

# Letters to the Editor

## Being first does not mean doing better! High Dose Chemotherapy in breast cancer in Spain

There is no evidence from research that High Dose Chemotherapy (HDCT) followed by Autologous Bone Marrow Transplantation and/or Peripheral Blood Progenitor Cell Transplantation (ABMT/PBPCT) is superior to standard chemotherapy in the treatment of patients with metastatic breast cancer.<sup>1,2</sup> Consequently, the need for further research by means of randomised controlled trials has been widely advocated. However, recent data from the European Group for Bone Marrow Transplantation (EBMT) have found a continuing increase in the number of these procedures and their applications across Europe.<sup>3,4</sup>

In this respect, Spain offers an interesting case study. According to the EBMT data the number of such transplantations for breast cancer in Spain has increased exponentially from 40–50 in 1992 to 413 in 1995. This has translated into a rate of 106 transplants per 10 million in 1995, twice that in Sweden, three times that in France, four times that in Italy and The Netherlands, five times that in Germany, and thirteen times that in the UK. This cannot be explained by the burden of disease. On the contrary, Spain is among the European countries with the lowest incidence of and mortality from breast cancer.<sup>5,6</sup> Further, only a minority of treated Spanish patients were included in randomised controlled trials.<sup>7</sup>

The astonishing growth in the provision of this technology has many other implications beyond those of clinical research, including patient well-being and the allocation of resources. Indeed, the technology is fairly aggressive, with well described secondary effects on the patient and associated complications including morbidity and mortality. Economic aspects are also of utmost importance. Recent data from Spanish registries have determined the number of such transplants in 1995 to be 557.<sup>8</sup> At an estimated cost of from \$11,000 to \$25,000 each (ECU 8,500 to ECU 21,500),<sup>9,10</sup> this equates to a total of \$6–14 million, that is ECU 4.7–12 million (1994). However, it is doubtful whether any single dollar spent will get us closer to know whether HDCT followed by ABMT/PBSCT in meta-

static breast cancer is preferable to standard therapy.

The Spanish case, however, should not be taken as an isolated example. Many other countries may be sharing the same problem. An ineluctable policy-making question regarding the provision of treatment needs to be answered. If evidence is not used then, what is the basis for coverage decisions? A framework for dealing with the adoption of experimental technologies and a debate about the role placed by the rule of rescue should be implemented.

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## When myth or ideology prevent prevention

Sir,  
Something appears to be going really wrong in one of the leading industrialised countries. I am dumbfounded by a report by the Population Reference Bureau on violence in the world.<sup>1</sup> It indicates that, in the US, handguns cause 25,000 fatalities each year. In comparison, in 1992 handguns killed only 13 Australians, 13 Britons and 60 Japanese. In relation to their populations, there are 100–300 times more deaths by firearms in the US than in the other countries.

In the wake of the April 1999 massacre in a Littleton high school in Colorado, observers reminded us of the reality, which is barely understandable for people who are not products of the 'American dream' (in this case a nightmare), of the political power of the US firearm lobby, particularly the National Rifle Association. Until now, it was able to convince the majority of people and politicians that America would lose its soul if one took away the possibility for each and everyone to assemble and use his or her own arsenal. Fortunately, this last killing appears to have triggered (the metaphor is daring) a change for the better.

One cannot ignore the strength of culture and mythology. Regarding substances harmful to health, we must be mindful, in several European countries, of our own excessive tolerance of alcohol abuse, tobacco and drugs. In reality, however, communities admit, at least implicitly, that their cultural attachment to such substances is detrimental to health. However, this should be acceptable within certain limits only, which are rapidly reached. Figures such as those concerning firearms deaths make one wonder how far common sense is buried below ideological stances? How can one justify laissez-faire in the face of such carnage?

