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The world’s first international tobacco control treaty

Leading nations may thwart this major event

Negotiators from the World Health Organization’s 191 member states meet in Geneva this week in an attempt to agree the world’s first international tobacco control treaty, the Framework Convention on Tobacco Control. This legally binding treaty would aim to establish principles and guidelines for international tobacco control. It follows a similar format to the 1992 United Nations’ Framework Convention on Climate Change and its related protocols such as that signed in Kyoto in 1997. The development of a framework convention on tobacco is important because it is the first time in its history that the WHO has used its treaty making powers. And in the growing debate around trade and health it provides the platform for large randomised trials to test therapeutic strategies. This resource offers the opportunity for major advances in our understanding and treatment of infectious endocarditis over the next two decades and provides a model on which global collaboration in other disease areas is likely to be based.

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Electronic tagging of people with dementia who wander

Ethical considerations are possibly more important than practical benefits

Once again the issue of using electronic tagging to safeguard older people who wander has attracted media attention.1 It is tempting to see the arguments as simply two sided—one side stressing the need to ensure safety and the other arguing the need to respect freedom and human rights. We think that this is not simply a factual matter but one that touches important values to do with respect for people. The correct position, therefore, is to face the complex dilemma. Decisions about limiting a person’s liberty should remain a matter of ethical concern even when technology finally makes the practical management of wandering easier. In electronic tagging the tag is usually a wristband. The circuitry in the tag may either set off a boundary alarm or emit a radio signal that allows the wearer to be tracked down by means of a hand held detector.

The problem of wandering in dementia is not trivial. It causes stress to carers, referrals to psychiatric services and hospital admissions, problems in the hospital environment,2 and an unknown number of deaths. The prevalence of wandering is over 40%, and in a five year prospective study 44% of wanderers with dementia were kept behind locked doors at some point.3 Since “wandering” encompasses a variety of behaviours,4 a variety of solutions might be applicable.

What, besides electronic tagging, are the other solutions? Carers often find their own solutions—from locked doors to makeshift alarms to constant surveillance. Many people are put on various drugs, with the risk of adverse effects. Relatively few controlled trials have been conducted, and much of the research tends to clump together different behavioural and psychological symptoms in dementia under the

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