Summary points

Some people in the UK find it difficult to access health care

People with chaotic lifestyles, such as those living on the streets, have difficulty fitting in with the way mainstream health services are organised

People who have not grown up with the NHS do not easily understand how to enter it or how to use the health system

Tougher restrictions on entitlement to NHS care introduced in April 2004 are another barrier to health care for migrants

Project: London will help people to access the services that they are entitled to and will speak out for vulnerable people who are unable to access the medical care they need

entitlement rules. One of our roles will be to highlight their situation and to work with other concerned organisations to advocate for their right to access the medical care that they need.

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health care of undocumented migrants, and Belgium, France, and Spain have special state health insurance.

Healthcare professionals report that widespread confusion about these rules means that people who are fully entitled to all NHS care—refugees, asylum seekers, and ethnic minorities—are being wrongly denied access to primary and secondary care. Doctors' professional organisations, such as the British Medical Association and the Medical Practitioners Union, have expressed concerns that it is not the role of doctors to police eligibility for NHS care.^{12 13}

Project: London will help people to access the services that they are entitled to. Another key challenge will be to speak out about the fact that there are vulnerable people living in the UK who are being denied access to health care through the new

A memorable patient

Her final days

She was 80 years old when she had come to a provincial town in New Zealand's South Island to end her days in the company of her married son and his family. She had moved from her home in the upper North Island after the diagnosis of her "inoperable carcinoma of the pelvic colon." By the time she had arrived at her destination, she had acute obstruction. The son's family doctor suggested an urgent admission and consultation with myself. The patient had a large mass in the pelvis and was very thin but mentally alert and "with it." We performed a transverse colostomy to relieve the obstruction.

The old woman settled after a few days' anxiety about her condition. She was very keen for something further to be done, and her family agreed. Six weeks after her admission, I therefore proceeded to do a resection and an end to end anastomosis. Admittedly, the cancerous mass was large, but there was no evidence of local spread or liver secondaries. The convalescence was reasonably straightforward. A month later, the colostomy was closed.

Twenty years later, my wife and I were invited to my patient's 100th birthday party—a large gathering of family and friends, almost like a wedding reception. One guest even told my wife

how she had said goodbye "forever" to her old friend when she left for the South Island on that trip 20 years before. Instead, she was still keeping house for her bachelor farmer son back in the North Island and acting as a Country Library Service agent. I kept in touch with the family: my former patient was in a rest home for the last year or two of her life. She lived to 107.

If we learn anything from the above, I would say "never let a patient's age be the main arbiter in your decision making."

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We welcome articles up to 600 words on topics such as *A memorable patient*, *A paper that changed my practice*, *My most unfortunate mistake*, or any other piece conveying instruction, pathos, or humour. Please submit the article on <http://submit.bmj.com>. Permission is needed from the patient or a relative if an identifiable patient is referred to. We also welcome contributions for "Endpieces," consisting of quotations of up to 80 words (but most are considerably shorter) from any source, ancient or modern, which have appealed to the reader.