Notes/News

Ciba-Geigy • ILAR • Rheumatology Prize
With this Prize, the International League of Associations for Rheumatology (ILAR) and Ciba-Geigy wish to promote advances in the understanding of rheumatology through the recognition of outstanding research. The competition is open to clinicians or basic scientists working in the field of rheumatology and may be awarded to research units or individuals.
The Prize, awarded on the basis of written documentation (in English, French, German, or Spanish) of research work undertaken in the previous five years, is to the value of SFr 60,000, and will be awarded at the International Congress of Rheumatology, Singapore in June 1997.
Deadline for submissions: 31 May 1996.
For rules and application forms please contact: CIBA-GEIGY • ILAR • Rheumatology Prize, PO Box, CH-4002 Basel, Switzerland. Fax: +41 61 696 60 29.

EULAR Course on the Scientific Basis of Rheumatology
This course, to be held on 7-10 September 1996, Oxford, UK, will cover the biology of connective tissues, cell-to-cell interactions, immune responses and their control, mechanisms of damage, and pathogenesis of rheumatic diseases.
Course fee, including accommodation: £250.

3rd EULAR Postgraduate Course in Rheumatology
This course, to be held on 11-15 September 1996, Oxford, UK, will cover clinical aspects of rheumatic diseases concentrating on outcome, assessment, and evidence based management. It is complementary to the 1st and 2nd EULAR Postgraduate Courses in Rheumatology held in Leuven (Belgium) in 1993 and in Marseilles (France) in 1994.
The course is aimed at junior rheumatologists from throughout Europe at the end of their training (at least four years of postgraduate training), but is open to all rheumatologists.
Course fee, including accommodation: £400.
The language of the courses will be English.

Forthcoming events

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<td>16-19 Apr</td>
<td>OMERACT 3: Outcome Measures in Arthritis Clinical Trials</td>
<td>Cairns, Australia</td>
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<td>21-26 Apr</td>
<td>8th APLAR Congress of Rheumatology, Melbourne</td>
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<td>29-30 Apr</td>
<td>International symposium: Upper extremity reflex sympathetic dystrophy, Genval</td>
<td>Genval, Belgium</td>
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8-10 May BSR XIIIth AGM, Brighton
Contact: British Society for Rheumatology, Anne Mansfield, Deputy General Secretary, 41 Eagle Street, London WC1R 4AR. Tel: 0171 242 3313. Fax: 0171 242 3277

15-18 May 1st Central European Congress of Rheumatology, Piesťany, Slovak Republic.
Contact: 1st Central European Congress of Rheumatology, Congress Secretariat, Research Institute of Rheumatic Diseases, Nábrežie Ivana Krasku 4, SK-921 01 Piesťany, Slovak Republic. Fax: +42 388 21192.

18-23 May 1996 World Congress on Osteoporosis, Amsterdam, The Netherlands
Contact: Congrex Holland bv, Keizersgracht 782, 1017 EC Amsterdam, The Netherlands. Tel: +31 20 6261372. Fax: +31 20 6269574.

20-23 May United States FDA Medical Device Update: Design Controls, GMP Requirements, and Marketing Clearance, Paris, France
Contact: Zena Barrick, Medical Device Technology, Advantar House, Park West, Sealand Road, Chester CH1 4RN. Tel: +44 (0)1244 378 886. Fax: +44 (0)1244 370 011

31 May–3 June 26th Scandinavian Congress of Rheumatology, Reykjavik, Iceland
Deadline for abstracts: 1 February 1996
Contact: Scientific Secretariat, Department of Internal Medicine, Division of Rheumatology, Landsặpítalinn, 101 Reykjavik, Iceland. Tel: 354 1 601255/5 601255. Fax: 354 1 601287/5 601287.

4-7 June 5th International Expert Forum on Immunology and Gene Therapy—EFTT '96, Jerusalem
Deadline for abstracts: February 29, 1996
Contact: Pediatric Rheumatology, Dr S Koch, EFTT '96, PO Box 50006, Tel Aviv 61500, Israel. Tel: 972 3 5140014. Fax: 972 3 5175674 or 972 3 5140077

14-16 July IVth Biennial Workshop on Scleroderma Research, Cambridge, United Kingdom
Deadline for submission of registration applications: 1 March 1996.
Contact: Prof Carol Black, Royal Free Academic Rheumatology and Connective Tissue Diseases Unit, Royal Free Hospital, Pond Street, Hampstead, London NW3 2QG. Tel: +44 (0)171 794 0432. Fax: +44 (0)171 435 0143

