neither is of value in the patient with normal amylase activity and acute pancreatitis. After more than half a century the serum amylase estimation still holds pride of place as the most immediately diagnostic test—and looks set to remain so.

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Hospices: the future

Press reports of the conference on care of the dying on 2 December concentrated on the opening address by Prince Charles, in which he called for an expansion of the hospice movement. Later speakers at the massive meeting, organised jointly by the National Association of Health Authorities and the Department of Health and Social Security, shared the Prince's conviction that the most important feature of hospice care was the change it had produced in attitudes to death—both in patients and in doctors and nurses. But the health professionals were less expansionist, recognising that the current wave of public enthusiasm for hospice charities was likely to be short lived and that the crucial tasks for the next few years are planning, rationalisation, and education rather than continuing the growth in numbers of hospice buildings.

The health planners' reservations are based on two facts. Firstly, raising the capital sum required to build a hospice from local charitable sources is far easier than finding funds year after year to supply its running costs. Secondly, the current distribution of hospices in Britain is uneven, with the south having far more than the north. Furthermore, new approaches to the care of dying patients—in particular home care (Macmillan) nurses and advisory teams in hospitals—have shown that there are cheaper alternatives to inpatient units and that hospice care is a concept that does not depend on buildings.

The services each health district should have were set out by Professor Eric Wilkes: a specialist advice service on the control of symptoms in patients with terminal cancer, high quality nursing care for those patients, spiritual support for the patient and the family, and a bereavement service. How those skills would be provided would vary with circumstances; in many cases their provision would be shared between the voluntary sector and the National Health Service.

Fortunately, the Minister of Health, Mr Barney Hayhoe, seemed to understand that the way forward lay with a partnership between the NHS and the charities. He "hoped and expected" that health authorities would set up meetings to start the dialogue. Every health district should find out how many patients died each year from cancer and where they died. Next, they should discover what the needs of these patients were and the extent to which they were being met

(by inpatient beds, symptom control teams, day centres, home nurses, volunteer services). Finally, each district should draw up a plan for closing the gap between needs and services, taking account of the current and likely future contribution of the voluntary sector.

The reassuring picture left in the audience's mind by the minister's speech was blown away by some realities from a consultant in charge of a continuing care unit, Dr Richard Hillier. Of the 16 such units in the NHS, only one had two consultants. All had fewer nurses than equivalent units in the voluntary sector. If current restraints on spending continued the stark alternative, said Dr Hillier, would be to "tell people to beg or to run a second class nursing home." He went on to call for a training hospice unit in every NHS region linked to a medical school with the funds to support a top quality service and teaching staff.

More than 1000 people attended the meeting—dramatic evidence of the continuing belief among health workers and the public that all dying patients are not yet getting the quality of care given by hospice units. Care of the dying is a specialist skill (though one that at its basic level all doctors should be taught). The cancer charities have achieved wonders in facilitating the spread of this specialist skill—but the final task rests with the DHSS. If and when health districts complete their audits, as requested (but not instructed) by Mr Hayhoe, some money will be needed to help make standards more nearly uniform throughout Britain. No doubt the charities will find a lot of that money—but most of the revenue costs must surely be accepted by the DHSS.

TONY SMITH

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Correction

Probability analysis in the diagnosis of coronary artery disease

We regret that reference 4 was omitted from the leading article "Probability analysis in the diagnosis of coronary artery disease" (23 November, p 1443). This should have read: "Diamond GA, Forrester JS. Analysis of probability as an aid to clinical diagnosis of coronary artery disease. *N Engl J Med* 1979;300:1350-8.