

EUROPEAN HOSPITAL

THE EUROPEAN FORUM FOR THOSE IN THE BUSINESS OF MAKING HEALTHCARE WORK



4
Brussels update
Dr Martin Schoelkopf reports on the EU



6
Catering news
Cook, chill, serve, when and where needed



13
Awards/innovations
Babes, beds, trolleys & forward thinking



8
Radiology/IT
Interview: CEO Greg Lucier, GE Medical Systems Information Technologies (USA)

VOL 11 ISSUE 6/02

DECEMBER 2002 / JANUARY 2003

Scared doctors cause patient migration

FRANCE - A rise in US patients seeking complex or more novel life-saving treatments is blamed on US doctors' fears of malpractice suits - even a doctor delivering babies does so under a Damocles sword. Patients who might survive only if offered newer or risky procedures, are increasingly seeking these in other countries, where the law may not to claim compensation from a doctor if a treatment fails.

This situation is clearly not the route to medical progress in the US, where, in some cases, malpractice insurance premiums have tripled (reaching over \$100,000 per annum, or even not being underwritten at all).

US doctors are now protesting against the effects. Many surgeons in West Virginia hospitals expressed their feelings by temporarily packing up non-emergency work for a day in January, and doctors in New Jersey are rallying support for a plan to stop routine or non-essential check-ups, tests or surgery, albeit also keeping emergency work flowing.

If it's war, where are the doctors?

A military deficit of 50% in medical personnel puts NHS 'on alert'

Thirty thousand British troops would be served by less than half the number of doctors needed in the event of a war against Iraq, according to Dr John Ferguson, chairman of the British Medical Association's (BMA) Armed Forces Committee. The shortfall in medical personnel has existed for some years, he said, and is underlined by figures from July 2002. Dr Ian Bogle, BMA Council's Chairman, also emphasised that there is not only a shortage of doctors for the armed forces, but also within the National Health Service (NHS). Calling these into play would have repercussions on the already stretched health service. It would affect the provision of care of non-emergency patients, in a service already beleaguered by waiting lists.

The British armed forces have only 195 of the 416 general practitioners (GPs) needed - although there are a 96 GP volunteer reservists (mainly in the Territorial Army) who could be called up. However, these doctors work for the NHS as GPs or in hospitals.

There are also shortages in other specialities in the Defence Medical Services: the armed forces have 23 anaesthetists but need 120, 11 orthopaedic surgeons but need 98, and 18 general surgeons - they need 143. Shortages are also found in A&E and burns specialists, and another very significant shortage is in anaesthetists - both in the NHS and the military.

A Ministry of Defence spokeswoman said the Ministry is '... working hard to improve the terms of conditions and pay', and that although medical care

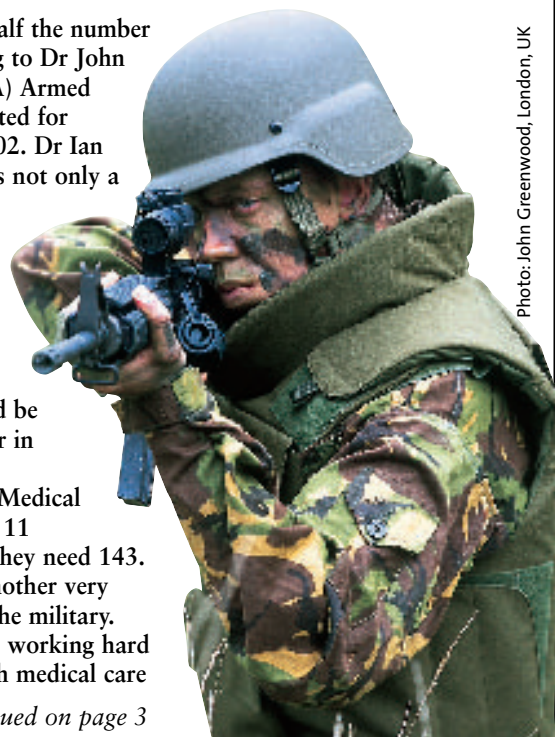


Photo: John Greenwood, London, UK

continued on page 3

IN BRIEF

USA - The National Institute of Allergy and Infectious Diseases (NIAID) will spend US\$1.75 billion on vaccines/treatments for use in a *bioterrorism* attack. US\$1.5 billion in government funds will go to related research in 2003. See page 3

Germany - Despite economic gloom, more exhibition space was taken at MEDICA 2002 than in 2001. Some 1,200 German companies, with c. 110,000 employees, focus on healthcare products.

EU - Among the c. 7000 medical technology companies in the EU, over 90% are SMEs, totalling over 45 billion euros in sales (9% in Germany, 7% in France and Italy). The industry employs over 350,000 people.

Cardiovascular disease is the main cause of death in women. In 2000 it claimed over 365,000 lives (source: USA CDCP). In the US 63% of women who died suddenly from coronary heart disease had no previous symptoms (source: AHA).

Germany - Due to ignorance about their higher risk of breast cancer, only 45% of women aged between 50-69 years go for mammograms at least every two years. 25% say they never had mammograms. Public health insurance will now fund mammograms every two years for this age group.

HEMORON®

device for „non-surgical“ painless treatment of hemorrhoid illness, no local anesthesia or special pre-operation preparation is required, immediate relief of pain and inconveniences, instant, excellent and long lasting result, treatment in surgical and gastroenterology out-patient departments, more than 80.000 patients successfully treated.



Hemoron® monopolar unit was successfully presented at the congress of coloproctology in São Paulo, Brazil 2000, the 8th Biennial Congress Council of Coloproctology in Prague 2001, at the trade fairs MEDICA Düsseldorf, PragoMedica in Prague, MEFA Brno and Middle East Health in Abu Dhabi

Exclusive distributor:
KlinLab, Ltd., U Vojenske nemocnice 1200, Prague 6, 169 02
Czech Republic
Internet: www.grisoft.cz - E-mail: klinlab@alphanet.cz



Hospital blames budget and halts patient care

Germany's 0.8% budget restraint may force closures in 2003

A university hospital announced that it would stop non-emergency treatments for the month of December - and blamed its hospital budget deficit for the dramatic decision.

Professor Andreas Greinacher, Medical Director of the hospital, located in Greifswald, Mecklenburg-West Pomerania, gave assurance that emergency treatments would continue.

The hospital said the budget, given by health insurance companies, was based on a less cases than it would need to treat up to the end of the year. In fact, it had used up the annual budget by the end of November. The insurers would have reimbursed only 15% of total costs for the estimated 1,400 cases for December, and the hospital said it would have no other way of dealing with the estimated deficit of 2.7million euros. The hospital also anticipates deficits this year, because the law now allows an annual increase of only 0.8%. This does not take into account rising costs of pharmaceutical and other products, equipment and salaries. Without budgetary

increases, and doctors will also see a decrease in overtime and thus face restrictions on services - all of which could prompt possible strikes.

The biggest hospital doctor's association, the Marburger Bund, as well as the regional Mecklenburg-West Pomerania Hospital Society, praised the hospital's leaders for their courage and for highlighting the enormous problems faced by most hospitals - many of which may even be forced to close their doors in the future.

However, the hospital was criticised by Marianne Linke, Health Minister for the state, who said she would discuss support that might help solve its problems.

News1-2	Information Technology ...12
Management & Politics ...3-7	Innovations13
Radiology8-9	Global Events14
Surgery10-11	Cardiology15

contents

EUROPEAN HOSPITAL Reader Survey

YOU may qualify for a FREE subscription to EUROPEAN HOSPITAL, the bi-monthly journal serving hospitals throughout the EU.

* If selected, you will be sent a copy of EUROPEAN HOSPITAL every three months AND you will have a chance to win our splendid prize (see below) because your name will be entered for the draw.

To participate, simply fill in this coupon and fax to:
+49 211 73 57 530

No fax? No problem. Please post your coupon to: European Hospital Verlags GmbH, Höherweg 287, D-40231 Düsseldorf

ENTRY COUPON

FAX TO: EUROPEAN HOSPITAL, +49-211-7357-530
PLEASE ACCEPT MY REQUEST FOR A FREE SUBSCRIPTION TO EUROPEAN HOSPITAL

Name

Job title

Hospital/Clinic

Address

Town/City Country

Phone number Fax

Now, tell us more about your work, so that we can plan future publications with your needs in mind. Please put a cross in the relevant boxes.

1. SPECIFY THE TYPE OF INSTITUTION IN WHICH YOU WORK

- General hospital Outpatient clinic University hospital

Specialised hospital/type

Other institution (eg medical school)

2. YOUR JOB

- Director of administration Chief medical director Technical director

Chief of medical department/type

Medical practitioner/type

Other/department

3. HOW MANY BEDS DOES YOUR HOSPITAL PROVIDE

- Up to 150 151-500 501-1000 more than 1000
 None, (not a hospital/clinic)

4. WHAT SUBJECTS INTEREST YOU IN YOUR WORK?

- Surgical innovations/surgical equipment Radiology, imaging/high tech advances
 Clinical research/treatments/equipment Intensive Care Units/
management/equipment
 Ambulance and rescue equipment Pharmaceutical news
 Physiotherapy updates/equipment Speech therapy/aids
 Nursing: new aids/techniques Laboratory equipment, refrigeration, etc.
 Hospital furnishings: beds, lights, etc. Hospital clothing and protective wear
 Hygiene & sterilisation Nutrition and kitchen supplies
 Linens & laundry Waste management
 Information technology & digital communications Hospital planning/logistics
 Personnel/hospital administration/management Hospital Purchasing
 Material Management Medical conferences/seminars
 EU political updates

Other information requirements - please list

ESPECIALLY FOR DOCTORS:

Please complete the above questions and we would like you to answer the following additional questions by ticking yes or no or filling in the lines as appropriate.

What is your speciality?

In which department do you work?

Are you head of the department? Yes No

Are you in charge of your department's budget? Yes No

How much influence do you have on purchasing decisions?

I can only present an opinion Yes No

I tell the purchasing department what we need Yes No

I can purchase from manufacturers directly Yes No

Do you consider that your equipment is

out-dated Yes No

relatively modern Yes No

state-of-the-art Yes No

Do you use/buy second-hand equipment? Yes No

If so, what do you use of this kind?

Is your department linked to an internal computer network? Yes No

Is your department linked to an external computer network? Yes No

Is your department involved with telemedicine in the community? Yes No

Do you consider your department is under-staffed? Yes No

Are you given ample opportunities to up-date knowledge? Yes No

Do you attend congresses or similar meetings for your speciality? Yes No

This information will be used only in an analysis for European Hospital, Höherweg 287, 40231 Düsseldorf, Germany, and for the mailing out of future issues of the Beta publication European Hospital. Candidates will also be automatically entered for a draw to win the prize featured on this page.

Signature

Date

EH 6/02

NEWS

Brenda Marsh reports on measures to protect and improve future blood supplies - by buy-out, improved screening and plasma substitutes

Transfusion-borne infections: a global problem

HIV, CJD, hepatitis B and C can all be transmitted via blood transfusion and these fears are changing not only methods of blood collection and distribution, but also stimulating the race to create 'substitute' products.

Ensuring blood supplies - Due to the threat of spreading vCJD via transfusions, since 1998, Britain has supplemented its own blood supply by buying plasma from the USA. Now, however, the National Health Service (NHS) has purchased plasma collection firm Life Resources Incorporated, spending some £50 million on ensuring that about 45% of its future blood plasma needs (from foreign sources) will be met, as well as containing costs.

China - home to 20% of the world's population, it has the fastest HIV growth rates. After years of analysis of blood banking and transfusion practices, a Johns Hopkins-led research team says major improvements in blood collection and screening are needed to ensure the safety and reliability of the blood supply. Associate medical director of the HIV Speciality Testing Laboratory at JH, and assistant prof. of pathology, Dr Hua Shan says without this, 'China could find itself on the up slope of transfusion-borne infection'.

The Johns Hopkins analysis of China's blood bank system (pub: The Lancet. 2002) covers everything from donor recruitment to blood transfusion. The country's problems are common in other countries without infrastructure, means or expertise in this field, says Dr Paul Ness, director of transfusion medicine at Johns Hopkins, and joint author of the study, with Dr Shan (a native of China) and Chinese colleagues. Thus improvements in China could prove helpful elsewhere.

One of the problems in China is that blood collection is fragmented, largely due to land mass and population distribution. Over 400 blood centres collect whole blood and each local government is responsible for providing oversight, even though national agencies create policies and pass blood-bank-related laws, say the researchers.

continued from page 1

was crucial in military operations, calling on GPs might not be a very high priority.

Meanwhile, six joint NHS-military hospitals in England, have to plan for the potential loss of key medical and nursing staff, in the event of a war with Iraq, for they employ over 1,000 medical personnel from the army, navy and air-force.

To help affected hospitals to plan for a potential loss of staff, a meeting of the chief executives has taken place at the Department of Health.

The hospitals are: Frimley Park, Surrey (staff: 5,000, including 241 doctors, nurses and healthcare assistants who are army personnel); South Tees, Middlesborough - e.g.

One major obstacle is converting China's system to volunteer-donors-only, a procedure known to improve blood safety, Dr Shan points out. The scarcity of volunteer donors and a chronically low blood supply have created a market for paid blood donations, which attracts illegal activities and infected donations, and tends not to overcome traditional beliefs. The young and educated are more likely to donate blood than older Chinese - believing it is an ancestral gift.

In 1996 only 11% of whole blood was collected from volunteers. Then, following a new law against purchased blood, in 1998 volunteer numbers rose. However, Chinese Society of Blood Transfusion figures show that even in 2000, only 67% of clinically used blood came from volunteers.

Education and training is another hurdle. With a grant from the Fogarty International Centre, part of the US National Institutes of Health, Dr Shan and others from JH, along with physicians in China, are in their third year of providing US-based training and China-based workshops to people involved in blood collection, processing and transfusion.

Blood 'substitutes' are also an avenue for vigorous research and development.

Biopure Corporation (HQ: Cambridge, Mass.) for example, develops and manufactures oxygen therapeutics, a new class of pharmaceuticals, intravenously administered to deliver oxygen to body tissues. Its product Hemopure is a haemoglobin-based oxygen carrier

(HBOC) made from cows' blood. (It is thought that out-dated human blood could be similarly used). Purified to remove bacteria, viruses and transmissible spongiform encephalopathy (TSE) agents etc, it is formulated in a salt solution. Stabilised and acellular, this circulates directly in plasma and, with lower viscosity, releases oxygen to tissues more efficiently than red blood cells, says Biopure. The product is compatible with all blood types and said to be stable both refrigerated and at room temperature (2-30 degrees C) for up to three years (human blood c. six weeks').

