Nursing shortfall hits Britain

Nursing shortages throughout Britain are resulting in an acute shortfall in medical beds, while admissions to NHS hospitals continue to rise (see also p 134). London and the south east seem to be particularly hard hit, but areas as far apart as Pontefract and Plymouth are reporting an inability to fill skilled nursing posts.

This week alone the magazine *Nursing Times* carried 96 pages of classified advertisements for vacant nursing jobs—the largest number in the history of the magazine.

"It's been like this for over a year now, and frankly, it's getting a bit embarrassing. Our editorial is being dwarfed by situations vacant," said David Payne, a news reporter.

Christine Hancock, general secretary of the Royal College of Nursing cites the "phenomenal cutback" in student nurses, from an intake of 37 000 in the mid-1980s to 13 000 in 1996. The south east's recruitment problems have been exacerbated since, on qualifying, many of its staff move to other parts of the country.

A recent survey carried out by Northwick Park and St Mark's Hospital NHS Trust in northwest London found a shortfall of 12-14% across all nursing staff, while specialities such as geriatrics and general medicine were hit hardest. Other trusts in the south of England reported nursing shortages in intensive therapy units, orthopaedics, renal units, casualty, and registered sick children's nurses. "The latter are like gold dust," said Karen Parsley, director of nursing at Brighton Healthcare Trust.

Some trusts, such as the Cheshire Community NHS Healthcare Trust, report fewer problems in recruiting community nurses than hospital based posts. Some trusts are looking at how they can become more attractive employers. Many nurses with family commitments now want child care facilities on site, job sharing, and flexible working hours.

Others are resorting to targeting newly retired staff, appealing to their experience and professionalism to come back and help out. One hospital to adopt such a strategy is Pontefract Hospitals NHS Trust in West Yorkshire. Pontefract General Infirmary planned to open an extra 30 bed ward in November 1995 for five months to cope with an expected influx of seasonal admissions. Problems in recruiting eight temporary nurses at grades D and E resulted in only half the beds being used. "The trust recognised the problem and has agreed to fund these positions permanently," said Emma Nixon, the trust's personnel officer.

Some nurses are becoming like gold dust

Clinical nursing directors from trusts throughout Britain blame a combination of factors. Pay and conditions within the NHS is a recurrent theme. About 20 000 jobs for skilled nurses have been created in private nursing homes or general practice surgeries in the past year alone. It may be that staff prefer working in the private sector.—ALISON BOULTON, freelance journalist, London

BMA warns of bed crisis in the NHS

The BMA has warned that unless urgent action is taken there will be a "severe and prolonged bed crisis in the acute sector of the NHS." The association has called on the health secretary and the ministers responsible for Scotland, Wales, and Northern Ireland to take action to rectify the crisis. This follows reports in the press and the experience of many BMA council members of the increasing difficulties in finding short stay beds.

The BMA chairman, Dr Sandy Macara, said that there was a "potentially lethal cocktail of problems," the main one being lack of flexibility to cope with sudden, increased

demands. The number of short stay beds had been reduced by 2.8% in England between 1984 and 1995, to save money and because of the increase in day surgery, shorter hospital stays, and the expected increase in community care services. Some wards had had to be closed because of staff shortages, particularly of nurses, who were increasingly reporting sick.

The increased number of emergency admissions—on average 2-3% a year—had also reduced the number of beds available for short stay admission, and many beds have been blocked by elderly and mentally ill people, often because of the lack of community care facilities.

Dr Macara criticised the waiting list initiative, which had led to resources being diverted to non-urgent cases and had distorted clinical priorities.

He called for more resources to reopen beds and suggested that in the short term the waiting lists for elective treatments could be allowed to grow. The internal market, Dr Macara said, had led to hospitals competing instead of cooperating when there was a crisis. With decisions being pushed down to trusts there was "no longer any central lever to ensure that money goes where it is needed."

Dr Macara emphasised that the problem affected general practitioners as well; their

Headlines

British prisons will change policy on shackling women in labour:

Britain's prison service is to set up new guidelines to clarify when labour begins and when pregnant prisoners should no longer be shackled to warders. The move follows the outcry after a woman was secretly filmed chained to a warder while in labour.

Paediatricians to have own college:

The British Paediatric Association is to become a college and is seeking approval for a royal charter. The association, founded in 1928 and with a membership of 3500, has so far lacked the statutory authority for examinations.