In April 1999, a nationwide campaign was launched in Switzerland under the auspices of the Cantonal Ministries for Justice and Police in order to sensitise the community to growing violence. It explores factors which favour violence in the circle of family and friends, in surroundings (schools in particular) and in society at large. In a related brochure, one reads a letter by teenagers to adults: 'Learn yourselves how to manage disputes without violence. And above all: be living models in

daily life ... There are among us youth at least as many victims as culprits. Often, we are both at the same time'. How true.

Some comments about prevention are in order. With deaths by firearms, as for any problem, one has to consider the agent, the person who suffers (the host) and the sociocultural and material environment. First, elimination or at least greatly limiting the availability of the deleterious agent is necessary: drastic restriction of access to firearms is required in the US. However, one also has to grapple with the other two factors: from childhood, it is essential to prepare the person within the family and in the school setting to manage the various challenges he or she will encounter in life. There is no magic bullet or injection, but one can nevertheless attempt to 'immunize' by fostering a positive attitude and preventing inappropriate reactions to the frustrations and conflicts of daily life. Regarding the context, an unbalanced, destructured milieu, marked by injustice, abuse or racism, has major negative effects. And there are the dissonances. On the other side of the Atlantic, one might evoke the obvious inconsistencies between a body of elevated (turned mythical) values, inherited from the Puritan Founding Fathers, on the one hand and, on the other hand, the white lies and caricatural use of procedural tricks which often obscure the substance of an issue, sometimes literally allowing people to get away with murder. In addition, it is not recognised how freedom without adequate respect for the weak and his/her fundamental needs leads to the marginalisation and exclusion of many.

Regarding the attitude to firearms in the US, one should first note that, in the spring and summer of 1999, there were new multiple homicides heard of in Europe (in addition to those 'routine' ones which are likely to get the attention of local media only). Under the title 'A national backlash', the 9 August 1999 issue of *Time* magazine described the recent evolution in the attitudes of the American public and of legislatures and Governors of a dozen States in favour of stricter controls. The good news at the national level is that the Senate adopted a juvenile justice bill which includes several gun control amendments. If the bill passes the House of Representatives, those measures will i) make background checks mandatory for all buyers at gun shows, ii) restrict children's access to semi-automatic as-

sault weapons, iii) ban the import of high-capacity ammunition clips and iv) require licensed dealers to sell child-safety devices with handguns. The American Public Health Association<sup>2</sup> considers that this is a step in the right direction, while supporting a Children's Gun Violence Prevention Act which would go further in terms of public health and prevention.

In general, in Europe as elsewhere, we need to keep in mind that effective prevention demands adequate consideration of the variety of factors bearing on a health or social problem. When a given parameter, particularly if culturally entrenched and with emotional or irrational components, markedly influences the situation, progress is difficult to attain and challenges our creativeness and perseverance all the more.

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#### References

1 Population Reference Bureau. Injury and violence: a public health perspective. *Popul Bull* 1999; January. Quoted in: *The nation's health*. American Public Health Association, 800 I Street, NW - Washington, DC 20001-3710, March 1999:5.

2 American Public Health Association. Recent school shootings turn the tide - Senate passes gun curbs, House to take up debate. In: *The nation's health*. American Public Health Association, 800 I Street, NW - Washington, DC 20001-3710, June 1999:1 and 6.

## ••Book reviews

**Hamlin C. Public health and social justice in the age of Chadwick: Britain 1800-1854. Cambridge, UK: Cambridge University Press, 1988. 368 pp., £40.00 (hardback). ISBN 0 521 58363 2**

Britain's 'sanitary revolution' of the 1840s is exceptional among revolutions in that it has never been seriously questioned. For generations, historians of health and medicine as well as those of government and society have regarded the pioneering role of Edwin Chadwick in the creation of Victorian public health as unproblematic and above reproach. True, Chadwick himself has been vilified, mainly for his leading part in implementing the dreaded new Poor Law of 1834. However, his achievement in the area of 'mains and drains' and, more generally, in fostering a 'sanitary sensibility' has remained unsullied. His famous Sanitary Report of 1842 and the subsequent passage of the Public Health

Act (1848) constitute a success story, seemingly untainted by politics and ideology. In particular, in the hindsight of germ theory, his 'sanitary idea' is perceived as born of necessity, rationally driven by the hard undeniable facts of urban squalor and filth. Likewise, his advocacy of mains and drains is seen as having been facilitated merely by advances in value-neutral science and technology.

