Typhoid outbreak prompts protests over inadequate water system

A failure in the water delivery system in a small town near Johannesburg, Delmas, has caused a serious outbreak of typhoid fever. Three people are dead and more than 400 confirmed as having the disease.

Another 2500 have diarrhoea, which may be connected to the outbreak. These figures are expected to rise.

Nurses have been brought into the area from nearby Gauteng province. Freshwater is being bussed into the area by tanker and the government is now providing some 13 000 households with freshwater while solutions are found for the longer term.

The outbreak has prompted about 1000 angry young residents of Delmas to take to the streets to demand the resignation of the mayor and other municipal officials whom they blame for not seeing to it that drinkable water was available in the town. The town had a major outbreak of typhoid in 1993, with 1000 cases of the disease.

Pat Sidley *Johannesburg*

Thousands face compulsory treatment in the community under new UK act

The number of community based patients treated compulsorily under the proposed new mental health legislation could be close to 10 times higher than the government expects, a report by the King's Fund has said.

If the controversial Mental Health Bill 2004 becomes law, in the first 10 to 15 years between 7800 and 13 000 people could be subject to compulsory orders, the medical think tank said.

The Department of Health dismissed the report saying that the "lack of quality data and weakness in analysis" meant that the estimates were "flawed" and

failed to recognise amendments made after criticism by a parliamentary committee.

The government insists that the new treatment orders would only apply to a small and clearly defined category of "revolving door" patients who are stuck in a cycle of discharge, relapse, and readmission because they fail to follow correct treatment programmes. They could number around 1450, the government says.

Sophie Arie *London*

The report, *A Question of Numbers: the Potential Impact of Community Based Treatment Orders in England and Wales*, is available at www.kingsfund.org.uk/publications.

Older people's care needs a major overhaul

The Joseph Rowntree Foundation, a UK based social policy research body and think tank, has called for a major rethink of the way Britain funds long term care for its booming elderly population, warning that the existing system is unfair, inconsistent, and unsustainable.

A discussion paper commissioned by the foundation warns that Britain is ignoring a looming care funding crisis and its working generations are failing to plan for the cost of living longer.

The paper says that existing funds could be distributed more fairly by assessing the overall cost of care rather than the type of disability of a patient.

To cover the predicted quadrupling in long term care costs in the next 50 years, Britain should consider all realistic cost sharing options, such as offering public back-up to encourage private insurance programmes, the paper concludes.

Care organisations have welcomed the report. Gordon Lishman, director general of Age Concern, said that the government could not afford to "bury its head in the sand on the care crisis" any longer.

Sophie Arie *London*

The report, *Facing the Cost of Long-Term Care: Towards a Sustainable Funding System*, is at www.jrf.org.uk.

Students should spend part of training in rural hospitals

Bryan Christie *Edinburgh*

Medical students and junior doctors should receive some of their training in rural and remote hospitals to help produce more doctors suitable to work in such areas. This is one of many ideas to emerge from an initiative organised by the Royal College of Physicians of Edinburgh that examines the sustainability of healthcare provision in Scotland's outlying areas.

The advance of specialisation in medicine, together with the fear of professional isolation, has made recruitment to such posts more difficult in recent years. Legal limitations on working time also threaten the viability of services in rural hospitals.

Despite this gloomy background, many positive ideas about developing rural and remote services are explored in series of personal perspectives commissioned by the college. It includes contributions from physicians, surgeons, an anaesthetist, a general practitioner, a medical director, and a member of the public. An international dimension is provided by an article reviewing developments in Australia.

Some of the suggested ways forward include:

- Basing more teaching and training of students and doctors in rural locations
- Recognising the value of general medical training for remote or rural practice
- Developing remote and rural medicine as an academic discipline
- Making a commitment to providing primary and sec-

ondary healthcare as close to where people live as possible

- Ensuring that doctors have a minimum volume of work to sustain skills but do not suffer from excessive on-call commitments. This can perhaps be achieved through arrangements with larger hospitals

- Using telemedicine to provide specialist support to rural practice

- Combating "city slicker" and "country bumpkin" perceptions and divisions in medicine.

Remoteness may not all be related to geography, hypothesised one of the contributors. It suggests that doctors working in large central hospitals can be seen as remote as they understand little of what small hospitals are capable of achieving.

The college has not adopted any of the suggestions as policy. Its president, Professor Neil Douglas, said that the intention is to inform the ongoing debate on how best to respond to the pressures on rural healthcare services.

"This is a problem that has been grappled with for over a century in many parts of the world. All sorts of different approaches are being considered at present. Different regions and localities will require different solutions, as will different specialties," he said. □

Personal Perspectives on the Future of Remote and Rural Medicine in Scotland: a Series of Commissioned Commentaries is available at www.rcpe.ac.uk/publications/remotelandruralmedicine.php.

ALLAN MILLIGAN/SCOTTISH VIEWPOINT

Recruitment to rural posts in Scotland has become more difficult