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European Union plans electronic health card to guarantee treatment

Plans are being finalised to introduce new electronic health cards that will guarantee their holders emergency medical treatment throughout the European Union. The cards are designed to replace the cumbersome E111 health forms and reduce paperwork and red tape.

The credit-style cards would contain several standardised features, just as the European passport now does, enabling them to be easily recognisable by health authorities and professionals throughout the union.

The initiative is not designed to give patients any new rights. The European Commission, which proposed the scheme earlier this month, denies that it will promote health tourism by encouraging people to travel to countries where treatment can be obtained more quickly and cheaply.

It points out that the cards would provide easily identifiable proof that holders have the right to health care throughout the union, as in their own country, and that the costs will be reimbursed by their own member state.

Rory Watson *Brussels*

Medical journals can reduce global health inequity, conference told

Doctors from the developing world feel that the world's leading journals are biased against publishing their research and are not playing their role in reducing global heath inequity, an international conference heard last week.

This was one of several perceived barriers to publication identified during a workshop, hosted by the *BMJ*, at the conference on the global inequity of health care and development held in Egypt.

Delegates at the conference, organised by the International Clinical Epidemiology Network (INCLEN), felt that their research papers did not receive the same treatment as research from the developed world.

Data from the *BMJ* presented at the workshop, however, showed that acceptance rates do not vary as much as delegates perceived. Of 3517 papers submitted from the United Kingdom to the *BMJ* in 2000, 12% were accepted, compared with an 11% acceptance rate from Africa and 9% rate from Asia. Numbers of submissions, however, vary considerably—just 51 papers were submitted from Africa and 227 from Asia in 2000.

Alex Vass *BMJ*

More details about INCLEN are available at www.inclentrust.org

This sign on a McDonald's restaurant in Colon Street, Cebu, in the Philippines, was spotted by Michael Leventhal, science editor of the *Daily Express*

UK patients group hits back at anti-vivisectionists

A UK patients advocate group has attacked anti-vivisection activists, alleging—in a report published last week—that they mislead the public and fail to invest in research designed to find alternatives to animal research.

The report, *Anti-vivisection Unmasked*, was published by the UK charity Seriously Ill for Medical Research. Its membership includes patients and their relatives and carers, and its medical panel includes Professor Roy Calne and Professor Robert Winston.

The report argued that some anti-vivisection groups use "tactics of deception" designed to manipulate public opinion. These alleged tactics included use of old photographs of unknown origin—some not even of research animals—in their propaganda to imply that these represented conditions in today's laboratories.

A key criticism was the lack of expenditure by anti-vivisection groups on funding research into methods of replacing the use of animals in medical research. The report claimed that about £531 000 ($758 800; €871 500) was spent trying to find ways of replacing animals in experiments by the British Union for the Abolition of Vivisection, the National Anti-Vivisection Society, and Animal Aid for 1990 to 2000, out of a total income of over £31.2m.

Susan Mayor *London*

Anti-vivisection Unmasked is available from info@simr.org.uk

Woman damaged by aspirin loses court claim

The High Court last week cleared the UK government of negligence in not giving a speedier warning 16 years ago about the link between aspirin and Reye's syndrome.

Mr Justice Morland rejected a compensation claim on behalf of Amanda Smith, now aged 22, who had been healthy until as a 6 year old she contracted chickenpox in May 1986 and was given adult aspirin by her mother. Her condition deteriorated into Reye's syndrome, leaving her with brain damage, spastic quadriplegia, epilepsy, and a life expectancy of 40 years or less.

Through her mother, she sued the health secretary, to whom the Committee on Safety of Medicines is answerable. The committee had determined in March 1986 that aspirin was a contributing factor in the development of the acute childhood syndrome, which can be fatal.

The judge said that the postponement of a public warning until June 1986 was "reasonably justifiable." Without that postponement "the prospect of full positive cooperation from the industry, which in the event achieved so much, might be lost."

Clare Dyer *legal correspondent, BMJ*

Harvard School of Public Health refuses tobacco funds

Last month, faculty members at the Harvard School of Public Health decided that it would "not accept any grant or anything else of value from any tobacco manufacturer, distributor, or other tobacco related company."

The vote not to accept research funding from tobacco manufacturers and their subsidiaries puts current practice into official policy and is consistent with Harvard University's 13 year old policy of not holding stock in tobacco companies.

The decision meets general policy that was recently agreed to by the deans of the 31 member Association of Schools of Public Health so that it could distribute research funds from the American Legacy Foundation. This public health foundation was established by the tobacco industry's 1998 settlement of lawsuits brought by a coalition of attorneys general in 46 states and five US territories.

Fred Charatan *Florida*