Public Health and Social Justice blows this story sky high. Marvellously researched, brilliantly written and cogently argued, it reveals the full ideological nature and socio-political significance of Chadwick's achievement. The sanitary idea, Hamlin shows, was an astute construction, cunningly crafted and deliberately directed at resolution of the class warfare and political strife of the times. In effect, sanitation was the new bourgeois political economy in disguise, the disciplining ideology of the new Poor Law by other means. Crucially, by focusing attention on filth, it displaces the centrality of wages and food in the contemporary debate over people's health. The relationship between poverty and disease disappeared with the new discourse on public health; indeed, concerns with health and disease were trivialised. Dirt not dearth and destitution dominated the new discourse. Symbolically and actually the washing away of filth was sold as the means to social salvation. And the sale succeeded, argues Hamlin, precisely because it did not appear as political commodity, let alone as a threat to any of the other agendas for reform at the time.

Thus, Chadwick's greatest achievement was not his sanitary engineering (which Hamlin exposes as technologically flawed and hotly contested by contemporaries), but his social engineering: his triumph was to make public health appear as separable from the great social question of the day, whilst subtly but fundamentally addressing those questions through public health. Historians have been fooled ever since. So too, have those in the business of public health been hoodwinked: unwittingly they have pursued Chadwick's sanitarianism unaware of how, for reasons of political expediency, Chadwick metamorphosed the social into the environmental. Chadwick's environmental determinism (his effort to solve social problems by remedying physical conditions) lives on.

Public Health and Social Justice is therefore more than just a stunning ex-

position of Victorian public health as social and political history. It is also a compelling insight into the constitution of public health (however defined) as both instrument and mediation of power and ideology.

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**Wiegersma PA. Long-term effects of preventive activities of youth health care for schoolchildren in The Netherlands. Nijmegen, The Netherlands, 1999. 121 pp. ISBN 90 373 0490 7**

In many post-industrial countries a school health service (SHS) is an important public health activity. During the last few decades its content has been debated. In some nations, e.g. Denmark, the SHS has been reorganised to concentrate on health promotion, improvement of school environment and habitation. Traditional activities such as health examinations and open consultations have been downplayed. Studies on the efficiency of different methods used in SHS are required to guide the development of SHS. A Dutch study by Pieter Wiegersma gives a valuable con-

tribution to the understanding of this issue.

The study covers the main components of a traditional SHS-screening and open consultations. A most interesting part is the analysis of mental health effects of open consultations. Open consultations in schools developed decades ago. A reduction in mental health problems is now understood to be the main object of this activity. Yet, almost no study on the effect of SHS on these problems has been presented before Wiegersma's study.

The author cleverly exploits variation in the design of the SHS in The Netherlands during the early part of the 1990s. Some districts offered free 20 min consultations, whereas other districts had cut these consultations. Wiegersma hypothesises that adolescents in districts with no consultations will have lower rates of suicide and suicidal attempts and fewer self-reported mental health problems. Employing an ecological case-referent study design he was not able to demonstrate such an effect and concludes that SHS consultations do not reduce mental health problems.

The studies make use of different registers covering The Netherlands in total or samples from the total population. This gives the studies the necessary power for study of low-incidence phe-

nomena such as suicides and suicidal attempts. Yet, the outcomes studied might be questioned. There are few well-designed studies which have demonstrated any effect of individual-directed suicide preventive interventions. Therefore, it might be too optimistic to expect an effect on suicidal outcomes of single consultations, particularly since we are to be told of its content. Perhaps it would be more appropriate to study outcomes which emanate from knowledge on what actually take place in these consultations.