France imposes extra tax to help pay its debts:

A special tax of 0.5% on nearly all revenues in France, including salaries, pensions, and unemployment pay above a minimal level, is to be introduced next month. The tax will remain until the debt of Fr250bn (£33bn; \$50bn) accrued by the social security system is paid off.

US may allow health claims labelling for food:

The US Food and Drug Administration has proposed a new regulation that would allow packets of products high in oatmeal or oat bran to carry a health claim—for example, that the product could reduce heart disease risk. It would be the first health claim allowed for a specific food, rather than for food components such as fibre.

Neurotic disorders affect job prospects:

Half of adults aged 16-64 living in private households in Great Britain in 1993 with a neurotic disorder also had a longstanding physical complaint, says the Office of Population Censuses and Surveys. This compared with only 30% of adults with no neurotic disorder.

New Zealand introduces breast screening programme:

The New Zealand government is to spend NZ\$40m (£17m; \$26m) over the next three years on a breast screening programme aimed at women aged between 50 and 64 years of age.

Medical malpractice makes most lucrative lawsuit:

Medical malpractice cases in the US produced the most payouts according to the *Lawyers Weekly USA*—a national journal. Payments ranged from \$40m to \$98.5m (£26m to £65.5m). The three biggest awards were for babies injured in childbirth.

Wards are being closed because of staff shortages

ULRIKE PREUSS

workload had risen and they were increasingly frustrated at not being able to admit patients. Doctors were spending hours trying to find beds for patients, and this took them away from treating other people. It showed "a complete lack of understanding" when the health secretary said that more work could be done in primary care.

Some doctors blame the contracting system, with trusts running out of money. Queen's Medical Centre, Nottingham, is underfunded by £2m because it has exceeded its contracts. According to Mr Brian Hopkinson, a consultant surgeon, all surgical planned procedures were stopped for at least three weeks, from 18 December to 8 January. On the day that this ban was lifted one consultant had 95 general medical emergency admissions.

A general physician at King George Hospital, Ilford, Dr Joy Edelman, said that it was not unusual for 20 patients to spend the night on trolleys waiting for beds. Sometimes it was two days before a bed could be found.

Dr Ellie O'Sullivan, medical director at Queen Mary's Hospital, Roehampton, and five other directors wrote to the South Thames regional chairman about the position in their hospitals. One hospital reported a 22% increase in admissions via the accident and emergency department compared with this time last year.

The Royal London and Homerton Hospitals have reported a 13% increase in emergency admissions and the admission of more elderly people compared with this time last year.

The opposition health spokesperson, Ms Harriet Harman, accused the government of diverting resources into bureaucracy. "The fundamental principle of the NHS is being threatened," she said, "with cuts in beds, lowering in staff morale, and intensive care beds not available when needed."

The health minister, Mr Gerald Malone, denied that the internal market was causing

the problems and said that overall the number of emergency admissions had gone down by 2% since 1990. But he has written to trust and health authority chairmen telling them that they can lift the limit on recruiting staff grade doctors to accident and emergency departments. The NHS Executive has issued guidance on making accident and emergency posts more attractive to junior doctors and the chief medical officer is planning a review of emergency care services outside hospital (see also p 188).—LINDA BEECHAM, *BMJ*

Inadequate care linked to homicides and suicides

Severely mentally ill people in Britain who are at high risk of committing suicide or homicide are getting inadequate care, says a report from the Royal College of Psychiatrists (see also p 135). At least 13 killings over three years might have been prevented if mentally ill patients had been supervised and treated adequately. Patients' refusal to comply with treatment is often the cause of such deaths, but inadequate use of care plans by mental health staff is widespread, says the Confidential Inquiry into Homicides and Suicides by Mentally Ill People.

The independent inquiry was commissioned in 1992 by the Department of Health with the aim of identifying possible risk factors for suicide and homicide among people who are or have recently been under psychiatric care. Using Home Office files the inquiry identified 39 homicides by mentally ill people in England between July 1992 and March 1995 (excluding one nine month period). About 500 murders are committed each year in England and Wales.

A detailed questionnaire was then sent to the psychiatric team that had seen each patient the most recently. Staff and, if possible, patients' families were invited to comment on various issues such as clinical care and family involvement. The record was then anonymised.