At the International Anaesthesia Research Society's congress last year, Biopure reported on its Phase III clinical trial, conducted at 46 centres in the USA, South Africa, Europe and Canada, when the compound was used in orthopaedic surgery cases. UCLA's, Professor of Clinical

Anaesthesiology Jonathan Jahr, then principal investigator for the US trials, said the compound eliminated the need for red blood cell transfusion in 60% of patients who suffered blood loss during elective surgery and would otherwise have needed human blood. During the peri-operative period they were adequately stabilised by the compound, he said; modest blood pressure changes were mostly transient and not clinically significant. Biopure had proved useful '... as an oxygen 'bridge' in acutely anaemic surgical patients'. In 4-5 days most patients began making red blood cells.

The Biologic License Application (BLA) for Hemopure has been accepted for review by the FDA, and the firm will file applications in Europe and other markets.

Bioterrorism prompts big budgets World Medical Association expresses concern

WASHINGTON, DC - Bioterrorism was one of the main topics discussed by international healthcare representatives at the recent World Medical Association (WMA) meeting. Concern was expressed not only about how health services should tackle the possible introduction of smallpox, anthrax and other diseases, but also about the magnitude of budgeting for events that might

not occur. In addition it was suggested that the present strong focus on bioterrorism could force other, vital subjects off the public health agenda.

Next year the National Institute of Allergy and Infectious Diseases (NIAID) will spend US\$1.75 billion on vaccines and treatments to be used for any bioterrorism attack and the US government has allocated US\$1.5 billion to fund research in this area. (Dr Anthony Fauci, director of NIAID, pointed out that this is the biggest single increase of any discipline in any institute in the history of the national health institutes).

Others reasoned that pharmaceutical companies might not want to carry out costly R&D for situations that may not bear fruit. Yet another concern was that the US Department of Health and Human Services has held private meetings with the Pharmaceutical Research and Manufacturers of America Emergency Preparedness Task Force. Since the pharmaceutical industry stands to benefit from bioterrorism, some said it should not be placed in a position to influence government policy.

180 army personnel); Peterborough Hospital (staff: 3,000, of which 200 are military personnel, including 10 consultants); Queen Alexandra Hospital, Portsmouth; Derriford Park, Plymouth, and the University Hospital, Birmingham.

Although a call up would not be immediate, planners will check on availability of locums to cover for any absent staff, perhaps arrange for GPs to fill out A&E units, and call on retired consultants to work for short shifts. There is also liaison with local hospitals to see what services could be accessed.

The Department of Health has said that such strategy meetings are normal in peacetime, 'But everyone sees the situation on the horizon'.

Gas and water leaks, inaccessible regions, potential dangers at every turn...



Matthias Panther, head of Technology and Building at the Katharinen Hospital, Stuttgart, first read about the Ultrasound Spy - equipment to test for problems in supply pipes - in a report written by a user

Put a spy on the job

into a room and literally detect any faults with the ultrasound spy, still standing in the doorway - because it's now considerably faster.

You don't have to check each socket with a leak detection spray, which is time-consuming and costly, not only for our maintenance staff but also for the staff who work in the rooms. This is a real cost saving.

EH: *What's the next stage in your strategy?*

MP: We will check our steam system, and this will (roughly) take us to the end of 2003.

EH: *Then you will start again in 2004 - like painting the Golden Gate Bridge in San Francisco?*

MP: Not quite. We'll try to do this in two to three-year intervals, which has proved practicable.

MP: We had nothing remotely comparable with this equipment in the hospital, and what intrigued me is that you can discover faults in gas pipes (we have rather a lot) for all medical gases, and some can be dangerous. For example, laughing gas, used in anaesthetics, is a toxic substance, and we must obviously regularly check installations for leaks. This usually poses a big problem, as it's a complex procedure without access to equipment. The Ultrasound Spy complements the testing and measuring equipment that we already had in the hospital.

It detects defects that are not immediately obvious, so we can prevent potentially big problems, such as completely broken seals that would let gas and steam escape - at which point it would be heard - or seen in the case of steam. Using this equipment we can localise problems as they develop, so this is attractive preventive maintenance, which also cuts energy costs.

EH: *Can the 'spy' be used to check for other substances?*

MP: Yes, for moving media, such as water, we can check the valve seals. In the hospital we also have to control machines, such as the drives and ball bearings for heating equipment and circulating pumps and so on. But you need a lot of experience to diagnose faults that may be developing. With ordinary equipment you can usually predict whether a pump is likely to stop working - but not if it is located a long distance away, or in a false ceiling where access is difficult. In such cases, the 'spy' is a perfect solution.

EH: *Have you developed a routine strategy for using the 'spy'?*

MP: First we plan to check all our medical gases, because we have a comprehensive system of pipes leading into the buildings from a central base or several central bases. Then we have sub-distributors inside the buildings. The sub-distributors supply gases to end users in various rooms via gas-supply sockets, which all have seals - and these wear out, so gas can start to leak. This is a) expensive, particularly in the case of oxygen, and b) dangerous, particularly with laughing gas.

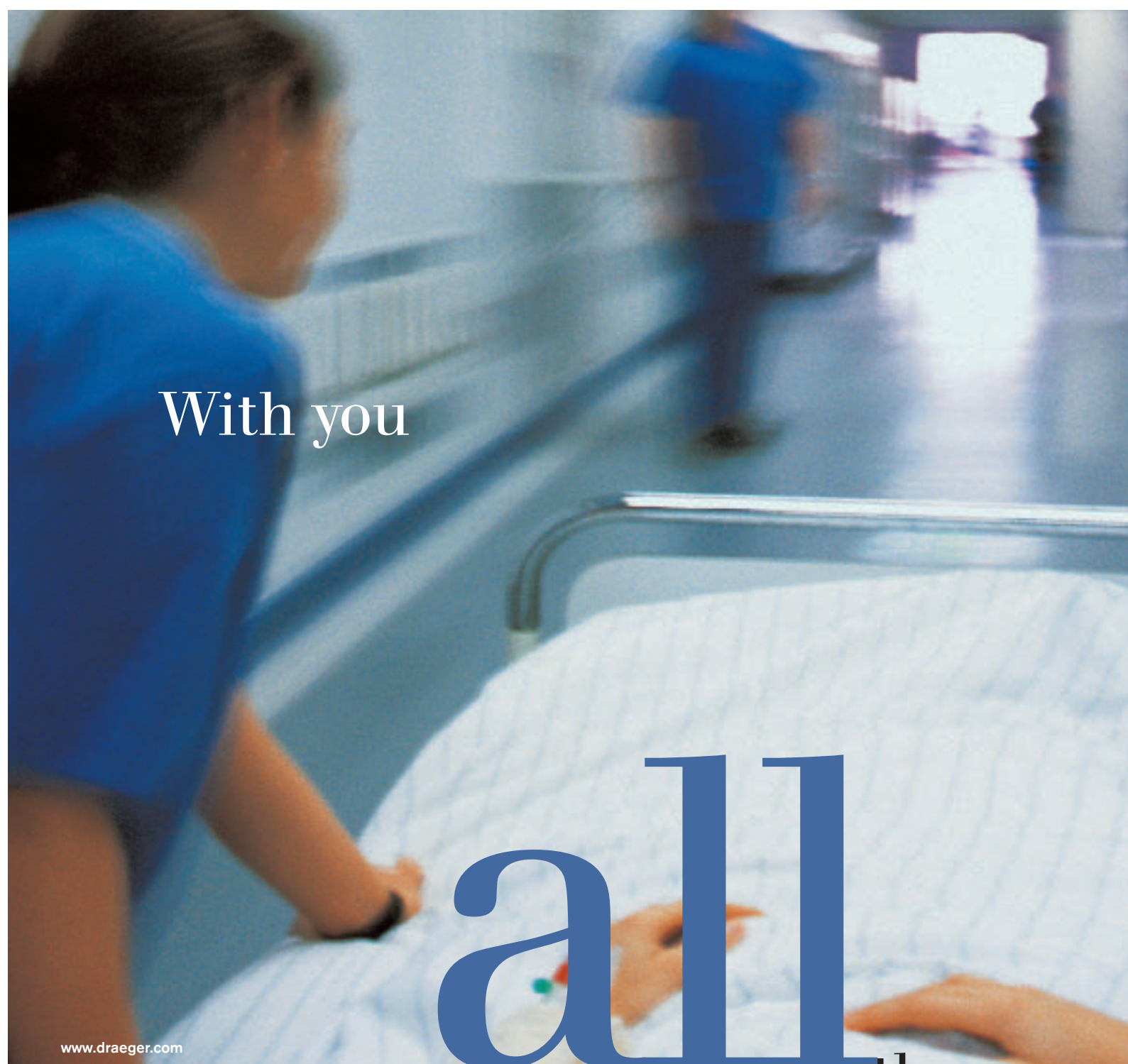
EH: *What does dangerous mean in this case?*

MP: There is a maximum workplace level and corresponding requirements to regularly check gas installations, particularly those involving laughing gas, for seal tightness. The Ultrasound Spy manages this in an elegant way: We don't have to check each and every gas-supply socket. We simply step

Scotland. This year's International Medical Symposium on Sports, and a week of sporting events are expected to draw some 4,000 people from 40 nations to participate in 24 sports (from athletics to chess). Details: info@medigames.com



Sports medicine symposium - and games



www.draeger.com

Increasing demands for cost efficiency and quality of outcome in the healthcare environment have brought new challenges to clinicians and hospital managers. Care provision processes and work flows have increasingly become the focus of change.

At Dräger we are uniquely at home in every stage of the patient care process from emergency care, anesthesia and the OR to critical care and home care - an expertise resulting from a century of cooperation with partners like you the world over. By offering everything from stand-alone devices and integrated medical systems with point-of-care IT to technical services and healthcare education and training, we can provide you with process-oriented solutions from a single source. With you all the way - because you care.

Dräger
MEDICAL

Emergency Care · OR/Anesthesia · Critical Care · Home Care

Because you care

Top-level advisory committee to devise proposals on freedom of movement for patients and development of healthcare provision

Recently, partly instigated by a proposal from EU health ministers, the EU Commission engaged a top-level advisory group to study the issues of patient mobility and European healthcare provision. Virtually all EU Health Ministers - other than the Minister from Luxembourg - will participate in the consultation process. On a working level, the group includes:

- Representatives from the respectively competent ministries of the Member States
- Representatives from the Commission under the leadership of the competent Commissioners (DG SANCO, DG EMPL, DG Market)
- AIM - Association Internationale de la Mutualité
- ESIP - European Social Insurance Partners
- CPME - Standing Committee of European Doctors
- EHMA - European Health Management Association
- HOPE - Standing Committee of Hospitals of the European Union

An initial meeting of the committee is scheduled for February. By earlier agreement discussion will be prepared in small working groups - mainly on cross-border capacity usage, access and quality of healthcare, and better provision of information - to prevent the deliberation process assuming the character of a formal council. Proposals for policy recommendations are now being elaborated in separate working groups, which the committee intends to present by the end of this year. The plan is to set up three working groups:

- 1: European collaboration for the improvement of resources (members: France, Sweden, Denmark, Austria, HOPE, ESIP).
- 2: Information requirements of patients, the healthcare professions and political decision-making bodies (Finland, Spain, Ireland, Standing Committee of European Doctors, patients' representatives).
- 3: Access and quality (Germany, UK, Greece, Italy, Portugal, AIM).

The topic 'Compatibility of national health policies with European obligations', in which particular attention will be given to the question of what legislative changes and amendments to EU agreements could be necessary to arrive at European solutions, has been postponed for the moment.

An EU Commission communication on free movement of workers

On 9 December 2002, the EU Commission presented a Communication on 'Free Movement of Workers - achieving the full benefits and potential', which describes central problems faced by EU migrant workers and sets out its intentions to deal with these, taking account of case law of the European Court of Justice. One aspect covered in detail by the Commission is the status of free movement in the context of cross-border healthcare provision. (Report available on:

http://europa.eu.int/comm/employment_social/news/2002/dec/694_en.pdf)

Preliminary rulings by the European Court of Justice on the reimbursement of costs for out-patient medical treatment within the EU but outside the country of residence

A case from Germany was recently referred to the European Court, dealing with the lawfulness of prior approval of cost reimbursement in the case of medical treatment abroad. A patient with compulsory statutory health insurance had initially been treated for a skin tumour by a consultant in Germany, but the treatment, which consisted of several sessions, was then continued partly in Austria and privately invoiced. Two female doctors who had originally worked in the first doctor's practice had a second practice in Austria. The costs of treatment in Austria were charged by the health-insurance-fund member to his local fund. However, the fund refused to pay, pointing out that - other than in acute cases - prior approval was required for treatment abroad. In appeal proceedings, the Federal Social Court has now suspended the case and invoked the European Court of Justice for a preliminary ruling (case reference B 1 KR 28/01 R).

The Federal Social Court is now asking the European Court whether it is compatible with EC

law for a Member State, with a health-insurance system characterized by the principle of providing benefit in kind, and where out-patient medical care is provided by licensed physicians, only to permit reimbursement of costs where non-licensed doctors are used - also in another Member State - if treatment corresponding to the generally recognized state of the art of medical knowledge is

300 to 60 (in particular also for doctors, nurses, dentists and midwives). At the Council session, most Member States declared themselves in favour of a simplification of the committee system, which has prevailed to date. However, Germany rejects the target of reduction to a single committee. Other aspects are also the subject of disagreement. However, by May this year the Member States should have prepared a Common Position.

The Brussels



update

By our special correspondent
Dr Martin Schoelkopf

EU Directive on Blood and Blood Products: result of mediation procedure

The mediation committee between the Council and the EU Parliament has agreed on a compromise over the European Directive on Blood and Blood Products. The Parliamentary delegation to the mediation committee has now proposed to the plenary session that the compromise achieved should be accepted. Since the Council had already adopted numerous proposed amendments from the Parliament, from the second reading in its Common Position, in the end it was primarily the question of examining donors before each blood donation that remained an issue. While the Parliament had proposed making a doctor responsible for the decision as to donor suitability, the Council deemed the formulation 'member of a healthcare profession' as a sufficient requirement. Parliament and Council ultimately agreed that an appropriately qualified member of a healthcare profession (medical expert or biological scientist with relevant professional experience) should be responsible for examination of donors. Acceptance by way of a third reading of the proposal took place in December 17, 2002 in the European Parliament.

Background: the intention is that the Directive should improve the current provisions on quality and safety standards for the extraction, testing, processing, storage and distribution of human blood and blood products. The provisions should guarantee that the existing technical requirements and standards are adjusted to reflect scientific progress. The EU is also introducing a system by which incidents and unfavourable reactions during the transfusion process are recorded. Areas covered by the Directive will include: a suitability check on donors, licensing and equipment of transfusion facilities, qualification and further training of medical, technical and care staff, checking and inspection mechanisms for facilities, a system for tracing back blood donations from the recipient to the donor and, where needed, epidemiological support for donors.

