament arguing that general practice should be excluded from the scheme.

But scrapping the €5 (£3.43; $6.47) charge proposed for each visit to a GP under the no-claim scheme has left a gap in the primary care budget, claimed the government. A €50m fund for modernising GP practice was consequently frozen. Health insurers then proposed freeing up funds for modernisation by increasing average practice list sizes from 2300 to 3000.

GPs saw this as “the straw that broke the camel’s back.”

Tony Sheldon Utrecht

Patients with cancer are at risk of venous thrombosis

Patients with cancer are seven times more likely to develop venous thrombosis than people without cancer, a Dutch study has found (JAMA 2005;293:715-22). The risk is especially high in the first few months after a diagnosis of cancer and in people with distant metastases.

The study included 3220 patients aged 18 to 70 attending six anticoagulation clinics in the Netherlands, who had a first deep venous thrombosis of the leg or pulmonary embolism between March 1999 and May 2002. The 2131 partners of the patients were the comparison group.

Both groups completed a detailed questionnaire on acquired risk factors for venous thrombosis.

The overall risk of venous thrombosis increased by a factor of seven in patients with cancer compared with those without malignancy (odds ratio 67.95% confidence interval 5.2 to 8.6). Patients with blood cancers had the highest risk of venous thrombosis, adjusted for age and sex (adjusted odds ratio 28.0, 4.0 to 199.7), followed by patients with lung cancer and gastrointestinal cancers. Patients with distant metastases had a higher risk than those without (8.9, 2.6 to 149.1).

Susan Mayor London

Canadian life expectancy varies greatly depending on ethnic origin

People living in northern and remote regions of Canada, many of whom are aboriginal (people who are First Nations, Métis, and Inuit), have life expectations closer to people living in developing countries than to other Canadians, say Statistics Canada and the Canadian Institute for Health Information.

According to the World Health Organization, life

Abstinence only programmes do not change sexual behaviour, Texas study shows

Sex education programmes that teach only abstinence have little impact on adolescents’ behaviour, a study in Texas, George Bush’s home state, has concluded.

The number of adolescents who had had sexual intercourse did not change or increased after they had received abstinence only sex education, according to the report Abstinence Education Evaluation Phase 5 Technical Report from the Texas health department.

The evaluation was prompted after Henry Waxman, a Democrat senator, and 18 other congressional representatives complained that 11 of the 13 commonly used programmes included false and misleading statements.

Abstinence only sex education has been federally funded in the United States since 1999. And Congress has approved $167m (£89m; €130m) for abstinence only programmes for 2005.

Buzz Pruitt, professor of health and kinesiology at Texas A&M University and an author of the study, told the BMJ that some abstinence only programmes “don’t include much sex education. [They] don’t refer to contraception except for failure rates.”

Pictured above is Denny Pattyn, founder of the US Silver Ring Thing celibacy group, which encourages young people not to have sex before marriage.

Janice Hopkins Tanne New York