Of the 39 people who committed homicide, 36 were in touch with community psychiatric services at the time, two were inpatients, and one had been discharged from psychiatric care in the previous year. None were detained under the Mental Health Act 1983 or were waiting to get into hospital. In total 16 had schizophrenia, 14 had affective disorders, and nine had personality disorders. Nearly half had no formal care plan. Of the 36 outpatients, a third were proving difficult to supervise.

Three patients had murdered strangers; all the other victims were relatives or acquaintances. Of the 12 female patients, nine had killed their own children. Possible predisposing and precipitating factors in the homicides included recent life events (mainly broken relationships) and earlier episodes of personal violence. One in five had a conviction for violence.

The inquiry team received questionnaires on 240 suicides by mentally ill people in England between June 1993 and December 1994. The average annual suicide rate in England and Wales is around 4000. Nearly two thirds were psychiatric outpatients, one fifth were inpatients, and the rest had been discharged from psychiatric care within the previous year. More than a third had affective disorders and a quarter had schizophrenia.

Just over half of the inpatients and fewer than a third of the outpatients had formal care plans. More than half the inpatients and fewer than a third of the outpatients had expressed clear suicidal intent during their current illness; as a result most of them had had increased supervision and treatment, but this was often not complied with.

"It is unrealistic to expect that every homicide or suicide is preventable," says the report. "In many cases it was not possible to discover any change to the patient's management which would have lessened the likelihood of death.... Nevertheless, we are left with an uncomfortable feeling that more strenuous efforts to insist on maintenance of contact [with high risk patients] might have been rewarded with fewer deaths".

The report recommends that mental health staff managing patients at high risk should ensure that a written care plan is followed and spend more time in face to face contact with such vulnerable patients. Staff are likely to need training in risk assessment of patients. The report also calls for less crowded hospitals.

Gary Hogman of the National Schizophrenia Fellowship said, "This adds to mounting evidence that the implementation of the government's care in the community policy has been rushed to the extent of negligence." —TRISH GROVES, *BMJ*

The Report of the Confidential Inquiry into Homicides and Suicides by Mentally Ill People is available from the inquiry's Unit Office, PO Box 1515, London SW1X 8PL, price £10.

Prison doctor faces misconduct charge after speaking out

A prison doctor who made public allegations about violence by prison officers against inmates is to face formal disciplinary charges for gross misconduct. Dr Simon Danson, who has worked at Glasgow's Barlinnie jail for six years, claims that he was right to speak out and plans to defend the charges against him.

Dr Danson was suspended in October after making a series of claims on a BBC television documentary about violent assaults on three prisoners by staff at Barlinnie. Three officers have subsequently appeared in court charged with assaulting inmates and have been released on bail pending a further hearing. Dr Danson has now been informed that he is to face formal disciplinary procedures, which could result in dismissal from his post. He is being supported by the British Medical Association, which has promised a vigorous defence of the charges.

Dr Danson is accused of gross misconduct in giving the interview to the BBC without permission, and it is also claimed that he was instructed not to speak on the programme, although this is denied.

The BMA's Scottish secretary, Dr Brian Potter, said: "While we fully accept that any employee has a duty to stick to the regulations as they are applied, a doctor—I believe—has a higher ethical responsibility. Dr Danson's decision was that this had overtaken his other responsibilities. A doctor's first duty is to his patients, and, although a prisoner loses liberty, he does not

lose the right to a proper standard of medical and ethical care."

A spokesman for the Scottish Prison Service confirmed that Dr Danson had been suspended on full pay pending a hearing into alleged gross misconduct.

"If any member of the Scottish Prison Service wanted to take part in that programme, he or she would have had to obtain permission. Such permission was not given," said a prison spokesperson. —BRYAN CHRISTIE, *health correspondent, Scotsman*

Britain creates watchdog for genetic tests

The British government last week rejected parliamentary pressure for statutory control over the future direction of human genetics, although it did set up a new advisory committee on genetic testing. This amounts to a rebuff for the House of Commons committee on science and technology, which wanted control to be centralised under a human genetics commission and reinforced by legislation (*BMJ* 311:218).

