Blair unable to fulfil pledge on health spending, says analysis

Gavin Yamey *BMJ*

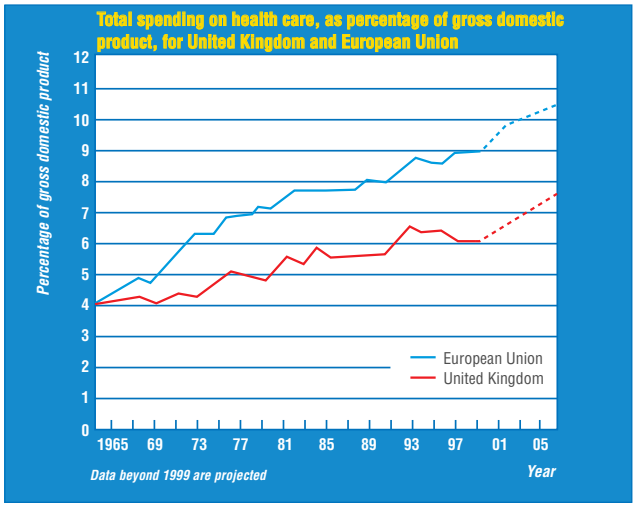
An analysis of the latest data on European health spending, by the King's Fund—an independent healthcare charity—and the London School of Economics suggests that the British prime minister, Tony Blair, will be unable to fulfil his promise to increase spending on the NHS to the European average.

In January last year, Mr Blair said on the BBC's *Breakfast With Frost* programme that he expected health spending to increase by "about 5%" annually for five years, to reach the European average of 8% by the end of the next parliament (*BMJ* 2000;320:267).

But the analysis, based on the health data set for 2000 from the Organisation for Economic Co-operation and Development, suggests that the gap between UK and European spending on health will not close by 2006 but will in fact return to what it was in 1999. It concludes that by 2006, "the UK will remain significantly below the average for the rest of the European Union, which, at nearly 11%, is somewhat higher than the government's figure of 8%."

In the next few years, suggest John Appleby and Seán Boyle, the authors of the analysis, the rest of the European Union will be devoting over 1 euro in 10 to health care, with the UK trailing behind at just 0.7 out of every 10. The United Kingdom, they say, would need to spend an extra £18bn ($27bn) a year to reach the European average.

But the government rejects the figure of 11% for the European average used by this analysis. The government's figure of 8% includes the United Kingdom in the calculation, but this latest analysis excludes the United Kingdom, which therefore makes their figure higher.



A Department of Health spokeswoman said: "Our position has always been clear. The EU average we are working towards is 8%, and the 50% cash increase in NHS spending from 1999 to 2004 will take us closer and closer."

The BMA's recent healthcare funding review cautions against making international comparisons of healthcare spending. It points out that "the UK's position looks very different depending on whether nursing home care is included in definitions of healthcare spending." It also says that most other EU countries spend more than the United Kingdom on private health care, which could explain differences in expenditure. □

Appleby and Boyle's analysis is at www.kingsfund.org.uk/pr010213.html. The BMA's healthcare funding review is at web.bma.org.uk/public/polsreps.nsf/htmlpagesvw/hcfund

Dutch smokers seek tobacco damages

Tony Sheldon *Utrecht*

For the first time in the Netherlands, five senior managers of a tobacco manufacturer have been subpoenaed to give evidence under oath about what they knew of the damage to health through smoking.

The case has been brought by two seriously ill former smokers who are seeking to force Theodorus Niemeyer, the manufacturer of Samson rolling tobacco and since 1999 a subsidiary of British American Tobacco, to accept liability for their current health problems. They believe that they were not sufficiently warned of the dangers of smoking.

Wilhelmus ter Schegget, aged 56, is now confined to a wheelchair with emphysema and narrowing of the arteries. Jannigje Andeweg, aged 41, has difficulties walking as a result of poor circulation. The court at Assen, near Groningen, heard that by the early 1970s Niemeyer knew that smoking damaged health and that nicotine was addictive. Riepko Toxopeus, chief buyer of raw tobacco for Niemeyer, said that it was because of this knowledge that his company began developing milder forms of tobacco containing less nicotine.

A Niemeyer spokesman later added that by the 1970s it was "no secret" that there were risks to smoking.

Jaap van de Wal, director of sales and marketing, said that the dangers to health had not featured strongly in their market research. The indications were that 100% of Samson smokers know what the dangers are, and 90% know of the warnings on packs. Because of the health risks, he argued, there were warnings on every pack, and only people aged over 18 were targeted.

Martin de Witte, the lawyer for one of the smokers, said that he believed there had been a "gentleman's agreement" in the Netherlands to say nothing about smoking and health. In a statement Niemeyer said that it accepts that smoking brings risks and therefore the choice to smoke must be restricted to adults. □

Antismoking drug comes under scrutiny after deaths

Roger Dobson *Abergavenny*

The manufacturer of the antismoking drug amfebutamone (Zyban), GlaxoSmithKline, has insisted that no evidence exists of an increased risk of death with its use, after 18 deaths were linked with suspected adverse drug reactions. The Medicines Control Agency said that the contribution of amfebutamone to the deaths is unknown.

"It should be noted that patients may be required to stop smoking because of underlying diseases and these may well explain some of the reported deaths in patients taking Zyban," said a spokeswoman for the agency.

She added, "It is important to note that suspected reactions are not necessarily caused by the drug and may relate to other factors such as nicotine withdrawal, other illnesses, or other medicines taken concurrently."

Latest figures show that in addition to the 18 deaths there have been 3457 cases of adverse reactions. Most of these are minor—the most common being dry mouth, headache, and insomnia—but there have also been some involving seizures. About 270 000 patients in the United Kingdom have been prescribed the drug, and amfebutamone has been used by 22 million people worldwide.

The drug is described by GlaxoSmithKline as the first non-nicotine pharmacological treatment licensed for smoking cessation.

"It is important to note that suspected reports are not necessarily caused by the drug and may relate to other factors such as other illnesses, other medicines or more importantly smoking itself," said a spokeswoman for GlaxoSmithKline. "There is no evidence of an increased risk of death associated with the use of this medicine. It is, however, well documented that 1 in 4 smokers will die in middle age from a smoking related disease." □