The International Babyfriendly Hospital Award

Through this initiative, the World Health Organization (WHO) and the UN International Children's Emergency Fund (UNICEF) aim to encourage hospitals to promote breastfeeding and give corresponding advice and support to mothers in hospital. Both organizations have developed a ten-point programme, which, if adopted by a hospital without any acceptance of advertising for artificial baby food, will gain it a Babyfriendly Hospital award from the WHO and UNICEF. (Details: www.unicef.org/bfhi).

not available within the system providing benefit in kind. If an inadmissible obstruction to the free movement of services is perceived therein, the Court is moreover asking whether EC law would allow that German law - other than in emergencies - should render reimbursement of costs in the context of self-procured medical services dependent on prior approval by the health-insurance fund.

EU eastward expansion: decision at the EU Summit in Copenhagen

On 12/13 December 2002, the Copenhagen European Council declared the accession negotiations with Estonia, Latvia, Lithuania, Malta, Poland, the Slovak Republic, Slovenia, the Czech Republic, Hungary and Cyprus to be concluded. These States will therefore become new Members of the EU on 1 May 2004. The Accession Treaty, to be signed in Athens on 16 April 2003, will enter into force on 1 May 2004. Bulgarian and Romania will become EU Members in 2007, if they can demonstrate in sufficient, prior time that they have made the requisite progress in fulfilling membership criteria. Furthermore, in December 2004, on the basis of a report and a recommendation by the Commission, the European Council will decide on whether Turkey fulfils the political criteria of possible EU admission. If this should be the case, accession negotiations will be commenced with Turkey. Source: EU Commission.

New provisions regarding mutual recognition of professional qualifications in the healthcare sector: current state of process

Upon a proposal by the EU Council Presidency, the European 'Competition' Council dealt in November with the intended reform of the process for the mutual recognition of professional qualifications. The aim of the reform is to bring together the 15 existing directives to form a single text and, in parallel, to reduce the number of articles on mutual recognition of professional qualifications in seven professions from

Integrating the Future.

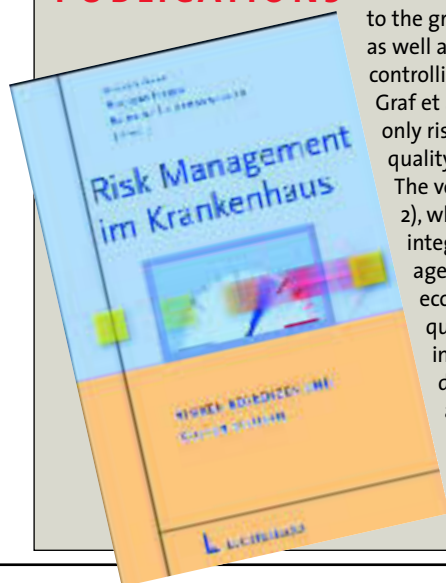
- Operating tables
- Operating table accessories
- Patient positioning and transport
- Ceiling mounts
- Mobile functional furniture
- Services

TRUMPF KREUZER
Medizin Systeme GmbH + Co. KG
Benzstraße 26
82178 Puchheim • Germany
Telephone: + 49 (0) 89 / 8 09 07-0
Telefax: + 49 (0) 89 / 8 09 07-20
e-mail: info@muc.trumpf-med.com
www.trumpf-med.com

TRUMPF
Medizin Systeme GmbH
P.O. box 1263
07303 Saalfeld • Germany
Telephone: + 49 (0) 36 71 / 5 86-0
Telefax: + 49 (0) 36 71 / 5 86-1 65
e-mail: info@de.trumpf-med.com
www.trumpf-med.com

TRUMPF

PUBLICATIONS



A GUIDE FOR RISK MANAGEMENT - Due to the growth in hospital insurance premiums, as well as liability risks, limiting these and controlling costs are vital. But, say Prof. Volker Graf et al, in a 224-page book on the subject, only risk management firmly rooted in quality management can guarantee this. The volume (c. 34 euros. ISBN 3-472-04799-2), which is aimed at managers seeking to integrate risk management into hospital agendas, presents ways of avoiding economic risks whilst still guaranteeing quality treatments. Providing information about requirements as defined by the KonTraG, and essential aspects of risk management in terms of accounting, the publication also offers information about lowering liability risks in hospitals. Main topics covered are:

- Integrating risk management in every day management
- Elements and evaluation of an early risk diagnosis
- Risk management and liability law
- Protective mechanisms from a political/professional perspective
- The risk management process
- Implementing risk management in a hospital routine
- Practical examples and checklists etc.

** AUTHORS: Prof. Volker Graf, CEO Ludwigshafen Clinic and hospital management lecturer at the Ludwigshafen polytechnic; Raimund Lichtmannegger, CEO MediRisk Bayern Risk Management GmbH and executive for an insurance department handling hospital law suits. Dr Andreas Felber MD, CEO of MediRisk Bayern Risk Management GmbH and project manager for hospital risk management surveys.*

Medical books at the Frankfurt Book Fair - 1,100 German and international specialist publishers offered new titles at this year's event. These ranged from '**Naturopathy practice today**' by Elvira Bierbach (pub: Urban und Fischer), and '**Migraine**' by neurologist Hans Christoph Diener, to '**Differential diagnostics in MRI**' by Francis A. Burgener et al. and 'Tumour Pain' by Wolfgang Larbig et al. (pub: Schattauer Verlag). Whilst these books are in the German language, Schattauer also publishes English-language titles on organ transplants, ENTmedicine (Atlas), psychology and psychotherapy).

The pros and cons of endoscopic surgery in gynaecology are discussed by Eduard Malik and Klaus Diedrich in

'**Gynaecological Endoscopy**' (published in German by Steinkopff Verlag, Darmstadt, which also displayed new titled covering paediatric cardiology, epilepsy, neurophysiology and surgical techniques and split liver transplants.

The publisher Urban und Vogel presented '**Dementia**', a work by gerontologist Ingo Fuesgen, along with books on diets for patients with food allergies and intolerance, a guide for heart patients and another on tinnitus.

The hot issue of euthanasia is aired in '**Euthanasia: The new civil culture of killing?**' published and presented at the fair by Mabuse Verlag of Frankfurt, which also showed works palliative medicine and care, health economics and the role of medicine in the Third Reich.

EU Commission recommends quality criteria for health-related internet content

In December the Commission approved a Communication which set out a number of key quality criteria for health-related internet webpages. The Communication contains recommendations regarding transparency and honesty, authorship, confidentiality and data protection, updating of information, liability and accessibility. The criteria apply both to passive, informative content and to transactions between service or information providers and users. They are intended to particularly serve Member States as a guideline for creating their own quality assurance systems for health-related internet content. The EU Commission aims to pursue implementation of the quality criteria further within the framework of its Action Plan eEurope 2005. It also plans to set up a system of easily recognizable EU seals of approval for internet content. (Details: http://europa.eu.int/information_society/europe/ehealth/index_en.htm).

Phasing out of antibiotic use for growth promotion

In November the European Parliament accepted an Opinion supporting the proposal by the EU Commission that the use of antibiotics as animal growth promoters should be ended. However, the Parliament is demanding that the prohibition should not take effect as early as 1 January 2005, as planned by the Commission, but from 1 January 2006. Moreover, until the end of 2008, use of two substances should continue. Further exceptions should exist for scientific purposes and for pet food. Source: A5-0373/2002.

European Court of Justice proceedings regarding internet mail order medicines

The European Court began hearing a case in December between the German association of pharmacists, Deutscher Apothekerverband (DAV), and the internet pharmacy DocMorris. The DAV takes the view that delivery to Germany breaches current German law on medicines. However, DocMorris invokes the free movement of goods and services within the EU Single Market. The Court must moreover clarify whether the DocMorris internet pages contain prohibited advertising of unlicensed and prescription-only medicines. Primarily the question is whether mere information on product name, package size and prices should be considered as advertising.

The beat should never stop

Servo® INFINITY Explorer™ KION®

www.SiemensMedical.com

A91003-M3000-Z043-02-7600

The ability to integrate people, systems and information in one harmonious flow is more vital than ever in order to improve workflows and enable better decision making. Siemens is developing solutions that combine patient information from all sources with the ability to access data from anywhere, at any time. We're bringing together design excellence and critical care experience to provide an anesthesia system that can treat all patient categories.

We're uniting advanced ventilator technology with unique monitoring capabilities to simplify the process of transport and provide continuous data recording. Contact your local Siemens representative for more information, and see how it all comes together.

Siemens Medical Solutions that help

SIEMENS
medical

CATERING

Meals are cooked conventionally then placed on plates, or in containers, and fast-frozen for 90 minutes, reducing the prepared food's heat from 80°C to 3°C - a temperature suitable for up to five days' storage. When needed, meals are re-heated to 70°C in a combi-steamer. Food retains a fresh appearance, vitamin loss equals the amount lost in food kept warm, but high quality is maintained.

Although cook & chill initially requires a high investment in appropriate kitchen equipment, considerable financial and other benefits are gained:

- Less space is required (about three times more meals can be produced per square metre than during conventional catering, thus reducing labour)
- Special meals can be prepared in advance for specific groups of patients, then heated in a ward's kitchenette.
- Because production and serving



Meal distribution at Mainz University Hospital

Cook, chill & feed as needed

Why do nearly all of Germany's 32 university hospitals want to convert to 'cook & chill' catering? Report by Anja Behringer

are separated, cook & chill fulfils the criteria shown in our illustrations. Meals are produced and stocked in a central unit (kitchen) for a defined period. Distribution is then centralised or decentralised via

different stations. Thus caterers can concentrate solely on providing restaurant quality meals.

- Internal catering is profitable only when serving a minimum of 1000 meals a day, but cook and chill is

always profitable. With fewer meals, it is considered better to set up a satellite kitchen and procure various menus from a central, external cook & chill kitchen, i.e. outsourcing.

Priorities must be clearly defined by asking, 'What is important, less important and unimportant in my operation? Which tasks must be tackled and what needs to be changed? Everyone agrees that space requirements, internal production, material requirements, labour costs and costs in general should

be minimised and quality, service, technical equipment, processes, energy saving, hygiene and the HACCP maximised.

At present, conventional equipment such as tilting skillets, broilers, deep-fryers, baking ovens and steamers are still in daily use, and each device may occupy one worker. Space, energy consumption and use of labour are therefore high, because everything is left switched on and



120kg of silverside beef, for overnight cooking

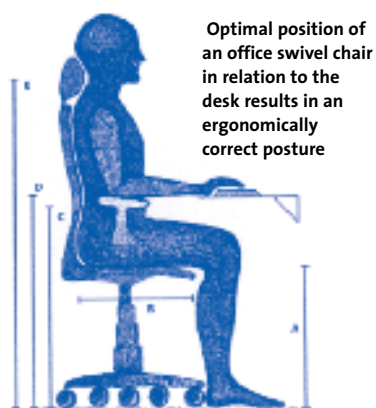
ERGONOMICS AND ADMINISTRATION

8 steps to improve life at work

Prolonged sitting, enforced posture, strain and stress are common in the workplace. Awareness and application of basic ergonomics can be viewed as preventive medicine, which can also reward both employer and employee, say Petra Sauer (physiotherapist) and Thomas Sauer (physiotherapist & office designer) of Sauer and Sauer Ergonomie. The couple, who specialise in holistic design of computer work places, have developed a brief, 8-point guide to ergonomics in the office.

Office health problems

- eyestrain, headache
- neck, back and shoulder pain
- noise and visual distractions
- reflections, mirror effects and unsuitable light and lighting
- air too dry, too warm or too cold
- permanent disruption of working processes
- waiting and down times due to working processes and procedures
- unappealing design of the work area/office
- dissatisfaction, stress, hectic ... sounds familiar?



Optimal position of an office swivel chair in relation to the desk results in an ergonomically correct posture

Directive 90/270/EEC

According to the EU directive, a workplace analysis should document the current situation. Originally, companies with 10 or less employees had to perform an analysis, but did not have to provide documentation. However, the European Court of Justice subsequently ruled that even small enterprises with under 10 employees must provide documentation.

Employers are obliged to analyse workstations, evaluate safety/health conditions and remedy any risks to eyesight, physical problems and problems of mental stress.

1 Space

The minimum office floor area for one person is 8 square metres. The spatial layout should also provide sufficient room to accommodate a natural urge to move and change position (sitting, standing) or posture. Each workplace should have an open space of at least 1.5 square metres, which should not be less than one metre deep.

Sufficient space enables the opening or pulling out of drawers and sliding surfaces fully and with ease.

Service routes leave enough room to reach a desk even if several people are present. In Germany, the minimum distance between desk and window, radiator, etc is 50cm, as defined in DIN 4543.

2 Chairs and desks

Ergonomic office chairs play a crucial role in health maintenance and increase well-being. In addition to recommended measurements and compliance to safety regulations, a good office chair offers:

- adjustable backrest
- tiltable seat pan
- height-adjustable seat pan - height
- synchronous adjustments
- spring suspension to adjust height
- height-adjustable armrests (fig. 1)

Normal working height of a fixed desks is 72cm and should not exceed 75cm including the keyboard; distance between keyboard and edge of desk must be 10 cm, so as to rest the ball of the thumb in working position. Recommendations regarding flexible desks suggest a height of 68 to 76cm, or alternatively the use of sitting/standing desks.

3 The computer screen

The desk should be positioned so that the user can sit straight in front of the screen. For security reasons, no part of either screen or cabling may project beyond the desk's edge!

Screens should stand parallel to a window; avoid placing a desk towards the window or a light-coloured wall to avoid the glare; this holds true for mirror effects and

reflections through windows, lamps or light-coloured walls. If a screen cannot be positioned as described, an anti-glare device should be mounted.

The minimum distance between user and screen is 50cm. So, to accommodate a 17" screen, the desk must be 90-100cm deep.

4 Changing habits through education

Addressing each employee's responsibility for his/her health/well-being is one way to improve awareness of ergonomic-related working habits. Lack of information about adjusting and moving desk or chair, lack of motivation to consciously sit or stand correctly, as well as harmful work styles lead to health problems.

To optimise computer work places, the concept of providing the possibility of changing sitting and standing tasks is gaining ground rapidly. Standing is, per se, not better than sitting, but the best possibilities for moving around an office are found in frequently changing between standing and sitting tasks. Two to three changes per hour are recommended, with standing phases between 10 - 15 minutes (rule of thumb: 25% movement, 25% standing and 50% sitting).

Switching between sitting, standing and moving is important because it considerably lowers risks of locomotor system problems (fig. 2), improves fitness, maintains performance level and satisfaction. Additionally, the chance of creating a private sphere contributes to well-being at work and therefore improves performance.

5 Work structure

Changing tasks are useful. To offer variety and avoid enforced breaks when working at a computer screen, an appropriate environment for other tasks, such as filing, sorting or making telephone calls from a standing desk, should be provided. Visual distractions, e.g. patients or customers moving through a work

area, increase fatigue and make recreation more difficult. Partitions can be useful.

