future. The development of a coherent strategy across all sectors following a health lead has been shown to be possible in Wales.⁴

NHS regions in the United Kingdom may have the option of looking towards Brussels rather than Whitehall for health policy in the longer term. The mere suggestion of this may be enough to get Whitehall departments collaborating more effectively to fill "the hole at the centre."

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Doctors convicted of manslaughter

SIR,—Several correspondents, writing after two junior hospital doctors were convicted of manslaughter,¹ have drawn attention to the inadequacies of training in drug administration that is given to recently qualified medical staff.² None of these correspondents have attempted to quantify the problems that exist.³

Before the circumstances of the recent tragedy were published we carried out a preliminary survey of 34 of the 37 preregistration house officers in a teaching hospital six weeks after the start of their first house job. Equal numbers of surgical and medical staff were interviewed by telephone on a single day. After determining whether or not each doctor had administered intravenous ranitidine (chosen because there had been publicity about the potential danger associated with its use⁴) we asked them how the drug should be administered. Only three of the 15 doctors who had used the drug gave correct responses (diluting each 50 mg in 20 ml and giving the injection over at least two minutes), and only one of the 19 without personal experience of administration gave an appropriate answer.

These preliminary data highlight the need for a comprehensive review of the practical training offered to junior staff in the use of intravenous treatment. Widespread deficiencies seem likely, and unless these are both recognised and addressed urgently we fear that unnecessary tragedies will continue to occur.

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AIDS campaigns: putting the message across

SIR,—“Don’t die of ignorance” was the message of the first AIDS awareness campaign in Britain. Since its launch there have been many other attempts to put the message across throughout the British Isles,¹ although the incidence of HIV infection has continued to rise. We have been investigating the spread of AIDS in Greenland, particularly in relation to the effectiveness of the anti-AIDS campaigns initiated by the Danish and Greenland health authorities. Our findings on

the success of campaigns applied cross culturally may be relevant to Britain: does the anti-AIDS campaign ignore the cultural, economic, and ethnic diversity that characterises modern Britain?

Native peoples who inhabit the Arctic experience high levels of sexually transmitted diseases.² The first cases of HIV infection in Alaska, Greenland, and Canada were diagnosed in 1987 and 1988. Subsequently, several deaths from AIDS have occurred among indigenous people. In Greenland now there are 15 HIV positive people³; the first person to die of AIDS in Greenland, in 1989, was a 26 year old bisexual man who had contracted the disease in Denmark. Danish doctors now fear that HIV may be endemic in Greenland’s population (55 000 people).⁴ Originally, the doctors hoped that early diagnosis and an AIDS campaign could contain transmission of the virus.

The AIDS campaign in Greenland, called “STOP-AIDS,” was introduced by the Danish and Greenland health authorities in 1986-7. Reducing the number of sexual partners and safe sex were the major issues. The message had been designed and tested in Denmark and was therefore specific to Danish culture; little was addressed to Greenland’s cultural conditions.

It is widely believed that the Inuit (Eskimos) are promiscuous because of a greater tolerance of sexual freedom. The campaign urged the Greenlanders to limit their sexual activities to fewer people and to use condoms. Our research suggests that the AIDS awareness campaign needs to be re-evaluated; it should show an understanding of Greenland’s values and sexual norms rather than denounce “promiscuity.”

With this in mind, we wonder whether British AIDS campaigns should be re-evaluated to ensure that all sections of the population are being targeted efficiently—as attitudes to sexual behaviour and risk vary among socioeconomic and ethnic groups. Essentially, is a national AIDS awareness campaign appropriate to the whole population? AIDS poses a threat to everyone; is the message being put across?

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Wasted drugs in HIV infection and AIDS

SIR,—By 31 March last year 4454 cases of AIDS in the United Kingdom had been notified to the World Health Organisation. A recent report on the use of designated funds for the care of those with HIV infection raised the issue of appropriate allocation and gave several opinions.¹ We believe that modifying prescribing practice and reducing the wastage of drugs may lead to considerable savings.

Increasingly, people affected by AIDS and HIV are being cared for in the community. Centres are facilitating this in various ways in an attempt to provide maximum support at home when inpatient care is unnecessary. Bloomsbury and Islington District Health Authority provides a community care team linked to the Middlesex and University College Hospitals to support the primary health care team in managing symptomatic late and end stage disease.

After a patient’s death drugs that have been prescribed are collected from the patients home by

a community care team worker and returned to the pharmacy department at the Middlesex Hospital. The drugs are destroyed in accordance with guidance obtained from the Royal Pharmaceutical Society of Great Britain, which maintains that dispensed medicines intended for one patient should not be reused for another. This relates to the Consumer Protection Act 1987.

As large amounts of expensive drugs were being returned we decided to monitor this wastage. For the 13 months from 1 August 1990 to 31 August 1991 the value of drugs returned was £26 504. Returns from 15 patients were itemised individually after their death and the average cost of excess drugs found to be £721 per patient. Drugs contributing most to this figure included zidovudine, ganciclovir, fluconazole, foscarnet, acyclovir, and pentamidine. This wastage may be due to over-prescribing or, more probably, to duplicate prescribing by clinicians in different departments and general practitioners concerned in the shared care of patients with disease related to HIV infection. The possible national cost of this problem is considerable.

To address this issue we are evaluating a patient held medication record card for patients with disease related to HIV infection. Such a card ensures that a history of medication and dispensing record are immediately accessible to patient, doctor, and pharmacist. The cards are cheap, and anecdotal experience of paediatric and obstetric practice suggests that patients are receptive to them.

The expense of drugs used to treat patients with HIV infection and AIDS and the requirement for long term maintenance treatment make it essential to address the issues of rational prescribing and communication between prescribers. This will provide the best in medical care combined with responsible use of resources. Many other specialties prescribe rapidly changing regimens of expensive drugs, and an examination of this practice may lead to substantial savings in those specialties too.

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- 1 National Audit Office. *HIV and AIDS related health services*. London: HMSO, 1991.

Women in general practice

SIR,—Charles A West complains about the inequitable treatment given to female general practitioners, who can have up to 40 weeks’ voluntary absence from work on account of pregnancy. If West could sort out his anatomy many of us would be delighted for him to have the baby and the leave. On the other hand, perhaps he should join those who negotiate on his behalf. Many organisations, ours included, allow paternity leave and adoption leave. But of course the staff are salaried.

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- 1 West CA. Women in general practice. *BMJ* 1991;303:1205. (9 November.)

Bureaucratic record?

SIR,—I have been asked to provide 17 copies of my curriculum vitae with my application to join the orthopaedic registrar rotation at St George’s Hospital, London. Is this a record?

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