LETTER FROM WESTMINSTER

Patients have votes, too

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The relationship of a member of parliament to his constituents can be much like that of a doctor to his patients. This is illustrated by the now standard practice of MPs holding weekly "surgeries" to deal with aspects of the human condition that can be as varied as any dealt with by doctors. In their own ways doctors and MPs alike do care for the people they serve and it is not unusual for their interests to overlap.

Indeed, a surprising amount of parliament's time is taken up with the politics of the parish pump, and much of it reflects concern about health care and the provision of local medical services. A withering faith in democracy is instantly restored by the sight of a minister in a late night adjournment debate being called to account over the closure of a casualty department in some faraway constituency.

Mostly it goes unreported except in the locality where it matters, but occasionally wider issues are involved. One such test case in the making is in Southend, where the radiotherapy unit in the district hospital is destined for closure under plans by the North East Thames Regional Health Authority to integrate cancer treatment services for a catchment population of 4.5 million. The case has been the subject of at least two adjournment debates and numerous questions. It has also engaged the attention of a populist Tory MP for Southend, the tenacious Mr Teddy Taylor, and a populist health minister, the energetic Mrs Edwina Currie. The mix could be volatile in an election year.

It has an impact on the national scene because it calls into question the concept of creating specialist "centres of excellence" for the diagnosis and treatment of cancer. The proposal is to have fewer but larger units to concentrate modern high technology equipment and skilled medical teams in one place. Such units would be built around radiotherapy services on the basis of each serving a population of at least one million, or 3000 new referrals a year.

This was the criterion first adopted by the government in 1978 and confirmed in 1984 on the advice of a Department of Health and Social Security working group on acute services for cancer under Professor K D Bagshawe of Charing Cross Hospital. Its report endorsed the idea of developing regional centres of excellence where medical skills would be concentrated. No region would have more than five radiotherapy units, with the norm being two or three.

The attempt by North East Thames region to implement this standard of provision is putting the policy to the test. The region intended to reduce its radiotherapy units from nine to five. That was revised to six but has done nothing to quell the outcry from Southend and another from Edmonton in north London over the proposed loss of their radiotherapy departments. The various statutory formalities point to the buck stopping with the Secretary of State for a decision towards the end of this year.

Ministerial minds, meanwhile, are being led to question the clinical concepts involved. It is easy to see why the creation of bigger centres appeals to administrators and medical specialists. But is it in the interests of patients with cancer to face the stress of longer journeys?

The medical case was put in the Bagshawe report. While most cancer services would still be provided in district hospitals it envisaged as "vitally important" that these were supported by the regional centres of excellence. Two main advantages were put

forward. One was the economic use of expensive technology. The other was to bring together specialists from the different disciplines providing the services and so encourage scientific cross fertilisation and that meeting of minds that generates new treatment initiatives. Such centres would provide a valuable focus for the development of cancer services throughout a region. In the smaller units, it added, there was a danger of isolation from the mainstream of oncological thought and of consequent underachievement in patient care.

Are five stars better than two?

But is the advantage of the five star centre over the two star unit really proved? The report mentioned the consequences of increased costs of ambulances, hostels, and transport for patients and their relatives. Ministers are now prepared to ask other questions which tend to put the patient first. What is best for him or her? Patients certainly don't want a round trip of perhaps 60 miles for radiotherapy with the accompanying pain and distress. In future more of them will be elderly. What is the ill effect of stress from longer journeys? Is there any difference in survival rates between large and small treatment centres? Perhaps the local unit gets to patients sooner. Without the figures it is hard to make an intelligent judgment. Or should the overriding aim be the best service to all patients in the region and not just in one part of it? For once the decision does not turn on cost. There's not much in it, though replacing the old units with a few super technology centres would probably mean spending more money, not less.

Ministers are aware, too, that the trend of advice towards bigger specialist units is coming through in other fields, too, suggesting that spinal units and some children's services should be geared to populations of one million. Is it merely a coincidence?

The Southend case clearly raises more questions than it answers about measuring the effectiveness of medical provision. The department's response will have implications for other regions and other specialties. Moreover, will ministers wait until it comes to them for decision in November or will they pre-empt it for electoral reasons?

One imperative is that Southend is marginal territory. Not so much for Teddy Taylor, perhaps, as for his colleague in Southend West. Who is he? None other than a cabinet minister, Mr Paul Channon, Secretary of State for Trade and Industry. He has a Liberal candidate breathing down his neck with a pledge to keep the Southend radiography unit open. Elsewhere in Essex other ministerial and marginal seats are under similar threat. It all helps to concentrate ministerial thoughts.

It is doubtless unworthy to suggest that they would take such a decision of principle, with national repercussions, purely for local electoral reasons. To those who would readily accuse them of doing so ministers would be entitled to reply by saying that two can play the cynics' game. For example, in supporting bigger units are not doctors motivated more by professional self interest or even—perish the thought—merit awards than by the best interests of the generality of patients?

Here is the makings of an issue where medical advice and politics collide. Perhaps the judgment of politicians is not to be trusted at election time. They may think, however, that in the case of radiotherapy policy they have a duty to balance medical opinion against what common sense tells them is best for the patients—who, after all, are also voters.