East-West collaboration over health issues
Report of an international conference

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With the crumbling of the barriers between East and West Europe, new opportunities have arisen for collaboration over health problems. A number of international bodies have now seized upon these new opportunities. In October 1989 the British ICNI Group (International Council for New Initiatives in East-West Cooperation) collaborated with the East European Trade Council in sponsoring an international conference on health care issues at the Royal College of Physicians. The conference attracted a strong delegation from the USSR led by Deputy Health Minister A. I. Kondrushev and scientists from six other socialist countries.

The conference concentrated mainly on those areas in which collaboration can lead to the greatest benefits. There was an example of this in Professor M. Marrot’s talk on the recent rise in deaths from cardiovascular diseases in eastern Europe, at the same time as such deaths have been falling in several western countries and in Japan. Changes in smoking rather than diet could account for the fall, but dietary factors and living standards could well have had a protective effect in the remarkably low rate in Japan.

A further example of a successful collaboration (N. E. Day and M. A. McGee) came from the WHO Centre on AIDS. Although the epidemic increase in the transmission of infection among homosexual and bisexual men may have passed its peak, the slow development of clinical disease may be expected to lead to an increase from a 1988 figure of 4200 cases of AIDS among homosexuals in the European Community to a peak of over 7000 by 1993. By then, the yearly number of cases among drug users may, however, exceed this peak and still be rising.

The role of WHO Collaborating Centres was also emphasised by Bjell Standberg of Uppsala. WHO now has a database of 650,000 reports on drug reactions and receives 80,000 reports annually; but international collaboration over data collection can only be sustained if better methods are developed for entering, reviewing, and obtaining access to the data collected. A number of further initiatives will therefore be needed.

Health Services Research also received attention in a session chaired by Professor W. W. Hollard. Without this type of research, Lothar Heinemann of Berlin-Buch felt that there could be no rational basis for the distribution of resources — for example, as between primary health care, disease prevention, and the different branches of medicine.

The conference heard a strong plea from Professor R. Young to avoid the pitfalls inherent in the ‘either/or’ approach to health services research on the one hand and high technology on the other. This received added emphasis from a comparison between two interesting contributions. One was from Tim Specter, who noted the epidemic increase in the prevalence of osteoporosis and pointed to the inevitability, throughout Europe, of a doubling in the rate of osteoporotic fractures in the next 15 years, as survival increases among elderly infirm people. The other came from Professor W. Bonfield who noted that the 1988 figure of 500,000 hip replacement operations was a figure which would continue to rise. He went on to explain how new materials like polyhydroxybutyrate could repair bone defects and achieve a merging interface with bone that not only is ‘bioinert’ but does not separate under stress. There is thus the prospect of having joint prostheses that do not loosen and can therefore be given even to the young. The need, therefore, was not for health services research or high technology, but for both.

On the technological side, Professor P. Rolfe’s session on bioengineering included a talk by Professor Y. E. Moskalensko of Moscow, who referred to the ways in which complex functions of the brain could be monitored from afar. This included the tele-monitoring of the brain function of cosmonauts in the orbital station Salut, for whom the regulation of cerebral blood flow was found to remain intact despite low body pressures and the pooling of blood in the upper part of the body associated with weightlessness. Multiple sensors could provide more detailed information — for example, on the retention of extracellular fluid in the brain, which did not equate with cell oedema but was nevertheless a form of ‘hyperhydration’. This hyperhydration was not only a feature of a cosmonaut’s existence but also occurred following brain operations.

Future plans

Those who attended this conference then commented on the difficulties which stood in the way of further international cooperation and suggested a number of objectives for further action. Since then, the Vienna Council which supervises the work of ICNI has met
and on the recommendation of its Executive Committee has accepted six points.

1 Another conference should be organised, possibly elsewhere in Europe. If, by then, it were possible to form study groups to focus on some key issues, these issues could provide the main topic for the conference, which the Vienna Council would itself help to organise.

2 There is a need to negotiate (perhaps through WHO) for better access to the large stores of medical data at present reposing in various national institutions, so that epidemiological studies can focus on the health implications of different economic, ethnic and climatic conditions.

3 An international register is needed, classified by field of expertise, which lists institutions and persons who might wish to exchange information or plan collaborative work on an international basis.

4 A mechanism is needed, both to encourage multicentre clinical trials on an international scale, and to persuade national organisations of the cost savings and increased significance of simultaneously collected data of this kind.

5 In the expensive field of biomedical engineering, the large costs of problem-solving could usefully be shared and progress made more rapidly, through international collaboration.

6 Multi-entry visas would greatly facilitate the face-to-face discussions that have been so greatly hampered in the past by lengthy and ponderous visa procedures.

These laudable aims can only be achieved if the East European Trade Council and its Chairman, Norman Wooding, have access to the resources (and the personnel) which can translate hope into reality. Those who have any practical proposals to make, or who wish to offer help, should write to Dr Norman Wooding at the EETC, Suite 10, Westminster Palace Gardens, Artillery Row, London, SW1P 1RL.

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Based on a conference held at the Royal College of Physicians in May 1989

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