English surgeons call for improved management of head injury

Richard Woodman, *London*

The Royal College of Surgeons of England warned in a report published last week that patients with head injuries are experiencing avoidable disabilities or dying unnecessarily because services are insufficiently funded.

The college's working party report on the management of patients with head injuries said that resources—in terms of staffing, facilities, and beds—available for treating the one million cases of head injury occurring each year are inadequate. This conclusion was based on results from a survey showing that only 79% of hospitals were able to perform on-site computed tomography of the head 24 hours a day. Results also showed that 70% of accident and emergency departments had no on-site neurological cover, 12% were more than 50 miles

(80 km) from the nearest neurosurgical unit, and only a minority of surgeons responsible for the inpatient care of these patients were trained in the management of head injuries.

A second survey of members of the Society of British Neurological Surgeons found that surgeons in 87% of neurosurgical units were aware of severe head injuries being managed in non-neurosurgical units in their region. Most neurosurgical units (26 out of 33) reported having to turn away referrals—five of the units on a daily basis—because of bed pressures. Mr Barry Jackson, the college's president, said: "Patients often wait in acute hospital beds instead of receiving immediate specialist attention or have to undertake potentially hazardous journeys to units equipped to treat them."

Computed tomography: essential for managing head injuries

The report recommended that each accident and emergency department should have links with a single neuroscience unit. Local accident and emergency departments should have

agreed protocols on the initial assessment of head injury. Hospitals should not be allowed to accept patients with head injuries unless computed tomography can be performed on site. □

Doctors in Israel oppose open performance data

Judy Siegel-Itzkovich, *Jerusalem*

The enactment of Israel's new Freedom of Information Law at the end of May has put the health authorities and the Israel Medical Association in a quandary. Should surveys on hospitals' and doctors' performance and patient satisfaction be published listing names of institutions and individuals?

The new law requires government ministries to supply all information to the public that need not be kept secret for security and other reasons.

Pressure from the Israel Medical Association and hospital administrators has been so effective that when the country's second largest health fund recently conducted a survey into the satisfaction of patients of eight large medical centres for its internal use, it declined to reveal the results and is still deliberating about what to do.

The existence of the survey

became known only after the Hadassah Medical Organisation announced that it had topped the chart in satisfaction with doctors, nurses, and hospital facilities.

The Israel Medical Association has launched an internal discussion to determine its attitudes relating to the Freedom of Information Law. But its officials were already willing to state: "We totally oppose listing physicians and their performance records on the internet for all to see. This would only deter doctors—especially surgeons—from agreeing to treat patients with the riskiest conditions."

Dr Bruce Rosen, the head of health policy research at Jerusalem's Brookdale Institute, said that Israel lags considerably behind the US and western Europe in health consumer awareness and willingness of medical institutions to compete for patients on the basis of their quality of services.

"But we are going in this direction. Data that are based on the right case mix and presented fairly can be very useful," he said, "but it's unfair to compare death rates in tertiary hospitals that treat the most difficult cases with those in hospitals in small towns." □

Pregnancy does not increase mortality from breast cancer

Scott Gottlieb, *New York*

Women who become pregnant after premenopausal stage I or stage II invasive breast cancer show no increase in mortality compared with those with no subsequent pregnancy, according to a new study.

The US study—one of the first to investigate systematically the effect of pregnancy on patients' survival after a diagnosis of breast carcinoma—followed 618 women in whom stage I or stage II invasive breast carcinoma was diagnosed before the age of 40 years. The diagnoses were all made between the years 1983 and 1992. The researchers compared the 53 women who became pregnant after the diagnosis with 265 matched controls with the disease who did not become pregnant. Results showed no significant difference in mortality (*Cancer* 1999;85:2424-32, 2301-5).

Five of the women who became pregnant eventually died of the condition during the

follow up period, compared with 34 of the women who did not become pregnant. The age adjusted relative risk of death associated with any subsequent pregnancy was 0.8 (95% confidence interval 0.3 to 2.3). "The results of our study support the growing consensus that subsequent pregnancy does not have an adverse effect on survival after breast carcinoma, particularly among women with local disease," said one of the research team, Dr Priscilla Velentgas, from the University of Washington, Seattle, who carried out the research in collaboration with a team from the Fred Hutchinson Cancer Research Center, also in Seattle.

The researchers noted, however, that women who became pregnant after a diagnosis of breast cancer had a higher rate of miscarriage. The rate was 24% compared with 18% in controls of similar age who had never had breast cancer. □