6 Lighting

Fast and widespread introduction of computer systems into an office requires new lighting recommendations. Glare and reflections onscreen are still massive distractions. One solution is indirect/direct lighting (two component lighting). Indirect lighting illuminates ceiling and creates a harmonious natural light in a room; desk lamps can be adjusted individually and light the workplace itself.

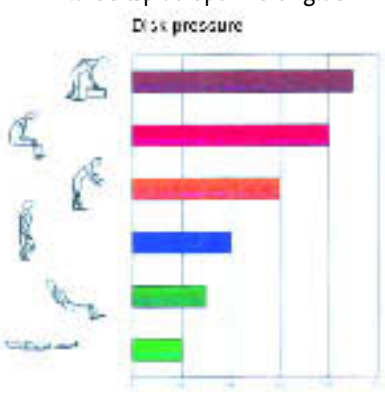
7 Noise

Ringling telephones, noisy hardware (printer, fax, copier, and keyboard) as well as talking influence concentration and communication. Here, silent hardware, spatial separation of the workplace and source of noise, noise-absorbing floors, ceilings, walls and partitions, and curtains on windows are helpful measures.

8 Room climate

A comfortable room climate features a healthy mix of temperature, humidity, air movement (draught) and heating in a room. In Germany, the values are specified in BGI 650: room temperature for sitting and light tasks: 21-22 degrees, and not exceeding 26 degrees when the outside temperature is high. Humidity: 30-65%.

Details: www.arbeitsplatzoptimierung.de



Strain on the intervertebral disks in different posture

handling plus cleaning of individual units is intensive. The cook and chill method, using state-of-the-art cooking and refrigeration equipment, provides seven days worth of servings in just four days of production.

The first combi-steamer, using dry and moist heat, was invented 25 years ago by the firm Rational, of Landsberg, Bavaria, which is still a key tool in professional kitchens worldwide. Devices with ClimaPlus Control have set new performance standards in professional kitchens. A control and measuring station for regulating the ideal oven climate allows 80-90% of all food to be produced at top quality. This intelligent anticipatory cooking system, called IQT, automatically regulates the cooking process without tedious programming - only a browning level and core temperature need be pre-selected.

The device takes over tasks formerly undertaken by cooks, standardising and monitoring the cooking. Thus most conventional and expensive kitchen equipment can be replaced, saving an estimated 50% of space, investment, materials, energy and personnel.

There is a unit to meet each need and the system is compatible with system components, for example, GN containers, tray trolleys and the refrigeration system (e.g. Gram or Askuehl is thermally compatible) all fit the device.

In an optimal cook and chill weekly schedule, food preparation occurs on Mondays, Tuesdays, Wednesdays, ending on Thursdays at 4 p.m. The kitchen team does not serve meals, and it also does not work on Fridays, Saturdays or Sundays. On the day after preparation and up to five days later, meals can be distributed to patients for lunch and dinner, and the warming process only needs a few technicians and other staff members or part-timers. The state-of-the-art regeneration programme is said to ensure precise, top quality, without condensation on plates, a procedure that is impressive in a large hospital serving 20,000 meals a day, says Rational.

Of course, the firm adds, each institution must consider its own potential savings, but by using ClimaPlus Combi a hospital serving around 900 meals daily can save about 75,000 euros annually on meat, fish, vegetables, fat and energy.



Seminars from US for EU

BALTIMORE, USA - 'New approaches to cost-effective hospital management, a seminar held by Johns Hopkins International (JHI) in November, is likely to herald European JHI programmes in 2003, for this packed, three-day event, attracted over 50 hospital executives from 23 countries - including Austria, Belgium, the United Kingdom, Ireland, Spain, Germany, Croatia, the Czech Republic, and the Slovak Republic.

The organisers said their aim was to present the most innovative management practices in the JH Health System in a context relevant to institutions outside the US. 'We were happy to hear from our European colleagues that we presented solutions to challenges in a way that resonated across borders,' said Dr Szabolcs Dorotovics, Managing Director for Europe at JHI. 'The need to improve quality and contain cost is definitively common to all of us.'

Speakers came from healthcare administration in both Johns Hopkins Hospital and Greenspring Station, a suburban out-patient facility employing over 200 JH physicians. The implementation of successful out-patient services was a recurring theme. By using Greenspring Station as a case study '... we were also able to discuss with our colleagues from other countries how they are trying to handle this challenge,' said Steve Thompson, CEO of JHI, Vice Dean of Ambulatory Services and Vice President for Administration.

Patient safety

Johns Hopkins Medicine said its 'pioneering practices in patient safety' were analysed from the perspective of governance, management, and how to



engage physicians, nurses and pharmacists to participate actively in such programmes. Dr Peter Pronovost, Co-director of the Hopkins Centre for Innovations in Quality Patient Care, said the centre focuses on changing systems that allow for adverse events, whilst eradicating the culture of finger-pointing and blame. Various other JH experts presented cases for the cost-effectiveness of implementing the programmes.

Ways of proving financial benefits in developing sound infection control practices in a health system were discussed by Dr Trish Perl, Director of Hospital Epidemiology and Infection Control.

Pamela Paulk, Vice president of Human Resources for the JH Health System, discussed human capital as an asset and presented cases on how to overcome labour shortages by focusing on employee satisfaction and motivation.

Financial Management and a round table with chief administrators of clinical departments also proved valuable.

Finally, Dr Edward Miller, Dean and CEO of Johns Hopkins Medicine, discussed the challenges and benefits of JH's tripartite mission of education, research and patient care, and its aim to improve global healthcare by developing educational opportunities for healthcare professionals.

For details about plans for Europe contact: Dr Szabolcs Dorotovics at szabolcs@jhmi.edu

An Executive MBA in Health Care Management

GERMANY - The Hannover School of Health Management (HSHM) (Details: www.gisma-hannover.de) offers a unique AACSB accredited Executive MBA programme, with a specialisation in Health Care Management, in co-operation with GISMA Business School and Purdue University (Krannert Graduate School of Management).

Dedicated to the education of healthcare decision-makers, and particularly focusing on hospital and general healthcare issues, the programme's organisers say: 'It is increasingly clear that healthcare specialists need management skills

and a sound understanding of finance, marketing, strategy and organisational behaviour to steer this industry. The programme's objective is to find answers to developments and challenges in healthcare management.

'The Executive MBA in Healthcare Management represents a specialisation during the third Module of the General Management Executive MBA Programme. The world-renowned faculty of Purdue University teaches management theory, while experts at HSHM and other leading institutions provide the hospital and healthcare content - a partnership guaranteeing a

close-to-practice combination of healthcare and management. As part of the campus of one of the world's leading academic medical centre guarantees close interactions with real life challenges of hospital managers in a rapidly changing environment,' the organisers add. 'The joint Executive MBA programme at HSHM equips participants with invaluable assets for the future. The programme combines excellence and rigor in teaching and research with a strong pragmatic approach.' The Master of Business Administration degree, presented by Purdue University, is AACSB accredited. Organised in an Executive MBA

format, students stay six sets of two weeks on campus (six residencies in the US, six in Hanover). Applications for the next 22-month programme, commencing in March 2003, must be received by 31st January 2003. Tuition fees: 30,600 euros. Details: Malte Mevissen, GISMA Business School, Feodor-Lynen-Str. 27, 30625 Hanover, Germany. (e-mail: mmevissen@gisma-hannover.de. Phone: +49 (0)511-54609-15. Fax : 0511-54609-54 Or: Prof. Dr. med. M. Schoenermark (schoenermark.matthias@mh-hannover.de). Prof. Dr. oec. V. Amelung (amelung.volker@mh-hannover.de)

XT-2000i Inheritance of performance



Are we not usually proven right if we believe in the youngest member of a family to perform well, taking after the successful big sister or brother? Likewise, you can believe in the performance of a SYSMEX instrument.

Our »youngest« family members usually have »older« brothers that have already proven their great performance. With the bigger brother being the XE-2100, you can imagine what capabilities the smaller family offspring has inherited.

The new XT-2000i is the latest member of the SYSMEX »X-family« – haematology analysers employing the highly advanced Fluorescence Flow Cytometry. Featuring almost all parameters and channels of the XE-2100, the XT-2000i distinguishes itself by a compact size and an economical approach, thus conforming to today's hospital budgets. It offers high-quality results with clinically significant information and excellent efficiency for the separation of normal and pathological samples, along with the famous system stability and ease of operation – characteristics of all SYSMEX instruments.

**SYSMEX XT-2000i:
Performance inherited!**

SYSMEX EUROPE GMBH
Bornbarch 1, 22848 Norderstedt, Germany
Phone 49-40-52726-0 · Fax 49-40-52726-100
www.sysmex-europe.com





An interview with Greg Lucier, President and CEO of GE Medical Systems Information Technologies (USA)

EU fragmentation prevents IT growth

Due to a shortage of doctors and nurses, Greg Lucier points out that everyone working in healthcare in the future would need to be 3-4 times more productive. Automation of some tasks could at least relieve them of some jobs. This can only come from advances in information systems and greater understanding by the healthcare industry of the way hospitals work.

GL: In today's intensive care units, monitors do not communicate with infusion pumps, which in turn do not communicate with IT systems. So in future we will need what we call medical automation, where all the electronics and systems are integrated, allowing more of what I call closed monitoring control around a patient. The monitor would be intelligent because it would be integrated with the IT system, and could activate an infusion pump or deliver drugs, without a nurse being so involved in the process. This means we have to build a business incorporating both medical devices and information systems.

About three years ago GE was looking at what really drives sufficiency in healthcare - a US con-



patient monitoring companies, so we then decided to augment that platform. We acquired several companies along the way - Criticon was a very large patient monitoring company, Danica, a very large Danish company.

The concept was to extend the use of patient monitors from intensive care and cardiology to all areas and to find ways to make patient

hospital-wide information system strategy.

EH: This will take a long time?

GL: That depends on which country... and on which technology. In the last few months we have completed our strategy in the US, spending a billion dollars doing it. In February we will open a new hospital in Indianapolis that will be entirely paperless, filmless and wireless - the most advanced digital hospital in the world - a showcase of all of the technologies discussed. Now we need to do that in Europe, where nothing like this exists. We also must demonstrate this technology in Japan, a homogeneous market. Europe is not a homogeneous market, so I am not as hopeful about information technology there, just yet. It's too fragmented. Every country has a different flavour and when you combine that with every hospital having different aims, it makes it very difficult to gain skills. So you end up, say in cardiac devices, with small players meeting local solutions. That's not going to cause a revolution.

So what we are doing in Europe is focusing on sections at a time - PACS and RIS, an easy, good market in which we turn over a hundred million a year there.

Less easy is working out how a hospital works. But I think two things will happen. First let's broaden the definition of PACS to call it image management - hospitals will become totally digital in cardiology and pathology.. Next

comes EPR. What is implemented in Europe, are clinical information systems such as, intensive care, laboratory and critical care systems that are more standard, more universal so you can make a better forecast in that business area. Then we would need to connect that with financial and administrative EPR systems, which are very country-specific. So our strategy is to be more clinical and learn how medicine is practised, to have a bigger impact on information systems. That's where time should be spent.

Our strategy will become a bit less Microsoft-centric, going more towards SUN micro-systems, because healthcare needs reliability. As you implement systems such as PACS - they have to be 99.99% reliable. I love Microsoft for my office, but it is not so reliable for mission critical systems. You must have a unique space environment and more heavy duty IT to keep hospitals running. Microsoft is seen more in doctors' offices.

EH: The problem is that we have the 'GE solution', 'Siemens solution', 'Agfa solution', 'Philips solution' and so on. A radiologist may want one company's solution, whilst a cardiologist wants another's. Shouldn't there be a platform to connect them?

GL: Yes, and there have been some good developments. DICOM shapes relatively perfect images. HL7 is not good enough yet, for patients' case histories. There are questions to answer, such as how one system's code for diabetes compares with another system's code. Compatibility is essential to make real changes in how medicine is practised. Fortunately, a lot of work is going on, and perhaps AEG will do what you mentioned in the next five years.

EH: Which means everyone will have to speak English.

GL: Yes. And Eastern Europe is obviously lagging behind. But I see these markets unfolding in very



Real time 3-D

Optional software offering real-time 3-D enhancement when added to ProSound SSD-5500's extended data management system (eDMS), has been launched by Aloka Co. Ltd. of Tokyo, Japan.

Newly added Ultra-fast-data-streaming bus, mounted on specially designed processor interface, contributes fast data transfer that can handle a huge ultrasound data set without overflow, the firm reports: 'This allows simultaneous real-time volume data set acquisition and real-time image processing. The new real-time 3-D package includes key 3-D functions

similar way. It's just timing. Japan is a few years behind the US, and presents a terrific opportunity. China may prove even better - they are more open-minded and aggressive. They don't have much money just yet, but that will happen. Recently we moved our headquarters from Tokyo to Shanghai, because we think the centre will be China in the future. For GE Medical, China will surpass Japan next year, in terms of the amount of sales going on. Think about that: it went from being a fraction of Japanese sales to being larger, in just five years. China is now a billion-dollar business.

Europe? Well, due to fragmentation I'm not sure where its future lies in terms of these developments.

GENERAL ELECTRIC MEDICAL SYSTEMS

The 9-billion-dollar medical systems division of GE (established over 100 years ago) focuses on medical imaging, healthcare services, and information technology, offering networking and productivity tools, clinical information systems, patient monitoring systems, surgery and vascular imaging, conventional and digital X-ray, computed tomography, electron beam tomography, magnetic resonance, ultrasound and bone mineral densitometry, positron emission tomography, nuclear medicine, and a comprehensive portfolio of clinical and business services. GE operates in over 100 countries, employing more than 300,000 people worldwide.

Information technology produced by GE Medical Systems for clinical and administrative fields can be viewed on www.gemedicalsystemseurope.com/euen/itsolutions/homepage_information.html

cept, but totally universal. I have visited over seventy nations in recent years. We tried to understand what drove the economics of hospitals - which is ultimately a really good workflow.

So our vision is to make doctors and nurses more productive by standardising more of their clinical workflow. To this end, in 1999 we acquired market electronics, taking the first step in our medical devices strategy - in cardiology and patient monitoring. There were many

monitoring more mobile, more wireless. So we needed many companies to integrate these into a standard architectural platform. This was one direction to build up our patient monitoring devices strategy.

On the information system side we had the PACS business, which is where we began. So we shifted on to radiology then cardiology, and next it will be electronic patient records (EPR), and so on, building steps up to an enterprise-wide and

SEEN AT THE RSNA

Understanding images - Providing model-based vision software to leading global medical imaging OEMs and Systems Integrators, Image Metrics plc (Manchester, UK) develops scalable and technically robust Computer-Aided Radiology solutions. These help tackle bottlenecks between image collection and interpretation in several clinical areas, the firm says.

The firm's generic Optasia software platform is now applied to vertebral morphometry, enabling the automated analysis of diagnostic images of the lateral spine and rapid identification of vertebral deformity, occurring in conditions such as osteoporosis.

