intervene. Monitoring of arterial oxygen saturation, expired carbon dioxide tensions, heart rhythm, temperature, and arterial pressure should be continuous. As non-invasive measurement of blood pressure is affected by movement, intra-arterial monitoring is recommended.

Transfer should be undertaken smoothly and not at high speed. A record must be maintained during transfer. Despite careful preparation unforeseen clinical emergencies may occur; the vehicle should then be stopped at the first safe opportunity to facilitate patient management.

Handover

On arrival there must be direct communication between the transfer team and the team who will assume responsibility for the patient. A record of the patient's history, treatment, and important events during transfer should be added to the notes. Radiographs, scans, and results of other investigations should be described and handed over. The transfer team should retain a record of the transfer on a prepared form for future audit.

The receiving hospital should provide refreshments and arrange for staff to return to base. Money or credit cards should be available for use in emergencies.

Audit, training, and funding

Regular audit of transfers is necessary to maintain and improve standards. The responsible consultant should review all transfers in and out of the hospital, and a similar process should be established at regional and national level.

Before taking responsibility for a transfer, staff should receive training and accompany patients as an observer. Resources are required to achieve this and to ensure safe transfer systems throughout the United Kingdom. Purchasers should reflect this in their budgetary priorities.

The patient transfer form was provided by ICBIS.

Form for recording patient transfer information

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The ladder of truth

The story of a mother and her son

This story was told to me by Christopher's mother and related to a conversation they had when he was about 6. At the time he was attending a cystic fibrosis clinic where he came to know Rosie, another patient about the same age. Sadly, Rosie died shortly afterwards.

One day, a little later, while perched on the draining board watching his mother wash up, Christopher dropped his bombshell by asking whether he had cystic fibrosis, whether he would always have it, and whether he, like Rosie, would die. She answered each question simply and truthfully.

To keep the ball in the air, she then asked Christopher if he was afraid of dying. He admitted that he was. Now, wisely assuming nothing, she explored this statement by asking what exactly he was afraid of. His answer was a bit unexpected, as children's answers so often are. He said that he was afraid of being put under the ground. Now this presented no problem for Christopher's mother as she was able to explain in spiritual terms, consistent with their family beliefs, that a body was just like an overcoat which, when it became damaged or old and of no further use, was discarded. When Christopher died, she explained, his body would be like the overcoat. Christopher, being in Heaven, would no longer need it, so burying it was fine.

The way that Christopher's mother handled this difficult conversation illustrated that truth is not just the opposite of a lie, nor is truth necessarily the whole truth. It is, in fact, more like a ladder. No child of questioning age is right at the bottom

knowing nothing, nor right at the top knowing everything. They will be somewhere in between.

Our job, as parents and professionals, is to try and discover where they are and to join them there. We can do this, when the occasion arises, by listening and by asking age appropriate, non-threatening questions. When we get some idea of where children are on the ladder, next comes the most vital part of all: it is their prerogative to choose whether they wish to stick there or to go up a rung or two. If they choose to go up, which they will indicate by asking questions, then we go with them but only one step at a time. This means we are never required to give children information which they may neither want nor understand. It must be a gentle ascent up the ladder with the children leading and with us holding their hand all the way.

Instinctively, Christopher's wise and sensitive mother adopted the ladder concept. She found out where he was by attentive listening and went up the ladder with him at his chosen pace, never jumping ahead or anticipating his thinking. Many of us have learnt important lessons from her, and she was able to give Christopher the comfort and confidence he sought. Christopher died in his late teens while awaiting a heart and lung transplant, but up until the end of his life he and his mother kept the open and trusting relationship evident in this early conversation.

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