In brief

UK junior doctors seek further talks with government: The BMA will continue negotiations with the government on junior doctors' pay. The BMA wants to end the system under which junior doctors are paid 50% of the standard rate for overtime (28 August, p 534). Progress has been slow, and the threat of industrial action has not disappeared. A report on the talks will be made to the Junior Doctors Committee on 24 September.

Scots sort out millennium pay question: All NHS staff in Scotland will receive three times their normal rate of pay plus a day off in lieu for working over the millennium. The deal, which covers 31 December and any shift beginning before 11 am on 1 January, is expected to set a precedent for discussions in other parts of the United Kingdom.

AIDS continues to devastate African populations: Half of all newborns in Africa are infected with HIV, and AIDS has cut life expectancy by as much as 25 years, according to UNAIDS, the United Nations' programme on HIV/AIDS. Yet, says Peter Piot, the agency's executive director, the world community has failed to mobilise to fight the disease.

Ectopic baby survives and mother gives birth to triplets: In a successful multiple birth at King's College Hospital, London, last week, Jane Ingram gave birth to a boy, who developed between her bladder and uterus while two girls developed normally as twins. All three were born by caesarean section.

"Evidence into practice" institute opens in Zurich: The first German language centre devoted to transferring research information to clinicians via the world wide web opened last week. The institute will look for sources of research, identify those with particular practical clinical relevance, and make them available to clinicians on the organisation's website (www.evimed.ch). The institute's director, Dr Johann Steurer, sees the initiative as an essential tool in improving the quality of practice.

Patients satisfied with nurse run practices

Roger Dobson *Abergavenny*

Half term reports on two nurse led, primary care practice projects in the United Kingdom have found high levels of patient satisfaction. The two projects, run by independent contractors and launched in Salford and Derby under the Primary Care Act pilots scheme, have each introduced their own innovative ideas, including providing access to care without appointments and offering early morning and late night surgeries.

A feature of both projects is that patients have a choice of seeing a GP or a nurse as their first point of contact. Large numbers of patients—up to 60%—are choosing to see the nurse, leaving the GPs with more time to spend on difficult cases.

At the Daruzzaman Centre in Salford, where nurse Lance Gardner rents premises and employs a GP, a practice manager, and reception staff, an open access approach has been introduced.

"We don't have appointments and people walk in whenever they want and are guaranteed service at a specific time of the day. That has meant we have very low average figures

PR NEWS PHOTO/SCIENCE

Children in the United States have started wearing protective headgear while playing football because research has emerged showing that heading the ball can lead to brain damage. Erik Matser, a neuropsychologist from the University of Maastricht, has published the results of a cross sectional study of 33 amateur footballers and 27 amateur athletes showing that the football players performed significantly worse in neuropsychological tests of planning and memory than the athletes (*JAMA* 1999;282:971-3).

for out of hours work," said Mr Gardner.

A feature of both the Salford and Derby projects, which will be reviewed at the end of their first three years, is that patients have a choice of whom they see.

"We have found that about 60% choose to see the nurse," Mr Gardner said. "Many do not choose to see the GP, and that means we can use the doctor's skills more efficiently. The GP may only see eight cases in a morning, so she can spend as long as she likes with them."

"The average consultation

time is 15 to 20 minutes. The GP does no paperwork other than referrals and can concentrate on medicine," Mr Gardner added.

A survey of patients by researchers at Manchester University has found high levels of patient satisfaction at the Salford practice, and a handful of evaluation studies on the Meadowfield Centre in Derby seem to be producing similar results.

Ms Catherine Baraniak, the nurse who runs the Derby project, said: "We are finding very high rates of patient satisfaction and that is our chief card." □

Doctor disciplined for "grossly undertreating" pain

Fred Charatan *Florida*

In what seems to be the first such action in the United States, the Oregon Board of Medical Examiners has approved a disciplinary plan for a doctor who "grossly undertreated" pain in six patients between 1993 and 1998.

The board is made up of nine doctors and two public members appointed by the governor of the state of Oregon to oversee the practice of medicine.

Dr Paul Bilder, aged 55, a pulmonary diseases specialist of Roseburg, Oregon, signed a stipulated order approved by the board acknowledging that his treatment of six patients showed

unprofessional or dishonourable conduct and gross or repeated acts of negligence.

Dr Bilder must complete a one year "physician's evaluation education renewal" programme and a course on doctor-patient communication. He must also continue meeting with a psychiatrist, who will report to the board for at least a year. Dr Bilder and his lawyer declined to comment.

In one case, Dr Bilder was treating an 82 year old man in hospital with congestive cardiac failure. The patient told a nurse, "I can't breathe, and I'm getting tired." The patient became

increasingly agitated, and his breathing and heart rates increased. Dr Bilder ordered furosemide (furosemide).

The patient's symptoms continued, but Dr Bilder refused to give morphine or similar analgesics. Another doctor treated and stabilised the patient, who was discharged several days later.

Dr David Sibell, a pain specialist at Oregon Health Sciences University, said, "I don't believe in witch hunts or persecution of doctors. I am a doctor. But quality medical care includes appropriate pain management."

"I think they are going to end up driving doctors crazy," said Dr Leigh Dolin, a Portland internist and former president of the Oregon Medical Association, noting that a decade ago the board was questioning doctors for overprescribing drugs. □