The effect of health-related behaviour has also been studied. Wiegersma finds no effects. This is in accordance with the substantial literature on health educational efforts in school settings. Unspecified interventions of short duration (less than 10 h) generally do not demonstrate any behavioural effect.

The book is useful for public health practitioners which are involved in the development of health policy for children and adolescents, both for the conclusions that are presented and for the demonstration of the practicability of the ecological case-referent study design.

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## Calendar of events

**2<sup>nd</sup> International Short Course 'Dermal exposure and risk assessment'**

5-7 June 2000

*Location:* Wagening International Conference Centre, Lawickse Allee 11, 6701 AN Wageningen, The Netherlands  
*Information:* Mr Fred Hoek, Wagening University, PO Box 238, 6700 AE Wageningen, The Netherlands, tel. +31 31 7482080, fax +31 31 7485278, e-mail: fred.hoek@staff.eoh.wau.nl, <http://www.slm.wau.nl/eoh/>

**Fifth Global Conference on Health Promotion**

5-9 June 2000

*Location:* Mexico City, Mexico  
*Information:* World Health Organization, Avenue Appia 20, 1211 Geneva 27, Switzerland, tel. +41 22 7912111, fax +41 22 7910746, e-mail: info@who.int, <http://www.who.int/hpr/hpr/aboutus/index.html>

**8<sup>th</sup> International conference of Health Promoting Hospitals 14-16 June 2000**

*Location:* Athens, Greece

*Information:* Christina Dietscher, conference manager, Ludwig Boltzmann Institute for the Sociology of Health and Medicine, Universitaetsstrasse 7/2, A-1010 Vienna, Austria, tel. +43 1 427748295, fax +43 1 427748290, e-mail: hph.soc-gruwi@univie.ac.at

**Second conference on Public Health Research in the Baltic Countries 15-18 June 2000**

*Location:* Kaunas University of Medicine, Kaunas, Lithuania  
*Information:* Linas Sumskas, Kaunas University of Medicine, Eiveniu 4, Kaunas LT-3007, Lithuania, tel. +370 7 794752, fax +370 7 796498, e-mail: socped@kma.lt, <http://www.info.kma.it/PHKaunas2000>

**16th Annual Meeting of the International Society of Technology Assessment in Health Care 18-21 June 2000**

*Location:* The Hague, The Netherlands  
*Information:* Elita Zoer-van der Veen, Netherlands Institute of Primary Care (NIVEL), P.O. Box 1568, 3500 BN Utrecht, The Netherlands, tel. +31 30 2729751, fax +31 30 2729729, e-mail: e.zoer@nivel.nl

**Annual conference of the European Health Management Association 'Managing the demand for healthcare'**

28-30 June 2000

*Location:* Örebro, Sweden  
*Information and Call for papers:* Rena Dooley, Manager Membership Services, European Health Management Association (EHMA), Vergemount Hall, Clonskeagh, Dublin 6, Ireland, tel. +353 1 2839299, fax +353 1 2838653, e-mail: rdooley@ehma.org

**8th International Congress on Medical Librarianship**

2–5 July 2000

Location: London, UK

Organizers: The Library Association

Information: The Library Association, 7 Ridgmount St., London WC1E 7AE, UK, e-mail: events@la-hq.org.uk

**International Workshop on Managed Care 'Concepts and Skills'**

31 July – 11 August 2000

Location: Dedham, Massachusetts

Information: Ms Nerissa Majid, tel. +617 432 4515, fax +617 432 1323, e-mail: nmajid@hsph.harvard.edu

**IEA European Regional Meeting 'Future of epidemiology II'**

24 August 2000

Location/Information: Kaunas University of Medicine, Mickeviciaus str 9, LT-3000 Kaunas, Lithuania, e-mail: euroiea2000@kma.lt, http://www.info.kma.lt/euroiea2000