Image Metrics is seeking commercial partners. Details: www.image-metrics.com



NEW!

Digital tomosynthesis

USA - A new approach to mammography may greatly improve the detection of breast lesions and the ability to predict malignancy. Dr Elizabeth Rafferty, of the Breast Imaging Service at Massachusetts General Hospital (MGH) reported - at the RSNA conference - that initial results of a study comparing 'digital tomosynthesis' with standard mammography, showed the former significantly reduced false positive test results.

Overlapping of breast tissue structures can hide cancers and produce shadows that mimic a lesion on conventional mammography, she said - false positive studies accounting for almost 25% of recalls of women for additional imaging from screening mammograms. Tomosynthesis eliminates structure overlap, thus preventing virtually all unnecessary call-backs.

Dr Daniel Kopans, MGH director of breast imaging and one of the inventors of the digital tomosynthesis system (MGH patented) said tomosynthesis is a modification of a standard digital mammography unit, taking digital mammography to the next level. The breast is held the same way, but only compresses each breast once, rather than twice as in standard mammography.

In tomosynthesis the X-ray tube

moves in a 50-degree arc around the breast while 11 low-dose images are taken during a 7-second examination. A computer then assembles the data to provide high-resolution cross-section and three-dimensional images, to be reviewed by a radiologist at a workstation.

The team's report covers data from the first 100 women to volunteer for tomosynthesis as well as standard mammography at the hospital. The research indicates that lesions visualised via tomosynthesis are easier to see and some lesions not detected by conventional procedures were visible.

Dr Rafferty said radiologists who reviewed standard mammograms and tomosynthesis images for the study were significantly more confident in determining the malignancy of lesions with tomosynthesis.

Richard Moore, head of MGH Breast Imaging Research, who, with physicist Tao Wu PhD, helped develop the device and algorithms to analyse data and produce images, said: 'Digital tomosynthesis opens up multiple new avenues of investigation into better ways to detect and diagnose breast cancer early.'

The team produced the digital tomosynthesis prototype with General Electric.

such as orthogonal plane display, volume rendering both at real-time display, 3-D measurements, view point changer etc. The real-time 3-D function is available for all Volume Mode Transducers. Additionally, the stored Aloka volume data set (scanned by Volume probe, stored as DICOM multi frame data) can be processed and displayed.'

Aloka plans to distribute the new software, plus another enhancement package for ProSound SSD-5500, this spring.

enhancement



Abdominal imaging update

THE NETHERLANDS - An abdominal imaging update course will be held at the Academic Medical Centre on 23-24 January 2003. Sessions will cover imaging of the liver, pancreas and for colorectal cancer and inflammatory bowel disease. Live demonstrations will address optical coherence tomography and fluorescence and high-magnification endoscopy. Image interpretation (CT, MR imaging) sessions, at a workstation, will include virtual colonoscopy. Details: j.goedkoop@amc.uva.nl.

Contrast media use set to rise

Although worth \$684 million in 2001, the arrival of new diagnostic imaging technologies, needing limited or no contrast agents, depressed sales. However, a new study by marketing consulting firm Frost & Sullivan, points out, '... medical institutions are ramping up imaging equipment installations, necessitating consumption in radiological examinations that will continue to need contrast media for imaging... the growing number of advanced and faster imaging equipment installations will augment patient throughput and numbers of procedures carried out.' Use of compatible contrast media in imaging becomes essential to enhance imaging productivity and accuracy, the report continues. 'These factors will play a pivotal role in pushing sales in the European contrast media market to \$915 million in 2008.'

Contrast media increase contrast between the target organ and surrounding tissues during X-ray, CT, ultrasound and MRI - the latter's reliability thought to have potential in affecting the launch of new MRI contrasting agents and thus accelerating growth in contrast media usage. A 'defection' from X-ray use is also thought to favour CT contrast media.

MRI and ultrasound applications will encroach on the CT/X-ray sector's continued ubiquity, the report adds. F&S research analyst, Sumit Sharma said many areas of Europe are untapped by the imaging industry and that easing pressure on healthcare budgets across high-volume markets e.g. UK, France and Spain will increase use of new imaging equipment and quality contrast agents. Changing demographics and the ageing population will also stimulate growth.

CT has the highest amount of procedures using contrasting agents - in 2001 almost 12.2 million CT examinations in Europe involved contrast agents, pushing the sector to the top in demand.

Whilst there is currently price competition, he believes prices will stabilise.

New imaging technologies that minimise the use of contrasting agents in many imaging procedures will see their market saturation. He also forecasts that the market '...will be awash with novel products that support new imaging equipment. These new launches, boasting superior features, may generate higher revenues in their nascency,' he adds, 'mainly because every new addition to the product line increases clinical value and hence, end-users are willing to pay a higher price.'

F&S concludes that a closer working environment will develop between contrast media and imaging equipment industries, mainly to develop new agents to complement new technology-driven imaging equipment.

Pub: Oct. 2002. Code: B111.

Price: 5,000 euros.

<http://medicaldevices.frost.com>

French radiologist honoured

FRANCE/USA - A special tribute was given to European radiologist Dr Philippe A Grenier at the 88th Scientific Assembly and Annual Meeting of the Radiological Society of North America (RSNA) in December. Dr Grenier, of the National Institute of Health and Medical Research and Pierre and Marie Curie University, is now an honorary member of the Society.

Appendicitis: scans cut risks plus cost

Up to 40% of appendectomies - a leading cause of emergency abdominal surgery on children - may be unnecessary. However, a new diagnostic approach to appendicitis could reduce unnecessary appendectomies and ruptured appendixes, according to a study by Dr Barbara M. Garcia Pena et al. at Miami Children's Hospital (Pub: Paediatrics. December. 2002; 110:1088-1092).

Before 1998, most US children without classic appendicitis symptoms were admitted for observation and tests - usually excluding scanning. However, the observation period could result in a ruptured appendix, and surgical complications. In that year most US hospitals began to include imaging to aid diagnosis.

From January 1996 to December 1999, about 60% of c. 1,300 children admitted to Boston Children's Hospital with suspected appendicitis had an equivocal diagnosis. The Miami researchers studied the case histories of those who had received ultrasound scanning, if ultrasound gave an uncertain picture, a CT scan followed, and if appendicitis was confirmed so did surgery.

The team found that this protocol halved cases of ruptured appendix from 35.4% to 15.5%, and reduced unnecessary surgery from 14.7% to 4.1%.

Fixed platform CT is cheaper

Costs compared between fixed and transportable scanners

The technical costs of using a fixed platform computed tomographic (CT) scanner are lower than those incurred when using an in-hospital transportable CT scanner, according to William W. Mayo-Smith MD and colleagues working in Rhode Island, USA (pub: Radiology 2003; 226:63-68).

The researchers calculated direct fixed costs (machine/service contracts) and direct variable costs (personnel), plus indirect costs such as space and departmental overheads. Total costs were calculated as the sum of indirect, direct fixed and direct variable costs. Personnel costs were calculated from time and motion analyses involving 95 patients who underwent brain CT with either a transportable (n = 51) or a fixed platform (n = 44) CT scanner. They calculated costs per examination using low- and high-examination-volume models and used the Wilcoxon rank sum test for comparisons.

The transportable scanner total cost per examination ranged between \$108.98 and \$167.20 for high- and low-volume models, whereas the fixed platform scanner cost fell between \$75.24 and \$112.39 for high- and low-volume models. For the transportable scanner, direct fixed, variable and overhead costs were \$87.05, \$70.73, and \$9.42 per examination, using the low-volume model. For the fixed platform scanner these were \$46.66, \$55.69 and \$10.04.

TELEMEDICINE

CHICAGO, USA - Radiologists at the RSNA annual meeting in December had the newest, fastest Internet technology at their fingertips. 'Next Generation Internet, Internet2 and the Future of Medical Practice and Education' was a presentation drawn together by the RSNA working with

- *Internet2, a consortium led by over 200 US universities working with industry partners and federal agencies to create a faster, smarter Internet*
- *The National Library of Medicine, part of the National Institutes of Health, an agency of the US Department of Health and Human Services, which promotes advanced network research and applications under the federal Next Generation Internet initiative.*
- *Metropolitan Research and Education Network (MREN), a Midwest advanced network that provides regional access for research labs and universities to high-performance networks, such as Internet2.*

Next Generation Internet and Internet2 applications are not new at RSNA meetings, but this year better bandwidth lines had been installed, improving real-time video conferencing. Radiologists, sat at keyboards, were shown how they could convert 2-dimensional images into 3-D models, enabling surgeons to rehearse patient-specific surgery; how sophisticated video-conferencing

KNOW ABOUT THE new Internet?

Good. Let's talk about telepresence, tele-immersion, teletrauma and nomadic computing



ing can be used for collaboration and education, and how advanced networks will make possible the storage and retrieval of vast amounts of vital medical information and images across multiple sites in ways previously impossible.

Highlights included a glimpse at advanced networking projects now progressing at US universities, which included:

- *The National Digital Mammography Archive, a multi-site project led by the University of Pennsylvania, with the Universities of North Carolina, Chicago, and Toronto. This tests the network's ability to store and retrieve vast numbers of high-quality digital*

mammograms from remote sites - foreseen as a boon to radiologists as well as patients. For example, if a female patient moved from one area to another her new radiologist could instantly access her previous mammograms over the network for comparison with a current reading. Files would no longer need to be mailed. Additionally, researchers could gain answers to epidemiological questions such as: Do some areas of the country have higher rates of breast cancer and fibroid tumours? What are the fibroid tumour and breast cancer tumour rates based on age and ethnicity? This project, which came top of InfoWorld's list of 100 innovative technology projects in

2002, has built-in confidentiality safeguards that strip identifying information for research use.

- *Anatomical and Surgery Simulation Over the Internet, a project led by researchers at Stanford University, demonstrates how surgical techniques can be taught over high-performance networks using haptics (the ability to feel shape, texture, and density through a simulated environment). As an example, a leading surgeon at one location could 'trace' the correct surgical technique on the computer and record this, then a distant student can receive it and have the computer guide his or her hand several times, to match the surgeon's recording. After a few practice sessions, the student can then try the procedure independently, in a similar way to pilot training on flight simulators.*

- *A project at the University of Chicago, called Advanced Biomedical Tele-Collaboration, focuses on using 3-D imaging for surgical planning and distance learning and employing video-conferencing techniques in multiple locations. The team has invented software to convert 2-D images into 3-D models. In practical clinical terms, this means a physician can take images in different planes of a patient's liver and turn it into a 3-D image showing the precise location of the liver's veins and arteries so that a surgeon can*

work around them.

- *Internet2 Performance for Medical Imaging Applications, a project, led by researchers at the Los Angeles Children's Hospital, enables radiologists working hundreds of miles apart to view the same x-ray online, by allowing large medical images to be retrieved quickly and accurately online. The team has also come up with a means of simultaneously storing medical records and images off-site, to safeguard material in the event of a hospital disaster.*
- *Multi-Centre Clinical Trial Using NGI, a project run by scientists at the Kennedy Krieger Institute, Baltimore, tests the feasibility of using the Internet in a multi-centre clinical trial - invaluable where clinical trials focus on rare diseases where the patient base is diverse and geographically dispersed. Generally, those involved in multi-centre clinical trials must send information daily, by overnight mail. In this multi-centre clinical trial, MRI studies of patients with the rare disease x-linked adrenoleukodystrophy (X-ALD) can be shared digitally among researchers and institutions. (The disease is well known because the parents of one sufferer invented Lorenzo's Oil' (made into a film of that name), which subsequently was found to have some medicinal effects.*

continued on page 12

A global system for pro-active monitoring

Plus - firms link to integrate OT and HIS systems

Siemens Medical Solutions (Med) has opened an international System Management Centre (SMC) in Erlangen, Germany, to provide pro-active monitoring for all connected medical devices manufactured by Med. These include CT, MR, Angiography and X-ray systems, as well as nuclear medicine systems and SIENET - Siemens clinical network solution. The pro-active service comes in a package - a long-term investment security for hospitals and private practices, the firm points out.

The SMC registers warnings from the systems and takes corrective action at an early stage. Daily, over 200 systems are being proactively monitored by service personnel, the firm reports. Monitoring commences in Erlangen as soon as a system is switched on at the customer site, and messages are automatically transmitted to the SMC via a worldwide server. Adverse events are reported to the Uptime Service Centre (USC) in the corresponding country. Currently, over 9,000 systems are connected to the Siemens Remote Service Network. (Security: The monitoring engineer can only access technical data, i.e. not patient data).

Dr. Eckart Peter Komer, director at the Hanau City Hospital said the system '... enables us to have a seamless examination flow in cardiology.' Recently, when a malfunction was detected there, analysis of the error message indicated that a MOD (storage medium) was not installed correctly, and a call to the hospital quickly rectified the situation.

A co-operation has also been announced between this branch of Siemens and Karl Storz Endoscopy, Tuttlingen. The firms will link international activities in integrated operating theatre systems (OTs) for minimally invasive surgery (MIS). Their goal is an integrated system solution for the OTs to meet all surgical requirements. Following this, both companies will work on seamlessly integrating OT data into hospital information systems. The firms add that the syngo software platform by Siemens and the OR1-concept with SCB and AIDA from Karl Storz, will provide the backbone for an entire treatment process, from therapy planning through to patient discharge.

FE: This is the first, completely digital system, with digital signal processing from the distal end of the endoscope via digital image processing and the digital interface of the EPK-1000 video processor. Therefore endoscopic images can be saved easily and directly into computer systems or hospital information systems. And, there is no loss of quality, due to continuous change from analogue to digital data during image transmission. In addition, high resolution is achieved due to special PENTAX DSP - digital signal processing - technology.

Another advantage, in this new endoscope series, is the unique, hygienic construction. With the exception of the completely closed guide wire channel in the 80K series endoscopes, Pentax is the only manufacturer of flexible endoscopes to have exchanged the distal nozzles - which ensure air and water supply for optics cleaning - for a detachable, flexible rubber cap. This is removed during instrument preparation. So, for the first time it's also possible to clean air and water channels with brushes. Cleaning endoscopes, done prior to disinfection, is an important step when preparing them for re-use. In all other endoscopes, air and water channels are shut via nozzles that guide the water jet via the instrument's optics, so not all channels of the endoscope can be accessed for cleaning with brushes,

In an interview with European Hospital, Frank Epp, Marketing Manager of Pentax Europe Medical Division, describes the firm's new digital video endoscopy system

High res plus high level hygiene

even though this is actually required in guidelines set out by specialist medical associations.

EH: So your competitors face a problem?

FE: Correct... they recommend brushing down the working instrument channels, but do not mention cleaning air and water channels.

EH: Is the effectiveness of this construction scientifically proven?

FE: A study carried out by a working group led by Professor

Martiny, at the Institute of Hygiene in Berlin, showed that endoscopes with detachable caps achieved 97% more cleaning efficiency than those without detachable caps

EH: So, currently your products offer a distinct advantage?

