

this treatment work? for whom? at what cost? How does it compare with alternative treatments?

To date, 54 studies have been commissioned on such topics as acid suppression versus antibiotics against *Helicobacter pylori* in peptic ulcers, the use of β -interferon to treat multiple sclerosis and evaluation of methods of screening for Down syndrome. These assessments are to be backed up by research into technology transfer into clinical practice. "This is no more important for the health service than it is for successful commer-

cial development of a research discovery by industry," said Peckham.

Controlling costs through the use of evidence-based medicine will also necessitate cooperation with the pharmaceutical industry. Dorrell said the industry "must ensure that new products are targeted at unmet needs." Listening to Dorrell was Richard Sykes, chief executive of Glaxo Wellcome. In the keynote address, Sykes outlined his view of the pressures facing health services around the world.

Sykes believes the greatest pressure will come from ageing populations who are

more affected by chronic diseases, which will necessitate a long-term strategy for dealing with neurodegenerative diseases. Some solutions to the health care cost conundrum will come from science and technology in the form of new capabilities in disease management, new medicines and methods of delivery and noninvasive diagnostic techniques. But he said, "We must not rush off and use these technologies on a whim. They can save costs, but used inappropriately will cost more."

NUALA MORAN
London

Debate over 'the pill' resurfaces in Japan

Japanese health officials are again reconsidering whether to approve a low-dose form of 'the pill', some 30 years after oral contraceptives first became available in other countries. The move has rekindled an age-old debate about the political, moral and health implications surrounding its use.

A high-oestrogen formulation is approved in Japan but 'officially' only for uses other than contraception (such as problems associated with menstruation). Fewer than 1 percent (0.6 percent) of married women now take the high-dose version, according to a 1994 national survey on family planning (see figure). Unofficial estimates, however, for the total number of women taking the pill range between 200,000 and 800,000.

The move to reconsider follows the completion of a three-year study by the Central Pharmaceutical Affairs Council (which is affiliated with the Ministry of Health and Welfare) looking into whether there is any link between use of the pill and the spread of HIV in other places, including the United States, Europe and Africa. No link was found in the United States or Europe, but there was some correlation found in a group of prostitutes in Africa, according to one ministry official.

The ministry last considered approving the pill in 1992 and, after favourable clinical trials were conducted in Japan, many believed that it would be approved. But, according to one ministry official, concern that the pill's widespread availability might discourage condom use and lead to promiscuous behaviour, and, as a consequence, promote the spread of sexually transmitted diseases like HIV, caused the ministry to

postpone making a decision at that time and instead to launch the study.

The issue was given new momentum by the United Nations Conference on Development and Population (Cairo, 1994), at which it was declared that couples have the right to decide when and how many children they have. This spurred some Japanese women, including some members of parliament, to lobby the ministry to increase the number of contraceptive choices available to Japanese couples. Japanese women's groups have not previously campaigned aggressively for the pill to be approved, as many Japanese feminists thought the pill would shift responsibility for birth control onto women and weaken their position in society.

Early on, much of the concern in Japan, over the pill centred around its potential side effects, but Yuriko Ashino, deputy executive director of the Family Planning Federation of Japan says this is illogical, as many women already take the high-dose pill, which puts them at a higher risk of side effects such as thrombosis.

Political issues concerning Japan's falling birth rate and rapidly ageing society, as well as lobbying from condom manufacturers and doctors who perform

abortions, are also thought to have played a role in holding up approval of the pill. Abortions, which are not covered by health insurance in Japan, are a lucrative source of revenue for some doctors. In 1994, 364,350 women had abortions in Japan, a year when Japan's population grew by 332,697 (0.2 percent) — the smallest increase on record.

Doctors are now also concerned that a new product liability law introduced this year could leave them legally responsible for any negative side effects resulting from prescribing a high-dose pill for off-label uses such as contraception.

Hiroshi Honda, executive board member of the Japan Association of Obstetricians and Gynaecologists, hopes that the ministry, in weighing the pros and cons, will consider that the pill has been shown to reduce the risk of ovarian cancer and other illnesses.

Whatever the outcome of this protracted debate, condoms are still likely to remain the method of choice for most Japanese couples. The national survey indicated that in 1994 about 78 percent of couples use condoms.

RICHARD NATHAN
Tokyo