In a white paper the government states that existing mechanisms to control human genetics have worked well and will continue to provide an appropriate level of control. The paper lists at least 10 different agencies in the field. It accepts, however, that a further initiative is needed to deal specifically with genetic tests, which are now available commercially.

Junior health minister John Horam

Dr Simon Danson: suspended from work after making claims about violent assaults on prisoners

SCOTSMAN PUBLICATIONS

announced plans for an advisory committee on genetic testing. It will be chaired by the Reverend Dr John Polkinghorne, president of Queens' College, Cambridge. The committee will advise on the ethical, social, and scientific aspects of genetic testing and will set standards to be met by manufacturers and suppliers of genetic tests for both clinical and public use. A gene therapy advisory committee already vets all proposals for gene therapy research in humans.

Mr Horam said that people having genetic testing must be properly informed and offered counselling, especially when the outcome can suggest a predisposition to serious illness in later life or the possibility of severe impairment in children. The new committee will regulate commercial testing and screening on a non-statutory basis. The government rejects proposals for legislation to prevent the abuse of genetic testing by employers or insurers or to make the misuse of genetic information a criminal offence. —JOHN WARDEN, *parliamentary correspondent*, BMJ

Human Genetics: the Science and its Consequences, the government's response to the third report of the select committee on science and technology, is available from HMSO, price £4.

Meat commission cautioned after anaemia advert

The Advertising Standards Authority in Britain last week upheld a complaint against the Meat and Livestock Commission for an advertisement implying that children need meat to avoid anaemia. The authority also cautioned the commission against using "similarly misleading" advertisements in future.

The national press advertisement in question featured part of a newspaper article headlined: "Your children need meat, parents told as anaemia spreads." The article said: "Vegetarian parents could be to blame for a growing number of anaemic children, it was suggested yesterday. A government survey of 1700 youngsters showed that a lack of red meat resulted in a shortage of iron in one in 12 of under-fives and one in eight of those aged one and a half to two and a half..."

The advertisement prompted a complaint to the Advertising Standards Authority from the National Anti-Vivisection Society, which objected that the advertisement was misleading because millions of vegetarians live long and healthy lives and a vegetarian diet contained all the necessary vitamins and minerals.

The society also said that the government survey quoted in the advertisement did not link red meat to the amount of iron in the body and that there was no evidence of a growing number of anaemic children in Britain. It said that the advertisement could create unnecessary anxiety.

Daily Mail March 23 1995

Your children need meat, parents told as anaemia spreads

VEGETARIAN parents could be to blame for a growing number of anaemic children, it was suggested yesterday.

A Government survey of 1700 youngsters showed that a lack of red meat resulted in a shortage of iron in one in 12 of under-fives and one in eight of those aged one to two.

All it would take to remedy the deficiency would be one helping of liver a week, said Deputy Chief Medical Officer Dr Jeremy Matthews.

Do you think your diet is this healthy?

Daily Mail Reporter

Italian meat balls in tomato sauce

SERVES 4

Cooking time: Approximately 30 minutes. Temperature: Gas Mark 4, 180°C, 350°F

INGREDIENTS

Meatballs:	Tomato sauce:
450g (1lb) British minced beef	1 x 15ml sp (1tbsp) olive oil
lean or pork	1 onion, chopped; 1 clove garlic, crushed
25g (1oz) fresh breadcrumbs	1 red pepper, seeded and sliced
25g (1oz) Parmesan cheese, grated	1 yellow pepper, seeded and sliced
1 x 15ml sp (1tbsp) dried mixed herbs	375g (14oz) can chopped tomatoes
2 eggs (size 2) beaten	4 x 15ml sp (4tbsp) fresh parsley, chopped
Salt and black pepper	Salt and black pepper

METHOD

In a large bowl, thoroughly combine all the ingredients for the meatballs. Divide mixture into 12 and shape into balls. Place in an ovenproof dish and cook, uncovered, in a preheated oven for 10 minutes. Meanwhile heat oil in a saucepan, fry the onion and garlic until softened. Add the peppers and cook for a further 2-3 minutes. Add all remaining ingredients and bring to the boil. Remove meatballs from the oven. Pour the sauce over. Serve with rice or pasta and salad.

The recipe for love

BRITISH MEAT

The anaemia advert

The Advertising Standards Authority, in its adjudication, upheld all the complaints against the commission and said that the advertisers "had not justified their approach, because they had not shown that people who did not eat meat were likely to suffer from anaemia."