**IEA European Regional Meeting 'From molecules to public health'**

25–26 August 2000

Location/Information: Kakunas Vytautas Magnus University, Daukanto str 28, LT-3000 Kaunas, Lithuania, e-mail: euroiea2000@kma.lt, http://www.info.kma.lt/euroiea2000

**3rd Nordic Health Promotion Research Conference**

7–9 September 2000

Location: Tampere, Finland

Organizers: Tampere School of Public Health, University of Tampere and UKK Institute for Health Promotion Research  
Information: Arja Rimpelä, Tampere School of Public Health, University of Tampere, Box 607, FIN-33101 Tampere, tel. +358 3 2156802, fax +358 3 2156057, e-mail: llarri@ktpcs1.uta.fi

**International Short Course 'Ventilation design'**

11–15 September 2000

Location: Wagening International Conference Centre, Lawickse Allee 11, 6701 AN Wageningen, The Netherlands  
Information: Mr Fred Hoek, Wagening University, PO Box 238, 6700 AE Wageningen, The Netherlands, tel. +31 31 7482080, fax +31 31 7485278, e-mail: fred.hoek@staff.eoh.wau.nl, http://www.slm.wau.nl/eoh/

**International Conference on Health and Communication for Health Professionals, Educators and Researchers**

20–22 September 2000

Location: Barcelona, Spain  
Information: Health & Communication Conference, SEMFYC-CONGRESOS, C/Portaferrissa 8 Pral 1a, 08002 Barcelona, Spain, tel. +34 93 317 7129, fax +34 93 318 69 02, e-mail: congresos@semfyc.es

**XXII ASPHER Annual conference 'Professionalisation in public health: future roles and their implications for training programmes and strategies'**

14–17 October 2000

Location: University of Aarhus, Denmark  
Information: Master of Public Health, University of Aarhus, Vennelyst Boulevard, DK-8000 Denmark, tel. +45 89 423180, fax +45 89 423182, e-mail: km@mph.au.dk, http://www.ensp.fr.aspher

**International Infection Control Conference 2000 'Facing the future: developing strategies for infections control'**

13–17 November 2000

Location: Edinburgh, UK  
Information: Profile Productions Ltd, Northumberland House, 11 The Pavement,

Popes Lane, London W5 4NG, UK, e-mail: profilep@dial.pipex.com

**3<sup>rd</sup> International Conference on Priorities in Health Care**

23–24 November 2000

Location: Royal Tropical Institute, Amsterdam, The Netherlands  
Information: Boerhaave Congress Office, tel. +31 71 5275294, fax +31 71 5275262, e-mail: J.J.L.Muller@lumc.nl, www.healthpriorities.net

**European Public Health Association, Annual Meeting 2000 'Reducing Health Inequalities'**

14–16 December 2000

Location: Cité des Sciences de la Villette Conference Centre, Paris  
Information: Mr Daniel Oberlé or Mrs Isabelle Génovèse, French Society of Public Health, 2 avenue du Doyen Jacques-Parisot BP 7, F-54501 Vandoeuvre-lès-Nancy cedex, fax +33 3 83443776, e-mail: sante.publique@sfsp-publichealth.org

**ISMA 7 – Seventh International Stress Management Conference 'Taking the stress out of work'**

4–7 July 2001

Location: Warwick University  
Information: Laurie van Someren, The Old Courthouse, Bottisham, Cambridge CB5 9BA, UK, tel. +44 1223 811679, e-mail: laurie@aleph1.co.uk

Announcements of meetings and other events for the EJPH Calendar should be submitted to: Managing Editor, European Journal of Public Health, Karlstad University, Centre for Public Health Research, SE-651 88 Karlstad, Sweden, fax +46 54 7002530, e-mail: ejph@kau.se

Deadline for next issue: 3 July 2000