18-21 Aug 4th European Conference on Pediatric Rheumatology, Helsinki, Finland
Deadline for abstracts: 15 March 1996.
Contact: Pediatric Rheumatology '96, Congress Management Systems, PO Box 151, FIN-00141 Helsinki, Finland. Tel: +358 0 175 355. Fax: +358 0 170 122

19-20 Sep Heberden Round, Dr M Seifert, Imperial College, London
Contact: British Society for Rheumatology, Anne Mansfield, Deputy General Secretary, 41 Eagle Street, London WC1R 4AR. Tel: 0171 242 3313. Fax: 0171 242 3277
Notes/News—Book reviews


With aging populations and increasing demand led pressure upon health care budgets, many countries have been reviewing their health care provision. This book is the final report from the Swedish Parliamentary Priorities Commission, which was set up in 1992 to examine a number of key questions. The Commission had to consider the responsibilities, demarcation, and role of health care services in the welfare state, highlight fundamental ethical principles to guide discussions, and recommend guidelines of prioritisation in health services.

One unusual aspect was that the Commission comprised representatives from the five main political groups in the Swedish parliament, supported by a team of expert advisers. It is thus a parliamentary report, and would be equivalent to a parliamentary Select Committee Report in the United Kingdom (although in this instance the recommendations were unanimous!).

The book begins with a summary of the main findings, which include the ethical platform that should form the basis of medical prioritisation. The principles are ranked in order of importance: (1) the principle of human dignity, which stresses equity and rights; (2) the principle of need and solidarity, which suggests resources should be directed at those most in need, with special attention given to those who cannot articulate, or recognise their own needs, and (3) the cost-efficiency principle, which stresses the need to aim for a reasonable relation between cost and effect, measured in terms of improved health and improved quality of life.

Interestingly, the report suggests that cost-efficiency should only apply in comparisons for treating the same disease, as otherwise fair comparison of the effects is impossible. The implications of the hierarchical nature of these principles are spelt out. For example, as the principle of need and solidarity overrides the cost-efficiency principle, severe illnesses and substantial impairments of quality of life must come before milder ones, even though the care of serious conditions is a good deal more expensive. The cost-efficiency principle, therefore, the report goes on to say, “cannot justify refraining from or impairing the quality of care given to the dying, the severely and chronically ill, old persons, dementia patients, the mentally retarded, the severely handicapped or other persons for whom care would not “pay”’.

Given these underlying principles, the report then goes on to provide guidelines for prioritisation and to apply these to priority groups at the political/administrative level and for clinical activity. The only difference between the two sets of priorities is that, in the latter, treatment of acute life-threatening diseases is separated from the treatment of severe chronic disease, as life threatening states override all other priorities and have to be dealt with immediately. The report goes on to emphasise that a one sided emphasis on benefit should not result in acute, easily treated cases being given priority over chronic diseases and disability where ‘the efficacy of care is less striking’. Furthermore, with respect to clinical prioritisation, the report highlights the imbalance of resources, such as that the treatment of severe chronic diseases (which include rheumatic diseases) receives insufficient resources by comparison with all other groups except life threatening acute diseases. ‘The Commission wishes to underline that this allocation of resources does not accord with humanistic principles, nor with the ethical principles proposed by the Commission or the basic motives for equitably and collectively funded health care’.

All these matters are dealt with in varying depth in the main part of the book; most contribute to the world wide debate on setting priorities in health care. Indeed, there is a short but useful chapter describing priority setting in other countries, for example New Zealand and Oregon, USA. There are some matters that relate specifically to the Swedish system, for example the legal basis for prioritisation. In general, though, anyone interested in setting health care priorities and, specifically, how severe chronic disease can be accommodated within these priorities, will find this an interesting book.

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Visual recognition of signs or symptoms is trained in a clinical setting. Textbooks are not well suited to train this capacity. Multimedia tools are promising, but currently expensive, scarce, and not widely available. Quiz-like picture tests can fill the gap between textbooks and clinical teaching. They challenge the reader to make diagnoses, which is stimulating. Moreover, a single case can be diagnosed and then checked for correctness of the interpretation within several minutes, which makes the method useful as an adjunct to busy clinical rotations.

Several books with diagnostic picture tests in rheumatology have appeared over the past 15 years. They all consist of pictures of signs, radiographs, or microscopy accompanied by a brief description of the patient’s problem and one or more questions. In this respect this book is not new, but can be seen as yet another making use of an attractive form of education.