FE: Yes, definitely. PENTAX is continually setting new standards with innovative developments in hygienic construction of flexible endoscopes.

What's in a name?

Below: Standard therapeutic gastroscope with working channel of 3.2mm diameter



Above: The digital top of the EG-2980 with detachable cap for cleaning of all channels with brushes

used since 1938.

During the name change the US subsidiary of Pentax had to be renamed Pentax USA, Inc. to avoid confusion, because that organisation had held the name Pentax Corporation for some time. This name now describes the Japanese company itself and its HQ.

Pentax believes the name change will have a considerable impact on their public image and enhance brand awareness.

Pentax Europe GmbH employs about 210 persons. From April 2001 through March 2002 the European turnover was 217 million euros - representing a growth rate of 21 %



The PENTAX digital video processor EPK-1000

Last October, Asahi Optical Co. Ltd. became the Pentax Corporation.

Through the years the brand name Pentax became a synonym for top-quality optical products. Among Japanese consumers as well as professional and amateur photographers worldwide, brand and company name became one, which was taken into account by Asahi Optical, now officially losing its corporate name,

BOWA arc 350 electrosurgery for the 21st century

- computerized clinical unit
- superior cutting performance by spark regulation "arc-control"
- allows bipolar cutting
- 4 individual outputs for monopolar and bipolar instruments
- high current coagulation "LigaSafe" optionally
- special programs for TUR, cardiac surgery, microsurgery, argon coagulation

The future is arc!



BOWA
electronic

BOWA-electronic GmbH
Nehrerer Strasse 4-6, D-72810 Gomaringen, Tel. +49 (0) 7072-6002-0
Fax +49 (0) 7072-8719, e-mail info@bowa.de, Internet www.bowa.de

MS: NURSES AT RISK FROM

SWEDEN - Occupational exposure to anaesthetic gases may triple the risk of multiple sclerosis, according to a study of nurses in Occupational and Environmental Medicine [Multiple sclerosis in nurse anaesthetists 2003; 60:66-8].

Anaesthetic gases are chemically related to organic solvents, suggested in previous research as possibly doubling the risk of multiple sclerosis.

Researchers surveyed 83 nurses with MS, who responded to appeals made in the journal of the Swedish Nurse Union and

Neurological Patients' Association.

Thirteen nurse anaesthetists gave information about work tasks, length and type of exposure to anaesthetic gases, and the timing of symptoms and diagnosis of MS.

The findings were plotted against figures on the number of nurse anaesthetists employed in Sweden and the expected population risk of developing MS, using Swedish and Danish data.

Eleven of the 13 nurses had been exposed to anaesthetic gases before MS was diagnosed, for an average of 14 years. Ten of the nurses were

Learning from industry

What can hospitals and industry teach each other? Using endoscopy as a focal point, hospital managers, medical professionals and industry experts exchanged views on process optimisation and its potential implementation in medical institutions, at The Olympus Medica Expert Night (Dusseldorf)

'The concept of a process-based structure led to a revolution in industry,' said Professor Hermann Simon, industrial strategy consultant for international companies such as Siemens, Mercedes-Benz and

Hewlett-Packard. As a result of fundamental revision and the common radical redesigning of business processes, he added, the same dramatic improvements in costs, quality, service and efficiency can be achieved by hospitals - however, at the outset, clear restructuring of processes are needed - and must be followed throughout.

'Although the introduction of diagnosis-related groups (DRG) implies a change from a cost-based to service-oriented focus in public healthcare, in the long run success will only be

ensured by outcome-oriented working,' said Dr Oliver Rentzsch, former professor of healthcare management at Lubeck University and hospital manager in Hamburg. Concentration on medical processes represents a significant response to the introduction of DRGs, he thought, pointing out that success can only be achieved by efficient multidisciplinary medical processes that span departments, and with essential medicine structured in shorter and more effective processes - without omitting what is reasonable and necessary.

Health and socio-economist Olaf Lenzen, of agens Consulting, Hamburg, also emphasised that

process quality, plus the cost and performance of diagnoses, treatments, care and administration, will determine a hospital's competitiveness in the future.

It was generally agreed that only efficient departments, adapted to patients' and healthcare providers' needs, will increase efficiency and prove successful in this new healthcare business orientation.

Existing co-operations between industry and clinics already demonstrate success in cost reductions for logistics, supplies and complex service provisions. An example of the latter was provided by Olympus, which has developed organisational

structures to improve processing and increase efficiency in endoscopy departments (in hospitals, health centres as well as for general practitioners (GPs). The firm carries out detailed analyses of precise needs, processes and relevant products. Each analysis also allows for future-oriented adjustment and need-related planning by the department. Exact simulation models enable a cost-benefit analysis, thus ensuring optimisation of individual processes in the participating facilities.

Source: Thomas Pracht, Olympus Optical Company (Europa) GmbH, Hamburg.



OPERATING TABLES

... modular, flexible and functional

Successfully pilot tested at the Katharinen Hospital, Stuttgart, STREAM (sophisticated trauma emergency application management) is a new, fully radiolucent carbon operating tabletop that eliminates multiple, time-consuming repositioning of a patient. The table is intended for quick first aid for polytraumatised patients in emergency surgery, especially relating to CT scans.

Development of this system is ongoing by the specialist manufacturers Trumpf Medizin Systeme GmbH, based in Saalfeld, Germany, which also produces mobile and stationary tables, memorably named after planets Jupiter, Mars, Saturn and Mercury, and all offering 'modularity, flexibility, stability and easy handling.'



ANAESTHETICS

diagnosed between 1980 and 1999, and when compared with the expected population risk, they were three times as likely to develop MS.

The authors say their analysis is a little crude and approximate, but that these preliminary findings suggest that nurse anaesthetists are at increased risk of MS, and they call for tighter controls on the levels of circulating anaesthetic gases in operating theatres and better ventilation to minimise the risks.

Contact: Dr Ulf Flodin, University Hospital, Linköping University Hospital. e(-mail: ulf.flodin@lio.se



details are everything

Gastrosopes

Duodenoscopes

Colonoscopes

Enteroscopes

Sigmoidoscopes

Zoom Colono- and Gastrosopes

Ultrasound-Endoscopes

Intubations-Endoscopes

Bronchoscopes

Naso-Pharyngo-Laryngoscopes

Cystoscopes



Ureterscopes

Choledocho-Nephroscopes

Cholangio-Pancreaticoscopes

Autofluorescence-Bronchoscopy

Whenever something truly new is to be created, you need vision. Taking several steps at a time, the new Video System from Pentax sets new standards in digital video endoscopy. The EPK-1000 video processor and video endoscopes of the 70K and 80K series feature innovative design and exceptional ergonomics, optimising image quality and therapy capability. If you too want to experience endoscopy digitally, contact us: Telephone +49-40-56192-0; Fax +49-40-5604213; E-mail: medical@pentax.de or Internet: www.pentax-endoscopy.com

PENTAX®

Important directions for further discussion of current problems in healthcare telematics have been opened due to this year's MedicaMedia event (at MEDICA in Dusseldorf), said Dr Volker Hempel, Managing Director of the exhibition's organisers TeleForums e.V.

euros prize is granted for work that contributes to the use of information technology as well as a contribution to the improvement of work and working life. Prof. Dietel and Dr Hufnagle received the award for their project 'UICC-TPCC - A worldwide tele-pathology service on the internet. The Tele-pathology

THE FUTURE OF MEDICINE IS wireless

With 35 exhibitors from universities and research institutes and over 130 speakers in some 20 events, Dr Hempel said the event '... may have given a push to a possible discussion among all participants, particularly as the trend towards personal medicine, for example in telemonitoring cardiac patients, became clear.' Body Area Networks (networked sensors on a patient), he added, will not only increase that person's mobility without reducing quality of care, but will also result in cost reductions. The mobile phone's value was also underlined in a panel discussion entitled 'UMTS/G3 in Medicine', for this device will take on additional functions and may one day serve as a personal patient card.

Sustainability of telematic infrastructures, e.g. research networks in medicine or publicly supported pilot projects, will grow into a major topic - currently, scientists working in universities, for example, are given no encouragement to sustain their projects.

Awards:

At MedicaMedia, Professor Manfred Dietel MD and Dr Peter Hufnagl, both from the Pathology Institute, Charity University Clinic, Berlin, received the Dr Wolfgang Heilmann Award 2002, given annually by the Integrata-Stiftung charitable foundation. This 10,000

Consultation Centre (TPCC) offers pathologists around the globe a histological diagnosis service or second opinions. When the centre receives digital cross-sections these are relayed to experts, then their diagnoses are returned to the pathologists who submitted them, thus saving time and costs and enabling better, quicker treatments.

Also at MedicaMedia, the Heidelberg Virtual Faculty of Medicine awarded the German Scientific Prize (worth 2,500 euros and sponsored by international publishers Quintessenz, and by medicine medienproduktion, a subsidiary of ZDF Enterprises) was awarded to surgeon Karim Abdel Gawad, of Eppendorf University Hospital, Eppendorf, for his work 'Multimedia symposium products: A valuable addition to basic and further training?' Dr Justyna Swolben MD, a surgeon at the Regensburg University Clinic, received 1,500 euros for her doctorate 'How do I find a quality entry on the internet?', and Dr Hotan MD, of The Radiological Practice, Munich, received €1,000 for his study 'The importance of internet information on radiology'.



TeleForum MedicaMedia 2002

Vital data beats vital statistics



Pornography filters do not block breast care sites

Certain words are picked up on the Internet as a trigger to block the transmission of pornography. Could these 'porn filters' disable entry to helpful healthcare websites, for example on breast cancer, due to the word breast? A new study - 'See No Evil: How Internet Filters Affect the Search for Online Health Information', carried out by the Kaiser Family Foundation suggests this is not a 'significant' problem.

Six commonly used internet filters on settings of 'least, intermediate and most' restrictive were tested and the study included visits to 500 pornography sites to measure blocking effectiveness as well as some 3,000 health sites to measure 'over blocking', including over 200 breast cancer websites. None of the sites were blocked at the least restrictive filter setting.

Due for publication by the Journal of the American Medical Association, the study can read on www.kff.org/topics.cgi

Guidelines strengthened for doctor/patient online consultations

USA - Guidelines to help doctors who treat patients via the internet have been sharpened because some medical licensing boards have taken disciplinary actions against physicians who treated, diagnosed and prescribed medications to patients online, with having met those patients. An addition to the guidelines states that online consultations should occur only within the context of a previously established doctor-patient relationship that includes a face-to-face encounter when clinically appropriate, and adds that State Medical Boards have begun enforcement actions.

The voluntary guidelines were developed by the eRisk Working Group for Healthcare - a consortium of professional liability carriers, medical societies and state board representatives - and now contain input from the Federation of State Medical Boards (FSMB). The American Medical Association also offers guidelines.

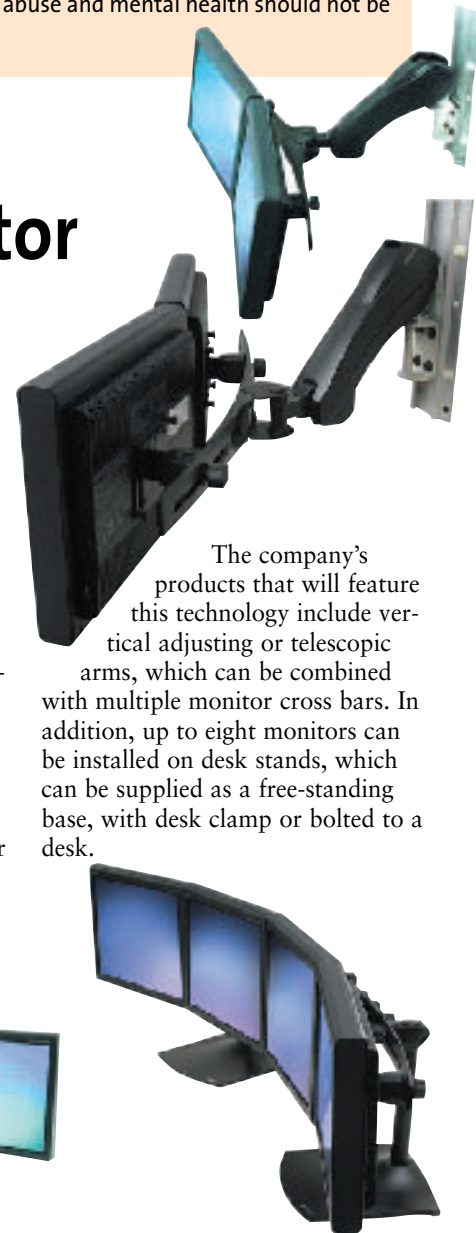
The new guidelines also warn doctors that online consultations should not be used in medical emergencies; that patients should be warned by the doctors about possible breaches of security and privacy; and that very sensitive subjects, such as substance abuse and mental health should not be discussed online.

NEW

Multi-monitor mounting

Paraview Technology, made by Ergotron and with patent pending, provides a new, simple way to mount multiple monitors on a single plane for simultaneous adjustment. The device will be incorporated into the firm's existing range of products to create parabolic viewing stations.

With a straight line of sight and equal viewing distance to all monitors, multi-monitor configurations can also be expanded more easily. Users can change from two to three to four monitors in minutes, the firm reports, and the need for tools has been eliminated wherever possible. Multi-monitor applications include control rooms, dealing desks and viewing stations for medical imaging.



The company's products that will feature this technology include vertical adjusting or telescopic arms, which can be combined with multiple monitor cross bars. In addition, up to eight monitors can be installed on desk stands, which can be supplied as a free-standing base, with desk clamp or bolted to a desk.

Who's ready for IT healthcare?

Many people still have reservations about the potential benefits of information technology (IT) on the quality and cost of healthcare, according to a new US survey carried out by Harris Interactive for the First Health Group Corporation.

The survey questioned respondents' reactions to IT use in healthcare, ranging from online access to medical records to remote devices monitoring vital signs. In general, it was found that Americans do value IT and some believe it will improve communication with healthcare providers and their overall healthcare, but many others remain sceptical, and some said the internet and virtual communication lack the human interaction they sought in healthcare. Other reservations:

- Over 50% of respondents felt that IT 'will end up being more trouble than doing things the old way'.
- Three in four said they think doctors would miss subtle clues in online interactions, which would be picked up during a face-to-face appointment.
- About 60% said IT will raise the cost of health care, and 89% thought additional costs would finally be paid by patients.
- 60% said IT would replace most of in-patient care, thus separating doctors even further from patients.

Positive

- Over 50% said IT gives them 'a sense of control and empowerment' in managing their health.
- 63% said IT would reduce unnecessary visits to the doctor.
- About 50% said they may benefit from cost savings resulting from IT advances, such as an e-mail/phone reminders to refill prescriptions or a monthly status phone call from a medical professional.