The evidence had shown neither that children required meat to be healthy nor that vegetarian diets could be detrimental to their health, said the Advertising Standards Authority. The authority noted that the advertisers did not plan to use the advertisement again, and it warned them against using "similarly misleading" advertisements. —CLAUDIA COURT, BMJ

Australia improves access to records

The Australian federal government has announced changes to laws on the freedom of information that will give private patients complete access to their medical records despite concerns voiced by the medical profession. The moves mean that doctors will have to hand over patients' records on request and follow a series of legal cases about whether records belong to patients or doctors. Health minister Carmen Lawrence said that the changes would give private patients the same rights as those in the public sector. "The arguments for ensuring patients have access to their health records are undeniable," she said.

Dr Lawrence said that a department review had found that problems in accessing records were a common reason for patients taking legal action. "The review noted that in many cases a patient began litigation to get

access through a subpoena and patients saw a denial of access to the record as a sign of a cover up," she said.

While consumer groups welcomed the news the Australian Medical Association said that appropriate safeguards were needed first. Precise changes to the law cannot be finalised until a High Court challenge by a Sydney woman, Julie Breen, has ended. Ms Breen is fighting for access to her records to support her case against a US manufacturer of breast implants. —CHRISTOPHER ZINN, *Australian correspondent*, Guardian

Dutch doctors fight law on sick pay

Dutch doctors are leading a campaign against a proposed law privatising payments to sick employees by shifting the burden for the first year's sickness from the government to the employer. They fear that it will undermine the independence of doctors and lead to staff selection on health grounds.

Under the proposed law employers must pay at least 70% of the wages of ill staff for 52 weeks instead of only the first six weeks. The government believes that by confronting employers with the financial cost of sick leave it will force them to take steps to maintain the health of employees. It expects a 10% drop in sickness absence, saving £230m (\$345) from the social security budget.

The Netherlands became famous for high levels of sick leave when levels reached 8.2% of the working population by 1994. Absenteeism has dropped to 4.8% since a new law obliging employers to pay wages for the first six weeks of sickness was introduced. Now doctors fear that the proposed, extended law would amount to "overkill."

The Royal Dutch Medical Association last week urged the Dutch senate to delay the bill, which is due to become law on 1 February. The association is seeking an evaluation of the "far reaching consequences" of the proposed law.

In the Netherlands sick notes are not written by a patient's general practitioner but by company doctors employed by private organisations providing occupational medicine. These organisations must win contracts with employers, who will have a financial incentive under the proposed new law to reduce sickness levels.

The association's secretary general, Dr Theo van Berkestijn, argued that to improve employees' health company doctors needed to be able to speak confidentially with the patients' general practitioners. But he fears that this law could make company doctors feel caught between financial pressure from the employer and caring for their patients.

Occupational physician Professor Frank van Dijk of Amsterdam's Academic Medical Centre said, "We are afraid that people with chronic conditions or a history of illness will have enormous problems finding jobs. Employers will try to select on health grounds because they do not want the risk," he said. —TONY SHELDON, *freelance journalist*, Utrecht

MPs predict gloomy future for NHS dentistry

Two thirds of British MPs believe that within a decade dental treatment will be available on the NHS only to children and to those on low incomes, according to a survey published last week. The survey was carried out for the British Dental Association, whose council chairman described the findings as a "terrible indictment of the funding of NHS dentistry under this government."

A key finding was that 44% of Conservative MPs and 83% of Labour MPs believed that those who can afford to pay for dental treatment will soon be ineligible for care under the NHS. The survey also found that almost half of the MPs had received complaints from constituents about difficulties in finding an NHS dentist within the previous three months. The greatest correspondence came from the midlands and Wales.

The survey was conducted by Harris Research before Christmas among 160 MPs reflecting the composition of the House of Commons in terms of such factors as party, region, length of service, and age. Respondents were paid a disturbance fee.

Bill Allen, chairman of council at the British Dental Association, described the findings as a "disgrace." He said: "Government underfunding has forced many dentists out of the NHS. The survey confirms our

fear that there is a serious lack of dental treatment available on the NHS in many parts of the country." He said that without "radical action to increase funding" it would become even harder to find an NHS dentist.

