Watchdog finds that NHS is failing stroke patients

Rebecca Coombes *London*

The UK National Audit Office has found that the NHS is failing stroke patients at all points of the patient's journey from initial emergency treatment through to rehabilitation.

The study found that stroke costs the economy £7bn (\$12.1bn; €10.4bn) a year, making it the most expensive illness in the United Kingdom. But by failing to prioritise stroke cases as medical emergencies the NHS was missing out on savings that would result from shorter hospital stays and higher recovery rates, the watchdog found.

The study found that emergency care was lacking throughout the health service—despite

the fact that rapid access to specialised services reduces death and disability in stroke patients. Although patients with a suspected stroke should have a brain scan within three hours, most patients in 2004 waited more than two days. Most hospitals have the capacity to provide computed tomography scans within 24 hours of admission, the report says.

Thrombolytic drugs can improve a patient's chance of recovery after a stroke but are "rarely" part of acute stroke care in England. If England could achieve the same rate of thrombolysis as leading Australian hospitals—9% of patients rather than 2%—it could save the health service £16m a year, with more than 1500 patients recovering from strokes who would not have done so, the report says.

The report says that the clinically accepted "gold standard" for treatment of stroke patients is in a specialised stroke unit. However, last year only 41% of patients were admitted to a stroke unit. A

target for all hospitals to have stroke units by 2004 has still not been achieved, and the watchdog had anecdotal evidence that some units were actually closing to save money. If access was increased to 75% of patients, 550 deaths could be prevented.

In the best areas, such as Newcastle upon Tyne, ambulance trusts, emergency departments, radiology departments, and stroke teams provided an integrated emergency response to stroke cases.

Only half of stroke patients received the rehabilitation services they needed in the first six months after discharge, the study found.

The National Audit Office has urged the Department of Health to put a higher priority on stroke care. It said that coronary heart disease and cancer had been given far more attention. As a result deaths from heart disease were falling at a sharper rate than those from stroke. It added that public awareness of the risk factors for a

stroke was low and should be subject to high profile campaigning. About 111 000 strokes and a further 20 000 transient ischaemic attacks ("mini-strokes") occur in England every year.

The health department acknowledged that "there is more to be done" on stroke and announced a programme to expand the number of trainee doctors specialising in stroke. Currently there are six such trainees, compared with 430 in coronary heart disease.

The Stroke Association said the report provided "the strongest of arguments for urgent action to be taken now."

"The report demonstrates that the faster the diagnosis [and] the higher the quality of care and rehabilitation that stroke patients receive, the better will be the outcome," said the association's chief executive, Jon Barrick. □

Reducing Brain Damage: Faster Access to Better Stroke Care is available at www.nao.org.uk.

Woman fights for parents' right to know abortion advice to under 16s

Clare Dyer *legal correspondent, BMJ*

A mother of two teenage daughters went to the High Court in London last week to challenge government guidance allowing doctors to provide abortion advice or contraception to young people under 16 in England without the knowledge of their parents.

Judgment is pending in the judicial review case brought by Sue Axon, 51, a divorced single mother of five children from Manchester, over Department of Health guidelines issued last year that, she says, "undermine the role of parents."

The case has echoes of the controversy two decades ago when Victoria Gillick unsuccessfully claimed that parents should have to give their consent before underage girls could be prescribed the contraceptive pill. That case went all the way to Britain's highest court, the House of Lords.

Mrs Axon's argument is "much more modest," said her barrister, Philip Havers QC. "She merely says that as a matter

of law she has the right to be notified. In shorthand, the case is about 'the right to know.'"

Mr Havers told the court that Mrs Axon had had an abortion 20 years ago that caused her "guilt, shame, and depression for many years." She hoped that "neither of her daughters will have to undergo such an experience without at least their mother being present to guide and support them."

It emerged during the hearing that Mrs Axon's daughter Joy, 16, is pregnant and plans to carry the baby to term, although she became pregnant after Mrs Axon launched her case more than a year ago.

The current guidelines give teenagers under 16 the right to seek advice and treatment without needing to inform their parents as long as they are considered "competent" to take decisions about their own health.

Mrs Axon argues that the guidelines conflict with the House of Lords' ruling on the Gillick case in 1986. Although

Sue Axon claims that parents have the right to be notified if doctors provide abortion advice or contraception to young people

the law lords said it would be "most unusual" for a doctor to advise a child on contraception without the knowledge or consent of the parents, the current guidance makes it the exception rather than the rule to involve the parents, Mr Havers said.

Philip Sales, for the government, told Mr Justice Silber that a parental right to know would discourage young people from coming forward for advice and treatment.

Guidance in the 1980s—that it should be "most unusual" and "exceptional" to give contracep-

tive advice or treatment to someone under 16 without involving the parents—was neither appropriate in modern circumstances nor effective to achieve the government's objectives of reducing the number of teenage conceptions and improving sexual health, Mr Sales added.

The Family Planning Association, which intervened to make submissions in the case, told the court that the traditional belief that "parents know what is best for a child" was contrary to social changes over the past 20 years. □