A majority of the respondents thought the two most significant advantages in healthcare could be internet-enabled remote monitoring (58%) and personalised health management through e-mail or telephone reminders (56%). Full details: www.firsthealth.com

KNOW ABOUT THE NEW INTERNET continued from page 9

• Researchers at the Uniformed Services University of Health Sciences are developing digital tools that will make it easier to quickly and efficiently acquire, view and manipulate 3-D images, such as mammograms. Other collaborators include the National Naval Medical Centre, GE Global Research, and the University of South Florida.

Eliot Siegel MD, chief of radiology and nuclear medicine for the VA Maryland Health Care System and associate professor of diagnostic radiology at the University of Maryland School of Medicine said that as radiology images are becoming bigger this may enable very large datasets - e.g. cross-sectional CT scans, where up to 3,000 images may be acquired - to be transferred. Given the shortage of radiologists, one becoming more efficient, as well as able to read from images obtained at multiple locations, is almost a necessity nowadays, he added.

David S. Channin MD, chief of

imaging informatics at Northwestern University Medical School and member of the ECC and two subcommittees there, suggested that Internet2-type technology offers radiologists another option - assisted diagnosis, either computer assisted or human assisted. 'It doesn't matter if I'm talking to a human being or to a computer box,' he said, 'by being connected to this grid I can connect to the appropriate resource in a timely fashion.'

Michael Ackerman PhD, NLM's assistant director for high performance computing and communications, said the new networking applications '... are based on the ability to control, feel and manipulate devices at a distance. To get an idea of what we foresee, one needs only to read the terms used in the descriptions of the projects: telepresence, tele-immersion, tele-trauma, telemammography, inter-networking and nomadic computing.'

Further details: www.internet2.edu, www.mren.org and www.nlm.nih.gov.

Telemed '03 will draw global experts



UK - From 29-30 January, the Royal Society of Medicine will draw international experts to discuss topics including:

- How the latest technology can help retain nurses
- Telemedicine to treat eating disorders, diabetes and heart disease
- Telemedicine in prisons
- Where telemedicine can help patients access records and become more involved in their own care
- Why promising pilot projects are still not being introduced into everyday medical practice.

Details: www.rsm.ac.uk

NEW!



Upright and all right

For new-born babies

THE NETHERLANDS - 80% of Dutch and 30% of German newborns are now being bathed in a TummyTub inspired by midwives and paediatricians. Instead of lying backwards a baby is held upright in a 'bucket', a position similar to being in the womb, said Dr Peter Schwaab, chief gynaecologist at the Maria-Josef-Hospital, Greven, Germany.

Mena van Damme, midwife at Soest maternity clinic, found that babies placed in this bath seem more at ease and '... fall asleep faster and sleep through longer'.

The manufacturer points out that the tub is easy for new parents, as only the child's head needs light support and the sides prevent babies from slipping underwater. They also cut out draughts. Water, at shoulder height, stays warm for c. 20 minutes - ensuring time for relaxation, which may ease tummy aches. The tub needs just five litres of water, so a child can be bathed almost anywhere, and its size makes transportation easier. Source: Domo Vital Vertriebs GmbH

Weighty transportation made easy



The Combitainer range made by Wanzl Metallwarenfabrik GmbH, of Leipzig, can transport a wide variety of items. For example, The KT3 Drive trolley (capacity: 1,510 litres) is used at Heidelberg's University Clinic to transport heavy items. A fifth wheel in the centre of the base (patented by Wanzl) offers greater manoeuvrability. On the 'Drive' version, the fifth wheel is turned by a low-maintenance, wear-resistant electric motor, making light work of transporting even the heaviest items, the firm reports. Customised versions of the KT3 Drive are also possible: Heidelberg's University Clinic opted for a version with integrated laptop to further optimise logistics operations.

The firm's new stainless steel platform trolley holds up to 80 kilos per shelf (each having high rims to prevent items sliding off). Deflector rings on the castors protect both trolley and furnishings.

Wanzl also produces barrier systems for sensitive areas, lockers, and luggage trolleys.

Presented at MEDICA (November) by Wissner-Bosserhoff GmbH of Wickede, the Eleganza range offers standard as well as deluxe beds. The firm points out that these have removable, easy to clean, compact laminate sheets (HPL) that are virtually indestructible. The surfaces can also be equipped with optional X-ray proof backrests.

Bed-length has been shortened eight centimetres to facilitate movement in corridors and lifts. Brake pedals have also undergone further ergonomic improvement. However, the beds still feature easy-to-service linear motors. Powered height adjustment ranges from 42 to 82cm and there is 'infinite' back- and thigh rest adjustment. Power functions can be controlled via a Supervisor panel (storable in the bedding drawer). The lower leg rest in the four-part lying surface is mechanically adjustable.

A double retract feature - Along with 11cm backrest retraction (in accordance with DBfK recommen-



PICTURE: WISSNER-BOSSERHOFF

Eleganza Deluxe

Multi-function beds

ation) there is integral 7cm leg rest retraction, offering a double pressure relief effect in the pelvic area when the backrest is raised. At the same time, friction and shearing forces are reduced, preventing a risk of bedsores.

A Safety GO button in all the controls ensures safe and easy handling by patients/nurses.

The Supervisor panel stores three semi-automatic positions for shock, reanimation and cardiology. An improved backrest cardiopulmonary resuscitation (CPR) func-

tion on both sides enables access and easier handling. The bed can be tilted into the Trendelenburg position and to a sitting position of up to 16 degrees for heart/asthma patients.

A battery is provided as an alternative to mains power.

The standard version has round chrome bars at the head and foot and offers a choice of side guards: folding or telescopic side bars along the whole side, or a half-length side guard, with or without control panel. Outer dimensions of

220 x 98cm allow for the taller average population heights of today. The bed takes a 208 x 87cm mattress. There is also an integral 12cm bed extension. A further feature of the standard version is its high stability, with safe working load up to 230 kg.

The deluxe version has four half-length side guards in ABS, and an ABS head/foot - attached by quick-release fastening. Integral control panels, accessible to patients/nurses, are standard fittings. An optional extra manual switch enables operation when side guards are down. Other intelligent equipment includes a foot control for height adjustment and synchronous back and leg rest lowering for examinations. A fifth castor has been designed for easy bed movement, and a fixed head option protects ward walls. Under bed lighting helps orientation in a darkened room. A storage drawer for bedding, practical rails for mounting accessories and extensions and up to 12 brackets for attaching patient aids or infusion stands etc. are also useful.

AWARDS

Sitting to suit yourself
Volkswagen seats scoop 'healthy back' award

GERMANY - Volkswagen's Phaeton has received the German Healthy Back Campaign's seal of quality for the 'outstanding ergonomics' of front and rear seats, following an assessment by the AGR commission - an independent organisation that analyses the medical aspects of vehicles, office furniture, etc. for the campaign organisers. The commission said comfort does not necessarily mean soft upholstery or a pleasant fabric: 'The occupants' well-being has more to do with firm foam material and a well-constructed seat structure.' The adjustment of both base and back is also important. Seat height, angle and length of the cushion should be adjustable to suit the occupant's stature.

Phaeton's front and rear seats offer many electrically operated adjustments (standard or optional). The standard car has five seats, or an option of four - i.e. two back seats. In the 5-seat version front occupants have a 12-way electrical position adjustments (18 in the Phaeton W12). Individual rear seats provide 6- or 10-way electrical adjustments. The filling is 'multiple-zone' foam

The 12-way basic system allows forward-and-back, height and angle, seat back angle and lumbar support extension/retraction movements. The 18-way seat adjustment system also has separate electrical control of the upper part of the seat back, head restraint and cushion length. The steering wheel moves to a neutral position to enable easy entry/exit of the car (optional extra on cars with 12-way seat adjustment).

An integrated position memory holds up to three different drivers' preferences for seat, belt, inside/outside mirror and steering wheel settings; a seat climate control system that uses ventilator fans, and an adjustable massage for the occupant's back, based on the lumbar support mechanism. (Also offered for rear seats).

Active front-seat head rests minimise risk of whiplash: when a front occupant's body exerts force, the head rest moves forward and upward, via a mechanical link in the seat back. Airbags at front and rear complement front and head-level side airbags.



The 2002 Pulmedica Award



This year the 3M Medica company's Pulmedica Award, worth 5,000 euros, was presented for two papers. Recipients:

- Dr I. A. Harsch (Out-patient clinic, Friedrich Alexander University of Erlangen-Nuremberg), who proved a connection between obstructive sleep apnoea syndrome and the diabetic metabolic condition. This is seen as an important starting point for the prevention of cardiovascular disease. Sleep apnoea has a major impact on metabolism, but its influence on glucose metabolism had not been investigated. Using nasal positive-pressure

respiration, Dr Harsch and team showed that obstructive sleep apnoea syndrome is an independent factor determining insulin resistance - and thus a probable cardiovascular risk factor. Treatment of sleep apnoea by nocturnal positive-pressure respiration can thus raise the insulin sensitivity level, which improves the diabetic metabolic condition and probably reduces cardiovascular diseases such as arteriosclerosis.

- Dr C. Braun-Fahrlander (and colleagues, at the Institute for Social and Preventive Medicine, Basel University) established that the higher the load of microbial substances in childhood the lower the risk of developing an allergy and, later, hay fever or asthma. In the study, 812 parents of 6-13-year-old children, in German, Austrian and Swiss rural regions, were questioned about any hay fever and asthma in their children. Investigation of any

allergies was based on the presence of antibodies against common allergens. Material was also obtained from the children's beds to identify any endotoxins (proteins with immunostimulative properties). Their findings provide an important starting point for the primary prevention of allergies by shaping the early childhood environment.

3M Medica (part of the multi-technology company 3M) develops innovative technologies for the treatment of obstructive respiratory tract diseases, which include the CFC-free corticoid Ventolair, a daily dose that enables corticoid to be introduced into both upper and lower respiratory tracts, thus inhibiting inflammation throughout the lung.

State recognition for quality



marking analysis in accordance with the European management assessment (EFQM model). Carl Zeiss Jena achieved the best ratings for management of business processes and customer satisfaction in six of the nine criteria.

GERMANY - The 5th Thuringia State Award for Quality has been gained by Carl Zeiss Jena GmbH - its second win in the category for firms with over 500 employees. Given by Thuringia's Department of Trade and Commerce, and presented by State Premier Dr Bernhard Vogel, the award results from a bench-





Editor-in-Chief Brenda Marsh
Art Director Mary Pargeter
Executive Directors Daniela Zimmermann, Reiner Hoffmann
Editorial Assistant Denise Hennig
Founded by Heinz-Jürgen Witzke

Correspondents
Austria: Christian Pruszinsky. **Belgium:** Hannes Frank. **Czech Republic:** Rostislav Kuklik. **Finland:** Marti Kekomaki. **France:** Jacques Lalbat. **Germany:** Anja Behringer, Heidi Heindol, Max Heymann, Stephen Schnaittacher, Prof Tinneberg. **Great Britain:** Brenda Marsh. **Italy:** G. Sinaccio. **Poland:** Piotr Szoblik. **Spain:** Eduardo de la Sota. **Sweden:** Ake Spross. **Switzerland:** Jaqueline Merlotti. **USA:** Ivan Oransky, Craig Webb.

UK editorial address
 55 Wey Meadows, Weybridge
 Surrey KT13 8XY

Subscriptions
 Denise Hennig, European Hospital,
 Höherweg 287, 40231 Düsseldorf, Germany

Subscription rate
 12 issues: 60 Euro,
 Single copy: 4,60 Euro.

Send order and cheque to:
 European Hospital Subscription Dept

Finishing AMK, Bonn, Germany
Printed by Frotscher Druck,
 Darmstadt, Germany

Publication frequency bi-monthly
European Hospital ISSN 0942-9085

Advertising:
Simon Kramer, Germany, +49-211-9 94 58 81
Denise Hennig, Germany, +49-211-7 35 75 32
Juri Laskin, Russia, +70-95-2 71 10 06
Hanna G. Ibrahim, France, +33-1-43 37 07 00
C.K. Kwok, Hong Kong, +85-2 28 90 55 10
Ted Asoshina, Japan, +81-3-32 63 50 65
C.H. Park, South Korea, +82-2-3 64 41 82
Hanna Politis, USA, +1-3 01-8 69 66 10

Germany
Head Office Düsseldorf
 European Hospital, Höherweg 287,
 40231 Düsseldorf, Federal Republic of Germany
 Tel: +49 211 7357 531, Fax: +49 221 7357 530
 e-mail: dz@european-hospital.com

GB, Scandinavia and BeNeLux
 Simon Kramer, Willem Alexander Plantsoen 25,
 2991 NA Barendrecht
 Tel: +31-180-617226, Fax +31-180-620020
 simon@elhospital.com

France
 Sisco, Communication et Développement
 International, Hanna G. Ibrahim,
 33 rue Croulebarbe, F-75013 Paris
 Tel: +33-1-43370700, Fax +33-1-43315363

Hong Kong, China
 Eastern Source Int. Media Centre, C K Kwok,
 25/F Great Smart Tower, 230 Wanchai Road,
 Wanchai, Hong Kong
 Tel: +8522 8 90 55 10. Fax: + 8522 8 95 14 43

Japan
 Echo Japan Corporation, Tetsuzo Asoshina,
 Grande Maison Room 303
 2-2 Kudan Kita, 1 Chome Chiyoda-Ku
 Tokyo 102, Japan
 Tel: + 81 3 32 63 50 65. Fax: +81 3 32 24 20 64

South Korea
 Far East Marketing Inc, C H Park,
 Room 1806/7, Golden Tower Building, 191, 2-ka
 Choongjung-ro, Sedoaeum-ku, Seoul, Korea
 Tel: +82 2 364 41 82/3. Fax: +82 2 364 41 84

USA & Canada
 Media International, Hanna Politis, 8508 Plum
 Creek Drive, Gaithersburg, MD 20882, USA
 Tel: +1 301 869 66 10 Fax: +1 301 869 66 11

Reach your audience!

Highlight your congress, conference or trade fair here
Simply contact us for details

Our readers are leading hospital administrators, medical professionals and medical manufacturers throughout Europe. GLOBAL EVENTS is a special courtesy section, published to help our readers keep abreast of future conferences and much else.

We present many event details free of charge. However, we can also offer greater space, for a small fee, so that your event will be highlighted - and even more certain to be seen and read.