In response to being asked who, in their view, was responsible for patients' current difficulties in finding an NHS dentist, three quarters of the Labour MPs blamed the government, while 46% of the Conservatives blamed the dentists. A further 37% of Conservative MPs blamed both the government and dentists.

Currently, one third of all patients on dentists' lists are entitled to free dental treatment. The two thirds of adults who pay contribute 80% of the cost, while the government pays 20%.—CLAUDIA COURT, *BMJ*

Doctors in Britain urged to practise effectively

Doctors in Britain were urged last week to stop providing ineffective treatment and to base their practice on scientific evidence. Speaking at the launch of *Promoting Clinical Effectiveness*, a document that sets out the framework for practising evidence based medicine, the secretary of state for health, Stephen Dorrell, said that the NHS must offer the best value treatment from the

resources available. "Clinical effectiveness is not a mechanism for always finding the cheapest treatment," he said.

In the NHS it is already the responsibility of the central research and development committee to identify areas where information on clinical and cost effectiveness is needed. The single largest programme is Health Technology Assessment, where systematic reviews and intervention trials have been commissioned in such areas as menorrhagia and the use of imaging in low back pain.

The document identifies sources of information that are already available such as the UK Cochrane Centre's pregnancy and childbirth database in Oxford, and the NHS Centre of Reviews and Dissemination in York. The latter is involved in publishing *Effectiveness Matters*, and *Effective Health Care* which are both regular updates on evidence based health interventions. The BMJ publishing group has recently launched *Evidence Based Medicine*, which condenses the best clinical trials from over 70 journals each month.

But in clinical areas where randomised controlled trials are scarce, the document says that doctors can legitimately draw on expert opinion and past experience.

For effectiveness to be put into practice the document argues that local NHS managers must support the use of clinical guidelines and encourage postgraduate education. "Clinicians need good access to educational resources, library services and learning events," it says. "This also means providing clinical cover and protected time." It recommends that every NHS trust should have access to the databases of the Cochrane Centre and the Centre of Reviews and Dissemination.

Health authorities and general practice fundholders are urged to encourage NHS trusts to adopt more cost effective practices. Clinical audit is seen as essential in promoting change. The document gives an example of an audit in an accident and emergency department that led to routine x ray examinations for nasal fractures being abandoned after they were shown to have no effect on clinical practice. The NHS Executive's priorities and planning guidance for 1995-6 requires health authorities to show that they have promoted two interventions known to be effective and tried to reduce the use of two that are less effective. An example of the latter is the use of diagnostic dilatation and curettage for women aged under 40 with menorrhagia.

Most work is needed in the area of monitoring the use of effective treatments, says the document. The NHS Executive is currently working on a "long term" programme to develop better monitoring methods that could take until the end of the decade. The document argues that assessing clinical outcomes and health is complex and that the NHS does not routinely collect data on quality of life and disability.

The NHS Executive, however, has developed comparative datasets that can highlight differences in practices between health authorities. Dorrell gave the example of rates of caesarian section being 20% in some hos-

ULRIKE PREUSS

Dentistry on the NHS may soon be restricted to children and those on low incomes

pitals and 10% in others. "It doesn't mean that clinicians are wrong to do them, but it does mean that they have to explain why they are out of line."

Harriet Harman, Labour's health secretary, said that the campaign was merely a "smokescreen for rationing" and a drive to cut costs.—LUISA DILLNER, *BMJ*

Promoting Clinical Effectiveness is available free from the Department of Health, Storage and Despatch, PO Box 410, Wetherby LS23 7LN.

Elderly in US have rising suicide risk

The suicide rate for men aged 65 years and over in the US rose by 10% (from 34.8 per 100 000 to 38.4) between 1980 and 1992, said the Centers for Disease Control and Prevention (CDC).

Suicides were identified with the CDC's underlying cause mortality files for each year. Suicide rates were calculated using population data derived from the 1980

and 1990 US censuses.

Over 80% of suicides in people aged 65 and over were by men. The rate for women is unchanged, at 6 per 100 000. The suicide rate increased the most among men aged 80-84, from 43.5 per 100 000 to 58.6 over the study period. Firearms were the most common method of suicide used by both men (74%) and women (31%) aged 65 and older.

Elderly men who are divorced or widowed have nearly three times the risk of committing suicide compared with married men. The rate for divorced or widowed women is nearly twice that of married women.

