As the Swedish market for hazardous waste is small, creating a new Swedish repository would be around 15 times more expensive than depositing waste in existing facilities in the EU, the Ministry says. The disposal possibilities in other EU countries provide better incentives for the development of safe, large-scale technologies to stabilise waste containing mercury.

Since health insurance stopped paying for amalgam restorations in Sweden in 1999, the use has decreased markedly and is now estimated to be 2–5 per cent of all fillings. “Sweden is now leading the way in removing and protecting the environment from mercury, which is non-degradable,” the Minister for the Environment, Andreas Carlberg, said. “The ban is a strong signal to other countries and a Swedish contribution to EU and UN aims to reduce mercury use and emissions.”

Sweden is not the first country to remove mercury from the dental filling market. Last year, a similar ban was announced by the Norwegian government for environmental reasons.

Mercury is toxic to the human brain and results in various unstable mental conditions. Most countries in Europe only advise against the use of amalgam for children and pregnant women, but patients’ organisations believe that the rest of the population is also at risk. According to an EU scientific report, amalgam poses no danger to the human nervous system.

The checklist, which was introduced by the WHO as a recommended guideline for safe practice last year, has since gained global recognition by operating theatre staff. WHO officials said that it is intended to ensure the safe delivery of anaesthesia, appropriate prophylaxis against infection, effective teamwork by the operating room staff, and other essential practices in perioperative care.

“The concept of using a brief but comprehensive checklist is surprisingly new to us in surgery,” said Dr Atul Gawande, main author of the study and team leader for the development of the WHO surgical safety checklist. “Not everyone on the operating teams was happy to try it. But the results were unprecedented. And the teams became strong supporters.”

Pilot studies were undertaken in hospitals in each of the six WHO regions and carried out in both high and lower income settings. In Asia, hospitals in Manila in the Philippines, New Delhi in India, and Auckland in New Zealand took part in the study. Data was collected from 7,688 patients.

“These findings have implications beyond surgery, suggesting that checklists could increase the safety and reliability of care in numerous medical fields,” Dr Gawande added. “The checklists must be short, extremely simple, and carefully tested in the real world. But in specialties ranging from cardiac care to paediatric care, they could become as essential in daily medicine as the stethoscope.”

“The immediate response to the checklist has been remarkable, and the studies undertaken in the pilot hospitals are significant. They will make a major contribution towards our goal of having 2,500 hospitals around the world using the safe surgery checklist by the end of this year,” said Sir Liam Donaldson, Chair of the WHO World Alliance for Patient Safety and Chief Medical Officer for England.

(Edited by Daniel Zimmermann, DTI)