Audit Commission blames managers for variations in waiting times

The length of time that patients wait for outpatient appointments and for surgery in ear, nose, and throat departments in the United Kingdom varies widely by NHS trust. But waiting times are not directly linked to levels of demand and capacity, according to a report released this week by the country’s public spending watchdog, the Audit Commission.

“We noted very wide variations in waiting times within trusts and between trusts,” Jane Laughton, author of the report, told the BMJ. “This is to do with how the process is managed locally, both in terms of managing patients who need to access care, and in managing waiting lists.”

Despite such wide variations, no link was found between demand and capacity indicators and the proportion of patients with very short or very long waits. Ms Laughton warned, therefore, against relying on waiting times alone to make resource allocation decisions.

The report noted “unacceptably long waits” for assessment and for fitting of a hearing aid, ranging from 8 to 55 weeks. It also highlighted the absence of national standards on waiting times for audiology, “so the length of time that patients wait goes unreported.”

Sally Hargreaves London

Coroner highlights prescribing error after patient dies from warfarin overdose

South Yorkshire coroner Christopher Dorries has warned doctors of the risk of writing repeat prescriptions by hand after a patient died from wrongly being told by a doctor’s receptionist to double his dosage of warfarin.

The coroner returned a verdict of accidental death on the 79 year old patient, who has not been named at the family’s request. The man died of gastrointestinal haemorrhage three weeks after being told to take the wrong dose.

Doctors at the surgery in south east Sheffield—who have also asked for anonymity to protect the patient’s identity—used the word “Same” on the patient’s card and passed it to the receptionist, who read his writing as “5mg.”

Describing the incident as a “disastrous error,” the doctor concerned said the surgery has since changed its protocol for repeat prescriptions of the drug. Blood test results and recommended doses of warfarin are now entered into the computer system by the doctor, the doctor informs the patient by phone the same evening of the result, and confirmation of the dosage is sent in writing to the patient a few days later.

“This difficult case for all involved highlighted that a seemingly safe system can go wrong with tragic consequences,” he said.

The coroner, Mr Dorries, suggested the surgery alert health publications to the risk and he has also written to the chief medical officer, Lian Donaldson, warning him of the danger of a system that is common.

Lynn Eaton London

Israel sets up course in clowning recover

Israel’s hospitals haven’t had much to smile about recently. But soon there will be pranks, jokes, and laughs as 40 graduates of the country’s first ever “medical clowning” course reach the wards.

Inspired by the film Patch Adams, which told the true story of a doctor from Virginia who thought that humour was a better healer than any drug, the course aims to speed patients’ recovery by making them laugh.

It opened last week at Assaf Harofe Hospital in Tzrifin, near Tel Aviv. The 80 hour, six month course is currently training doctors, nurses, physiotherapists, actors, a school principal, and a bank clerk in the art of clowning. The five top graduates will receive scholarships and jobs at the Assaf Harofe Hospital, financed by a voluntary organisation called Joy in the Heart.

The lecturers include doctors, magicians, and an expert on community theatre from Tel Aviv University who studied medical clowning at New York’s Big Apple Circus. One of the leading lecturers is Shlomi Algos, Israel’s first professional medical clown (pictured above with “Shani”), who recalls being lonely and afraid when as a child he was hospitalised for months after contracting polio.

Dr Shai Pintov, an Assaf Harofe paediatrician who launched the course with Algos after seeing Patch Adams, says research on patients has confirmed the notion that “laughter is the best medicine.” Clown therapy, he says, is a unique way to treat patients and speed their recovery.

Judy Siegel-Itzkovich Jerusalem

Editors pledge support for African journals

A group of African medical editors has set up a forum to support and strengthen medical journals in Africa.

The forum, known as FAME, will be chaired by Dr James Tumwine of Makerere University, Kampala, Uganda, who is editor of the journal African Health Sciences. FAME was set up last week at a meeting in Geneva convened by the World Health Organization to discuss how information published in African journals can be disseminated more widely.

Currently, most of the medical literature published in Africa is not widely “visible.” Difficulties in journal production, coupled with huge distribution problems, mean that dissemination within individual countries is poor and across the continent as a whole is even worse. In addition, the African Index Medicus, an online resource for African health research, has all but collapsed.

Globally, access to African journals is limited by the fact that few are indexed in Medline, although access is possible to some via African Journals On Line (www.inasp.info/ajol/) and on CD Roms via ExtraMED.

Pledges of support for the forum were made at the meet-
ing by the WHO, the World Association of Medical Editors, the Council of Science Editors, the International Network for the Availability of Scientific Publications, the Fogarty International Centre, Latin-American medical journals online, BiomedCentral, JAMA, and the BMJ.

Tessa Richards BMJ

Further information is available by emailing Edith Certain (certaine@who.int), information officer at the WHO’s special pro-gramme for research and training in tropical diseases.

