

# bmj.com news roundup

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## Bush's international health policies "condemn millions of women to die"

American policies on international health were condemned at a conference last week for being based on ideology rather than science; for rolling back progress achieved in protecting sexual and reproductive health and rights; for increasing the risk of unwanted pregnancies, HIV infection, and unsafe abortions; and for "condemning millions of women to die."

Seven hundred participants from 109 countries gathered in London to review progress on the Cairo Consensus, a programme of action ratified by 179 nation states at the 1994 International Conference on Population and Development (ICPD).

Delegates at the conference heard that although the United States was once a champion of the programme and an important funder of family planning initiatives through its Agency for International Development (USAID), under George W Bush's leadership the country had reversed its position.

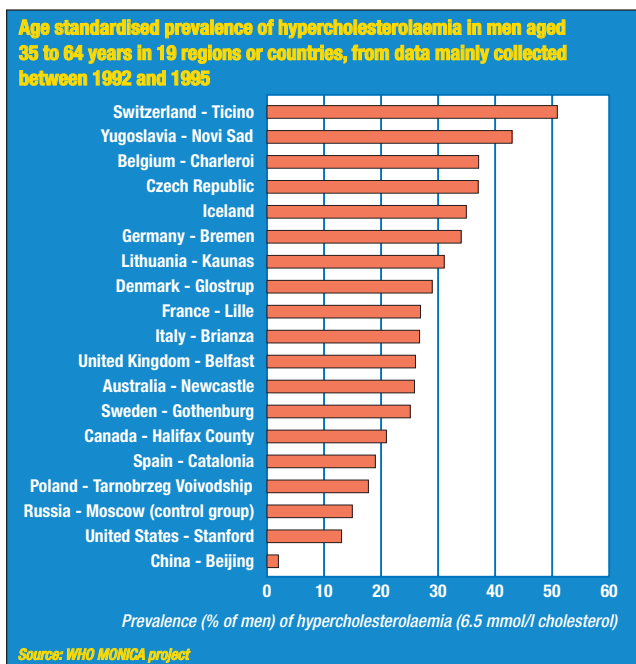
Timothy Wirth, the former senator of Colorado who led the US delegation to Cairo, said the Bush administration had become "obstructionist" and "regressive," refusing to fund its share of UN family planning services and insisting on "naive and dangerous" abstinence only approaches which denied young people information about safe sex and condom use.

Jocelyn Clark *BMJ*

The full report can be found at [www.countdown2015.org](http://www.countdown2015.org)

## Cardiac specialist to leave Welsh hospital after mediation

A member of the cardiac theatre team at a Welsh hospital is to leave after an investigation into working relationships in the cardiac unit.



## Prevalence of high cholesterol varies 25-fold

Men in parts of Europe are up to 25 times more likely to have high cholesterol concentrations as men in China.

New research shows wide variations in the prevalence of hypercholesterolaemia, from a low of 2% for men in Beijing to a high of 51% in Ticino, Switzerland. When the number of people taking lipid lowering drugs was added to the definition of what constituted the condition, the prevalence rates increased by an average of 1%.

Although it has been known that rates of high cholesterol differ between populations, the absence of comparable data has made it difficult to make meaningful comparisons. "Until now, there have been no large scale multinational comparisons of prevalence, awareness, and treatment of hypercholesterolaemia," say the authors, whose study is based on data from the WHO MONICA project, which has multinational information collected by standardised methods over a 10 year period (*International Journal of Epidemiology* (published online ahead of print at <http://ije.oupjournals.org>)).

This study compared data from 32 populations of people aged 35 to 64, in 19 countries and on three continents, looking at the prevalence, awareness, and treatment of hypercholesterolaemia, which was defined as a total cholesterol concentration of 6.5 mmol/l or more, or the use of lipid lowering drugs. Results from 19 of the centres are shown in the graph (above).

Roger Dobson *Abergavenny*

The move at the unit at Swansea's Morriston Hospital, which was closed for a week earlier this year because of what was described as pressure of work (*BMJ* 2004;328:604 News Extra), comes after the findings of a mediation process.

Members of the team will also get help with "behavioural development," under a plan of action drawn up by Swansea NHS Trust.

The 18 bed cardiac unit had been closed for a week to allow members to recover after excessive workloads. It emerged later that an investigation was also being carried out after allegations of bullying and harassment had been made.

Specialist mediators were brought in to work with staff members to try to resolve the issues, and one person was "with-drawn" from the cardiac team. Roger Dobson *Abergavenny*

## NIH moves towards open access

The US National Institutes of Health (NIH) has taken the first step to requiring that all published papers based on research it supports financially will be made freely available to the public.

Notice of the regulatory changes was published on 3 September, opening a 60 day period for public comment. The process is likely to be concluded and to take effect early next year.

The NIH intends to request that wherever research is supported in whole or in part by NIH funding it should be provided with electronic copies of all final versions of manuscripts on their acceptance for publication (after peer review and revisions), including those of international investigators. The submitted manuscript and supplemental information will be deposited in PubMed Central, the NIH's online biomedical repository. Six months after publication—or sooner if the publisher agrees—the manuscript will be made available freely to the public through PubMed Central.

Bob Roehr *Washington, DC*

For further details and to comment on the proposals see <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-04-064.html>

## GlaxoSmithKline to set up comprehensive online clinical trials register

GlaxoSmithKline (GSK) has set up the first comprehensive register of pharmaceutical trials in the industry, two weeks after settling for \$2.5m (£1.4m; €2.1m) a US lawsuit that accused the London based company of burying unfavourable results.

The lawsuit, launched by New York state's attorney general Eliot Spitzer, accused GSK of "repeated and persistent fraud," alleging that the company suppressed data from at least four trials of the antidepressant paroxetine (marketed as Seroxat