have money enough to pay that much. I am an orphan … [My husband] *left me when he learned that I had to pay 30 900F for the delivery. As I didn't have anything to pay that amount of money, I was imprisoned in the health centre ... I remained there for a week, in detention, without care and without food. It was the other women in the room who shared their food with me and helped me to wash. I was suffering from anaemia and my baby had respiratory and digestive problems.*'

Besides the exclusion and the risk of further impoverishment, the delays in attending a consultation for a health problem are a concern. Since the introduction of the system, the survey highlighted that attendance rates at the health centres have fallen off sharply. Mainly for financial reasons, most households postpone seeking health care. This means that patients may be presenting later to services, possibly to the detriment of their health. This practice could be one of the factors explaining the significantly higher mortality rates for malaria that have been observed in regions affected by the cost-recovery system.

The population of Burundi is living in extreme poverty and the expenditure on health care is further exacerbating this precarious state. To impose a cost-recovery system on a population emerging from 10 years of civil war is unjust. It is imperative that an effective and free healthcare system is urgently restored in Burundi, and that services are accessible to all. The human price of this cost-recovery system must provoke a reaction among the relevant bodies, with dialogue needed around alternative ways of financing health services to avoid exclusion.

During a Westminster Hall debate on Burundi,[6] in response to questioning on whether appropriate exemptions from the cost-recovery scheme could be made for vulnerable elements of the Burundian population, the Parliamentary Undersecretary of State for International Development stated that DFID's priority was, 'to ensure that the poorest of the poor are able to access medical services and for the moment the best way to achieve that is through health services being provided free of charge'.[6] MSF is currently in dialogue with DFID Africa Desk to review alternatives to the cost-recovery system in a humanitarian situation.

Burundi today faces a great many challenges. In addition to the real difficulties in guaranteeing access to health care due to the high cost of consultations in public health facilities, aid agencies are still having major difficulties reaching the most vulnerable people. Aid agencies are also searching for ways to handle the massive return of refugees expected later this year.

Mit Philips, Gorik Ooms, Sally Hargreaves and Andrew Durrant

flora medica theophrastus bombastus

From the Journals, June 2004

***New Eng J Med* Vol 350**
2362 The American medical press is deeply worried about the epidemic of obesity in children, with good reason: the 'metabolic syndrome', which is used to describe obesity, insulin resistance and hypertension in middle-aged adults is now increasingly seen in teenagers, some of whom show an almost limitless capacity for eating fast food (see *JAMA*: 2828).
2558 Being male puts you at reduced risk of getting venous thromboembolism, but at 3.6 times higher risk of recurrence compared with women.
2582 Palliative care for patients with non-cancer diagnoses can be very challenging, as shown by this excellent discussion of a man dying from heart failure with Alzheimer's and osteoarthritis.
2663 The wart treatment we have been waiting for: alpha-lactalbumin-oleic acid kills the papilloma virus while leaving healthy skin intact.

***Lancet* Vol 363**
1840 'They don't like it up 'em!' — Corporal Jones was quite right. Men facing transrectal prostate biopsy often find the injection of local anaesthetic as painful as the procedure itself.
1849 Cervical cerclage (the Shirodkar suture) does not prevent mid-trimester miscarriage, even in high-risk women with short cervixes.
1854 A well-conducted UK trial showing that 'Most patients with chronic venous ulceration will benefit from the addition of simple venous surgery.' That's a lot of patients: get referring!
1925 A triumph for general practice — the 40% reduction in stroke seen in the last 23 years, probably due to better control of risk factors such as hypertension and atrial fibrillation.
2015 Chronic inflammation predisposes to cardiovascular events, so rheumatoid arthritis is a coronary risk factor. As one would expect, atorvastatin 40 mg reduces the risk — with the unexpected bonus that it also helps the rheumatoid symptoms.
2022 Blockers of the angiotensin II receptor (ARBs, or sartans) are pleasantly free of side-effects, but unfortunately may also be less good at reducing blood pressure than other drug classes (valsartan compared with amlodipine).
2105 Cholinesterase inhibitors for Alzheimer's disease are very expensive and do not reduce the need for institutional care: this study of donepezil shows we need better drugs. Hurry up!

***JAMA* Vol 291**
2705 A study of the presenting symptoms of ovarian cancer, which are common and non-specific — for example, back pain, bloating, constipation. Only their persistence gives a clue, and by then it is usually too late.
2713 By contrast, prostate cancer these days often presents too early, in the form of an elevated PSA and positive biopsies, which nevertheless cannot predict spread or progression. I read this report of a 21-year Scandinavian study as an argument against PSA screening, as I do a similar one in *Arch Intern Med* (**164:** 1227), but in both cases the authors use it as an argument in favour.
2746 Never miss an instalment of *JAMA*'s marvellous series, 'The Rational Clinical Examination'. Here it addresses the vital question, 'Is this child dehydrated?' — and the answer is 'yes' if there is poor capillary return, loss of skin turgor and/or an abnormal respiratory pattern.
2947 More bad news about oestrogen replacement therapy (alone or combined): far from warding off cognitive decline, it may increase it.
2978 Interesting insights from an erectile dysfunction study at an obesity clinic in Naples. If the Neapolitan male allows his BMI to get above 28.7, he runs a risk that when things get *dolce*, he will be able to *far niente*.

Other Journals
How many of us know how to assess clinical competence objectively? A large randomised US study in reported in *Ann Intern Med* (**140:** 874) — essential reading, since we will increasingly train foundation year doctors as well as students and registrars. Primary prevention of type 2 diabetes is discussed on page 951; and the important contribution of depression to outcome in various chronic diseases is the subject of an editorial on page 1054.
A paper in *Pediatrics* **113:** 1776 caught Theophrastus' jaundiced eye (he has Gilbert's disease), as it praises the role of bile acids in neurovascular protection. Indeed, a further search reveals that having an elevated bilrubin is associated with fewer cardiovascular events in adults.
If your Latin is good, *Folia phoniatrica et logopaedica* (**56:** 182) contains a review about the effects of adenoidectomy and tonsillectomy on speech and nasal resonance. Actually, it is written in English.

Plant of the Month: *Echinacea purpurea*
One of the best and most reliable late summer perennials: quite useless as a cold remedy, though (*Arch Intern Med* **164:** 1237).