Medical associations urge global action on tobacco

Medical organisations around the world have urged governments to put health before commercial trade and profit in the fight against tobacco.

They have endorsed a manifesto released this week during international governmental negotiations in Geneva for the World Health Organization’s framework convention on tobacco control.

The manifesto wants the WHO convention to give the highest possible priority to health, ensuring that it takes precedence over commercial trade, rather than the other way round.

Dr Sinéad Jones, director of the Tobacco Control Resource Centre, highlighted the particular difficulties that many developing countries face in protecting the health of their population, because of restrictive trade agreements.

“WHO are currently negotiating with governments, and we are confident that a meaningful framework convention that will reduce tobacco related deaths will be ratified next year. As yet, however, we don’t think it goes far enough,” she said.

The manifesto is endorsed by more than 130 medical associations worldwide. It calls for an informative health warning on every packet of tobacco and better information about misleading claims that some cigarettes are safer than others. Governments should increase tobacco taxes to deter people from taking up the habit, adopt measures to further protect non-smokers from tobacco smoke, and end all tobacco advertising, it says.

Sally Hargreaves London

Tobacco Under the Microscope: The Doctors’ Manifesto for Global Tobacco Control is at www.doctorsmanifesto.org

South Africa may supply AIDS drugs

The South African government has announced it is to look into the possibility of supplying antiretroviral drugs to people with HIV and AIDS. The announcement signals a major change in its policy so far and creates hope among activists and people with the disease that some relief may become available to those who cannot afford the medication.

The government move comes at the same time as manufacturers of generic drugs have announced licensing deals with multinational pharmaceutical companies to allow them to begin making antiretrovirals locally and to supply them to the public sector. The arrangements would have been meaningless if the government was continuing to refuse to buy antiretrovirals to treat poorer people with HIV and AIDS.

The move follows intense political pressure from, among others, former president Nelson Mandela. It also comes after large companies such as mining giant Anglo American were forced to take the initiative in announcing they would supply antiretroviral treatment to those of their workers not covered by company health insurance and who needed treatment for AIDS.

About one in nine South Africans (one in four adults) is infected with HIV, but for the past three years moves to treat the epidemic have floundered after the lead given by President Thabo Mbeki who has doubts about the fact that HIV caused AIDS. Pat Sidney Johannesburg

Unicef comes under attack for Big Mac funding deal

Owen Dyer London

Unicef, the United Nations Children’s Fund, has come under fire from children’s advocates for concluding a fundraising alliance with the McDonald’s chain of fast food restaurants.

A petition signed by delegates from the World Alliance for Breastfeeding Action accuses Unicef of compromising its mission to promote good nutrition by associating with the giant American corporation.

A letter accompanying the petition said that news of the alliance had shocked participants at a conference on HIV and infant feeding in Tanzania.

“Discussions here with Unicef staff from regional and country offices led us to believe that staff outside Unicef headquarters were more than astonished to learn of Unicef’s new alliance with McDonald’s,” it said.

The letter addressed to Unicef’s executive director, Carol Bellamy, said the organisation had “entered into a partnership with a company known worldwide for its aggressive promotion of foods that contribute to ill health and poor nutrition both in industrialised and non-industrialised countries.”

Such an agreement, it went on, “is contrary to Unicef’s mission and is likely to undermine the World Health Organization’s fight against obesity, cardiovascular disease, hypertension, diabetes and other harmful conditions.”

The signatories also criticised a memorandum of understanding signed on 19 September by Unicef Nigeria with Coca-Cola Africa and speculated that Unicef was “opening the flood-gates” to corporate sponsorship.

Alfred Ironside of Unicef’s world headquarters in New York said that Coca-Cola Africa offered to disseminate HIV prevention literature on behalf of Unicef and UNAIDS.

Patti Rundall of Baby Milk Action, a British charity promoting breastfeeding, said that McDonald’s has already tried to cash in on the publicity value of the Unicef link by running poster advertisements that show a baby sucking a hamburger bun in place of a mother’s breast.

She added: “I think it’s clear this initiative comes from the American headquarters of Unicef. Unicef people in Europe are mostly horribly embarrassed about it.”

McDonald’s and Unicef plan a joint fundraising initiative called World Children’s day on 20 November.

Soraya Bermejo of Unicef in Geneva said: “For several years, we’ve had a programme in the United States where children collect coins for Unicef in orange boxes at Hallowe’en. This year, McDonald’s will help distribute these ‘trick or treat’ boxes, which should enable us to increase the number of boxes used from five million to 20 million. The money raised will go entirely to polio eradication.”

“Obviously, the extra boxes will greatly increase the funds raised on behalf of children in need around the world. Like all similar Unicef activities, this one will be reviewed once we have allowed it to run its full course.”

The BMJ was unable to obtain a comment from McDonald’s.

The 1996 opening of the first McDonald’s in New Delhi, India