The CDC said that among older Americans in 1992 suicide was the third most common cause of deaths related to injury, after death from unintentional falls and traffic accidents.

Dr Alex Crosby, a medical epidemiologist in the division of violence prevention at the CDC, said that the risk factors for suicide in old age are previous alcohol misuse, depression, the use of highly lethal means of suicide, physical illness, and social isolation.

Dr Crosby said, "The highest suicide rate for widowed older men and the higher rate

for divorced older men may be an indirect measure of social isolation." He said that it was highly significant that many elderly people had seen a health care professional shortly before their suicide.

Another factor may be the rise of the right to die movement. The CDC report covers the period in which assisted suicide, living wills, and renunciation of life support systems were widely publicised. A suicide manual became a bestseller when it was published in 1991.

The CDC findings emphasise the need for public health measures to prevent suicide that are aimed directly at older people. One of the national health objectives for the US for the year 2000 is to reduce the suicide rate for white men aged 65 and older by 15%.

Strategies for reducing suicide rates among older people include senior peer counselling programmes; trying to target people at high risk of suicide; improving mental health services through suicide prevention centres; and programmes that increase awareness of risk factors among people who have frequent contact with the elderly.—FRED B CHARATAN, *freelance journalist, Boca Raton, Florida*

Focus: London

Merging hospitals can benefit everybody

Mr James Thompson, surgeon and clinical director of St Mark's Hospital for Intestinal and Colorectal Disorders, spends a lot of his time assuring people that the

journey from central London to Northwick Park in northwest London is not difficult. This matters to him because he and his hospital have just moved from the city to form part of Northwick Park Hospital—and the distance from central London (30 minutes by tube) is perhaps the only drawback of the move.

Nearly three years ago this column wrote about how St Mark's Hospital, unlike almost all the London hospitals slated for merger or moving, was contemplating the prospect of a move with some enthusiasm. It was due to form a joint trust with Northwick Park, a large district general hospital, and looking forward to moving from east London to refurbished accommodation there. That move happened last July—and seems to have exceeded everyone's expectations. It has moved from a much loved but inadequate and run down building in east London to newly refurbished, purpose built, and spacious accommodation at Northwick Park. It has the opportunity to work with other specialties in a way not possible as a single

specialty hospital; it has immediate access to intensive care beds (it shares theatres, recovery, and the intensive therapy unit with the rest of the hospital); and it has the opportunity to expand its secondary work by becoming the department of coloproctology for the whole trust. It has also gained from the management skills of the bigger trust, and Mr Thompson praises the way that the trust's management oversaw the project and generally managed the change.

A shop within a shop is how one clinician at Northwick Park described the arrangement. St Mark's has managed to preserve its identity: it is embodied in the name of the joint trust—Northwick Park and St Mark's Trust; it has its own separate entrance within the sprawling Northwick Park site; all its facilities—outpatients, wards, investigation facilities, and research space—are together in the same block; it forms a directorate within the trust; and it manages its own contracts (particularly important for a hospital whose work consists mainly of tertiary referrals).

What Northwick Park has gained is perhaps less obvious. It was designed 25 years ago as a place where the work of a district general hospital could be integrated with clinical research into common conditions. So several of its wards and laboratories were built with generous space for research. Many argue that the research never integrated with

the clinical work in the way intended, and some years ago the Medical Research Council closed the Clinical Research Centre. Since then Northwick Park has been looking for someone to take over the space—and has made offers to several vulnerable single specialty hospitals around London. One has been that the research space, if not filled with NHS services, might have been auctioned off to the highest bidder.

Now it has a occupant that not only fills the space but also contributes to and complements its existing research units—and increases its opportunity to fulfil its original purpose as a research hospital. It has also gained a brand new endoscopy suite within the St Mark's unit, which serves the whole hospital.

So what are the lessons for others contemplating moves and mergers? St Mark's had the foresight to realise early on that, under the right conditions, it had more to gain than lose from a move and a merger. It then set energetically about trying to ensure the right conditions. It rejected a merger with its nearby teaching hospital and sought instead a partner who also had something to gain from the merger and would allow it to preserve its identity. It was what the management jargon calls a "win-win" solution. And such a solution in London's troubled health service swiftly attracted both approval and funds.—JANE SMITH, *BMJ*