Contact: Daniela Zimmermann, EUROPEAN HOSPITAL
 Phone +49 211 7357 531
 Fax +49 211 7357 530
 E-mail: dz@european-hospital.com

Alternatively, contact your local Advertising Representative - see our masthead (above)

LINK UP

JANUARY

19-24 *Flims, Switzerland*
European Winter Oncology Conference (EWOC)
 www.calender.uicc.org

24-25 *Hyogo, Japan*
4th Japanese Society for Magnetic Resonance in Medicine

International oncology symposium
 www.calender.uicc.org

26-29 *Dubai, U.A.E.*
Arab Health 2003

30-Feb 1 *Linz, Austria*
5th Congress of the Austrian Society of Nuclear Medicine
 www.eanm.org

30-Feb 1 *Garmisch-Partenkirchen, Germany*
11th International MRI Symposium
 www.mr2003.org

30-Feb 1 *Keystone, USA*
American Society for Blood and Marrow Transplantation
 Annual meeting. www.asbmt.org

FEBRUARY

1-4 *Paris, France*
14th International Congress on Anti Cancer Treatment
 www.calender.uicc.org

5 - 6 *Munich, Germany*
4th Munich Hospital Seminar,
 www.muenchner-klinik-seminar.de

6-9 *Amsterdam, The Netherlands*
7th International GnRH Symposium

13-14 *Zurich, Switzerland*
5th Annual Cambridge Healthtech Institute's Lab-on-a-chip and microarrays Europe event
 www.healthtech.com/2003/mfe/index.htm

14-16 *Hyderabad, India*
HOSPIMedica INDIA 2003
 www.hospimedica-india.com

18-23 *New Orleans, USA*
19th American Academy of Pain Medicine annual meeting

19-21 *Verona, Italy*
PTE EXPO 2003
 Technology, products and services for the Third Age
 www.pte-web.com

19-22 *Hong Kong*
XII World Congress on Cardiac Pacing and Electrophysiology

19-22 *Beirut, Lebanon*
MEDICARE Middle East
 international exhibition of medical equipment, supplies, optics and pharmaceuticals. www.auma.de

19-21 *Verona, Italy*
FPTE EXPO 2003
 Technologies, products and services.
 www.pte-web.com

MARCH

6-10 *Birmingham, UK*
17th Annual Congress of the European Association of Urology
 Birmingham, UK,

7-11 *Vienna, Austria*
ECR 2003
 www.ecr.org

11-13 *Tel Aviv, Israel*
National Biotechnology Week

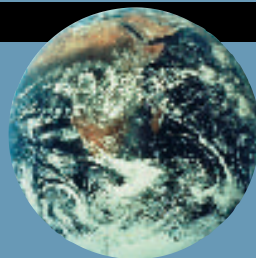
12-15 *Monte Carlo, France*
Heart & Brain - 6th International Conference on Stroke & 3rd Conference of the Mediterranean Stroke Society

12-15 *St. Gallen, Switzerland*
Primary Therapy of Early Breast Cancer 2003
 www.oncoconferences.ch

12-15 *Madrid, Spain*
EAU-Congress of the European Association of Urology

18-21, *Brussels, Belgium*
ICEM 23rd International Symposium

GLOBAL EVENTS 2003



on Intensive Care and Emergency Medicine
 www.intensive.org

19-21 *Cairo, Egypt*
1st PanArab 'IT in medicine' congress & fair
 Organised by the Egyptian Society of Health Awareness IT & telemedicine section.
 www.arabitmed.com

19 - 22, *Posen, Poland*
SALMED 2003
 www.mtp.com.pl

19-22 *Barcelona, Spain*
4th International Glaucoma Symposium

20-23 *Istanbul, Turkey*
Expomed 2003, Lab-tech 2003 and Istanbul Hospital Supplies Equipment Fair Venue: Tuyap Fair, Convention & Congress Centre, Beylikduzu. Details: www.tuyap.com

24 - 26 *Zurich, Switzerland*
2nd Global Medical Forum

25-27 *Istanbul, Turkey*
Expomed -
 International Fair of Medical Technology and Hospital Equipment

25-27 *Nuremberg, Germany*
Altenpflege + HealthCare 2003
 www.altenpflege-healthcare.de

28-2 *April Istanbul, Turkey*
European Association for the Study of the Liver. www.easl.ch

30-2 *April Chicago, Illinois, USA*
ACC 52nd Annual Scientific Session of the American College of Cardiology.
 www.acc.org

30-2 *April Miami, USA*
15th National HIV/AIDS Update Conference
 www.amfar.org

APRIL

1-4 *Munich, Germany*
1st International Trade Fair and BioAnalytica Conference
 www.bioanalytica.de

2-5 *The Hague, Netherlands*
EAPC - 8th Congress of European Association for Palliative Care
 www.eapcnet.org

2-5 *Verona, Italy*
37th Annual Meeting of the European Society for Clinical Investigation
EAPC - 8th Congress of the European Society for Clinical Investigation
 The Pathophysiology Of Diseases: From Bench To Bedside. A vast array of subjects, from molecular pathophysiology to emergency med. & critical care. Contact: Giovanni Ricevuti, MD, Dept. Internal Medicine & Therapeutics, University of Pavia. giovanni.ricevuti@unipv.it Details: www.genomica.net/ESCI/ESCI.htm

2-5 *Hague, The Netherlands*
8th Congress of the European Association for Palliative Care
 www.eapcnet.org/theHague2003

5 - 9 *Toronto, Canada*
94th AACR Annual Meeting 2003
 www.aacr.org

6-10 *Brussels, Belgium*
13th International Meeting of the European Society of Gynaecological Oncology - ESGO
 www.esgo.org/esgo13

9-11 *Luxembourg*
Telemedicine & Telecare International Trade Fair
 www.telemedicine.lu

9-13 *Munich, Germany*
German Congress of Anaesthesia
 www.mcn-nuernberg.de

9-13 *Sicily*
21st Annual Meeting of the European

Society for Paediatric Infectious Diseases (ESPID)

24-25 *Brussels, Belgium*
Intensive Care - international consensus conference
 www.escim.org

24-26 *Mannheim, Germany*
69th Annual Meeting of German Cardiac Society
 www.dgkardio.de

24-27 *Berlin*
4th World Congress on Controversies in Obstetrics, Gynaecology & Infertility

26-30 *Florence, Italy*
ICNC - 6th International Conference of Nuclear Cardiology

26-30 *Lyon, France*
6th European Congress of Endocrinology
 www.endocrinology2003.com

29-5 *May Munich, Germany*
German Congress of Surgery
 www.dgch.de

MAY

7-10 *Karlsruhe, Germany*
REHAB 2003

1-4 *Buenos Aires, Argentina*
Congress of the International Society for Non-invasive Electrocardiology
 The XII Congress of Cardiology for the Consultant and Inter-American Forum on CV Prevention

8-9 *New York, USA*
Valves in the Heart of the Big Apple III: Evaluation & Management of Valvular Heart Diseases 2003

10-16 *Toronto, Canada*
ISMIRM 2003 -
 11th Scientific Meeting and Exhibition, International Society for MR in Medicine

18-22 *Prague, Czech Republic*
2nd World Congress of the International Society of Physical Rehabilitation Medicine- ISPRM

25-28 *Prague, Czech Republic*
EACTA 2003, European Association of Cardiothoracic Anaesthesiologists
 www.eacta.org

JUNE

1-4 *Montreal, Canada*
10th congress of the World Federation for Ultrasound in Medicine and Biology
 www.aium.org

2-5 *Verona, Italy*
37th Annual Meeting of the European Society for Clinical Investigation

3 - 6 *Genoa, Italy*
ESPR- Annual Meeting of the European Society of Paediatric Radiology

11-14 *Helsinki, Finland*
XXX International Congress on Electrocardiology

15-17 *Lapland, Finland*
Midnight Sun Symposium on Electrocardiology

18-21 *Nuremberg, Germany*
German Congress on Anaesthesia
 www.mcn-nuernberg.de

25-28 *London, UK*
CARS conference
 www.cars-int.de

25-28 *Singapore*
14th Asian Pacific Congress of Cardiology

25-29 *Montreal, Canada*

Design and Health - 3rd WC and Exhibition
 www.designandhealth.com

JULY

4-8 *Brussels, Belgium*
FEBS Special Meeting 2003
 Meeting on Signal Transduction
 www.febs-signal.be

12-15 *Washington DC, USA*
3rd World Congress on Heart Disease
 new trends in research, diagnosis and treatment

12-18 *Birmingham, UK*
XIXth Congress of the ISTH
 International Society of Thrombosis and Haemostasis

15-21 *Dublin, Ireland*
3rd Annual International Symposium On Translational Research In Oncology
 info@thebcce.com

AUGUST

23-28 *San Francisco, USA*
33rd International Hospital Congress
 www.hospitalmanagement.net

24 - 29 *Paris, France*
18th WC of the International Diabetes Federation (IDF)
 idfparis2003@congressworld.co.uk

30-2 *Sept. Helsinki, Finland*
7th Congress of the European Federation of Neurological Society - EFNS

30-3 *Sept. Vienna, Austria*
ESC Congress 2003

SEPTEMBER

2-6 *Prague, Czech Republic*
4th Congress of EFIC - European Federation of the International Association for the Study of Pain Chapters

18 - 21 *Rotterdam, The Netherlands*
ESMRMB 2003

OCTOBER

16-17 *London, UK*
eHealth 2003. Venue: Olympia Conference Centre
 www.ehealth2002.org

19-22 *Florence, Italy*
5th International Congress on Coronary Artery Disease - Prevention and Intervention

19-22 *Prague, Czech Republic*
Europaediatrics
 www.kenes.com/europaediatrics2003

23-26 *Prague, Czech Republic*
3rd International Congress on Vascular Dementia

25 - 30 *Tokyo, Japan*
10th Global Harmonisation Task Force Conference (GHTF); 10th Global Medical Device Conference (GMDC)

30-3 *Nov. Amsterdam, The Netherlands*
 The 3rd International Conference on the Synthesis Between Psychotherapy and Pharmacotherapy

NOVEMBER

3-5 *Buenos Aires, Argentina*
7th World Congress of Echocardiography and Vascular Ultrasound

13-16 *Berlin, Germany*
German Congress of Orthopaedics 2003
 www.orthopaedenkongress.de

21-24 *Dusseldorf, Germany*
MEDICA 2003
 www.messe-duesseldorf.de

23-25 *Frankfurt, Germany*
3rd International Course on Carotid Angioplasty ICCA-II and other Cerebrovascular Interventions
 Live demonstrations

Mammography to diagnose coronary disease?

Calcium deposits in breast arteries may prove useful in detecting coronary artery disease in women, including those without symptoms, according to research presented by the Mayo Clinic of Rochester, Minn. at the 88th Scientific Assembly and Annual Meeting of the Radiological Society of North America (RSNA). The study indicates that the presence of a certain level of breast arterial calcification puts a woman at a 20% increased risk of coronary artery disease compared with other women of the same age.

Mammograms from 1991-2001 from 1,880 women patients (average age 65 years) who underwent coronary angiography and mammography within a year of each other, between 1991-2001, were reviewed. Results showed a 40% increased risk for coronary artery disease in women with breast arterial calcification (appearing as streaked white lines, unlike calcium deposits indicating breast cancer) compared with all women, and a 20% increased risk after correcting for age.

'Using an already widely accepted and routine screening test to help determine the presence of coronary artery disease could result in a substantial benefit to patients and the healthcare system,' said lead investigator Dr Kirk Doerger, a resident in radiology at the clinic. 'Women with significant arterial calcifications should be referred to a physician for cardiac risk factor screening and possible lifestyle modification.'

'The fact that so many women die each year unaware of their heart ailments illustrates the need for better detection of coronary heart disease,' said co-author Dana Whaley MD, senior associate consultant in radiology at Mayo Rochester. 'Mammograms are already paid for in terms of time and healthcare dollars.'

Another advantage - less radiation exposure.

Shall we tackle the food industry?



LONDON - Experts meeting at the Royal Society of Medicine (21 January) will examine a body of research suggesting a connection between diet, health problems and how our bodies cope with disease. Debates will centre on whether there is a 'perfect' diet for a healthy heart (and how to persuade people to use it); which diets really make a difference, and whether the government should pressure the food industry to tackle heart disease.

'Functional foods' to be discussed include soya, folic acid, antioxidants and cholesterol-lowering plant sterols. The pros and cons of alcohol will also be debated.

Details: www.rsm.ac.uk

Quick access to coronary sinus

Cardiac Resynchronisation Therapy (CRT) requires two ventricular pacing leads for biventricular, synchronised, stimulation. The biggest challenge is to implant the left ventricular electrode through the coronary sinus in an optimal area on the left ventricle. Studies within the scope of the Contak Registry (1,000 patients) showed that if access to the coronary sinus is found, the left ventricular electrodes is successfully placed in 95% of the

cases. Failing to find access to the target vessel caused 63% of all unsuccessful cases. In response to this, the Guidant Corporation has developed additional introducing catheters for its left ventricular Easytrak lead.

A dual-catheter system has now been added to the existing portfolio of five differently shaped introducing catheters: the Rapido dual-catheter system is designed specifically to provide access to the coronary venous system for left



The Guidant Rapido dual-catheter system

ventricular lead placement. This system consists of an inner and outer guiding catheter. Used together, 3-D and telescopic possibilities offer flexibility during

coronary sinus cannulation, help to deeply seat the outer guiding catheter, facilitate branch vessel selection and enable a selective venogram.



ECR

March 7-11, Vienna / Austria

EUROPEAN CONGRESS OF RADIOLOGY

2003

ECR goes "all-digital"

ECR 2003 will be the first international radiological meeting to feature an entirely electronic scientific exhibition.

Traditional 'posters' will be replaced by electronic scientific exhibits using state-of-the-art IT equipment and software.

"E³"

European Excellence in Education

"E³" will be a major buzzword at ECR 2003. Its aim is to enhance the quality of continuing education, to grant a broader audience access to the scientific information presented at the meeting, and to produce a wide range of excellent learning and audiovisual materials.

As part of the "E³" initiative, ECR 2003 will feature several interactive teaching sessions.

State-of-the-art scientific programme

The scientific programme at ECR 2003 will include more than 1,000 scientific lectures and several hundred high-quality electronic scientific exhibits.

Technical exhibition

Around 200 companies will introduce cutting-edge developments in medical technology and present their products in an exhibition area exceeding 8,000 m².



www.ecr.org

See you at ECR 2003 !

Office / European Congress of Radiology, Neutorgasse 9/2a, AT-1010 Vienna, Phone +43 1 533 40 640, Fax +43 1 533 40 649, office@ecr.org



we see a way to do 50% more exams with only 25% more staff


we see a way to get reports to physicians 12 hours faster

we see a way to increase patient satisfaction by improving scheduling accuracy

What do you see?

we see a way to have no-dose radiation lung imaging in 2 seconds

www.SiemensMedical.com/proof

 **Proven outcomes.** It's what we're delivering – right now – across the entire healthcare continuum. Outcomes that result from truly efficient workflow. Outcomes that dramatically improve your bottom line. Outcomes that lead to a level of care that feels exceptional to the patient. And the care provider. Proof positive of the value of integrating medical

technology, IT, management consulting and services. In a way that only Siemens can. Visit SiemensMedical.com/proof. See what we see. Tangible solutions. Proven outcomes.

Siemens **Medical Solutions** that help

SIEMENS
medical