After the initial drama will there be a bed available?

NHS managers meet over beds crisis

Senior NHS managers called a crisis meeting last week to discuss the nationwide shortage of beds in accident and emergency departments. A hundred and sixty delegates attended the one day conference, which was arranged jointly by the British Association of Medical Managers and the National Association of Health Authorities and Trusts.

John Watkinson, chief executive of the King's Mill Centre for Healthcare Services NHS Trust and conference chairman, spoke of the need for better liaison between general practitioners and hospital doctors. He said: "The problem manifests itself at the point of admission to hospital, but it cannot be solved by hospitals alone. It relies on hospitals working with the primary sector and the community and also on cooperation between purchasers and providers to balance supply and demand all year round."

Inappropriate use of beds, difficulty in recruiting medical and nursing staff, and the growing numbers of elderly people, are seen by senior NHS managers as major problems. Care in the community is also a contributory factor.

Dr Ellie O'Sullivan, medical director of Richmond, Twickenham and Roehampton Healthcare NHS Trust, spoke of the "siege mentality" created by the NHS internal market, which engendered competition and fragmentation among neighbouring trusts.

The conference heard that specialised discharge wards, in conjunction with admissions wards, helped to ease blockages. Mr David Ferguson, medical director of Central Sheffield University Hospitals NHS Trust, said that admissions wards were an expansion valve and should not be seen as an excuse to cut beds in other wards. They should be staffed by specialists including consultants, who should discuss admissions with patients' general practitioners.

Mr Ferguson said: "Discharge starts the moment you cross the threshold of a hospital. You don't wait until the point of discharge before you realise that a patient can't go home because he needs a stair lift. We have to get our act together much earlier in the process and find out whether a patient whom we are admitting is going to need aftercare."

Conference chairman John Watkinson said that the meeting had passed no binding resolutions. He predicted, however, that the conclusions reached would form the basis of many trusts' responses to the next executive letter to be issued on the matter by the health department.—OWEN DYER, *freelance journalist, London*

Sperm counts up in New York

After being told for more than a decade that their sperm counts were falling, American men were told last week that the estimates were wrong. The studies, published in the May issue of *Fertility and Sterility*, did not refute estimates that sperm counts were falling worldwide. But they do cast doubt on some previous estimates of levels among US men.

In a study of semen analyses of 1283 donors to sperm banks in New York, California, and Minnesota, researchers found slightly higher levels in 1994 than 1970 (65:1009-14). To their surprise, the authors found that the mean level in New York was 131.5 million per millilitre, which was almost twice the level of Los Angeles donors. A second paper, which looked at counts and quality of sperm in 510 healthy men in Seattle, found no difference in levels from 1972 to 1993 (65:1015-20).

In a third paper, Dr Harry Fisch of Columbia University, said that these new results conflict with those from a systematic review published in the *BMJ* in 1992 (65:1044-6). He argued that earlier studies had focused on New York, which has high levels, and later studies focused on poorer countries, where sperm counts have been shown to be lower. "I can explain all the decline in sperm counts by geographical variability," said Dr Fisch.

Papers in the *BMJ* in February found evidence of sperm counts falling in men in Scotland (pp 467-70) but not in men living in Toulouse in France (pp 471-2).

—JOHN ROBERTS, *North American editor, BMJ*

Algae kills dialysis patients in Brazil

Thirty eight patients undergoing dialysis at a renal diseases institute in Brazil have died of acute hepatic failure as a result of contamination of the water used for haemodialysis. The cause of the deaths, which all occurred between 20 February and 19 April, was a mystery initially. But the state secretary of health has reported that the water used for haemodialysis at the institute was contaminated with the toxin microcystin-LR, produced by a blue-green alga.

Tatiana Portela, a spokeswoman for the

Headlines

BAT group boosted by strong cigarette sales: BAT Industries, the tobacco and financial services group, has said that booming cigarette sales worldwide helped to boost its pre-tax profits for the first three months of the year by 16%; to £600m (\$900). The group's cigarette brands include Kent, Kool, Carlton, Lucky Strike, and State Express 555.

New law makes life tougher for Polish smokers: Poland has introduced a new law aimed at reducing smoking, with limits imposed on indoor smoking in workplaces, public buildings, hospitals, and similar sites. Tobacco advertising is to be banned in broadcast media, in cinemas, and in youth and children's publications.

Iran withdraws smoking law: Iran's parliament reversed a law this week that it had previously passed that banned smoking in public places. The Guardian Council, which vets laws before they take effect, ruled that the decision was unconstitutional.

US committee votes to discharge military personnel carrying HIV: The House National Security Council has voted to ban military personnel from having abortions while serving overseas and from continuing to serve in the armed forces if they are HIV positive.

New Zealand offers free oral contraception: New Zealand doctors have started to prescribe free contraceptive pills and will be authorised to waive the fee for doctors' visits for women of low incomes.

British armed forces reorganise health care: The Ministry of Defence has set up a secondary care agency that replaces the care formerly provided by the individual services. The agency will primarily provide care through integrated units in NHS district general hospitals in Britain. The ministry estimates that it will save £40m (\$60m) a year through using the new agency.

British government supports treatment of drug misusers: Britain's Department of Health task force to review services for drug misusers recommends that more general practitioners should offer treatment and that specialist services should specify maximum waiting times. It also recommended the use of syringe exchanges, hepatitis B vaccination, and oral methadone.

Patients think that honesty is the best policy

secretary of health, said that the possibility that algae were causing the deaths was first raised by the ecobiologist Dr Sandra Oliveira e Azevedo of the Federal University of Rio de Janeiro. Dr Oliveira e Azevedo collected samples from the water used for dialysis and also from the carbon filters used in the dialysis machines at the Institute of Renal Diseases in Caruaru, in the north eastern state of Pernambuco. Preliminary tests showed the presence of the algae and the toxin. Additional samples from the water, as well as from the liver and blood of patients who had died, were sent to the Wright State University, Ohio, which confirmed the findings.

Microcystin-LR is a cyclic heptapeptide, produced by the blue-green alga *Microcystis aeruginosa*, and is highly toxic. It causes intrahepatic haemorrhage, and is a potent inhibitor of protein phosphatases. It usually causes death by producing hypovolaemic shock and acute liver failure.

The spokeswoman went on to say that investigations had shown that for about a year the water used for dialysis at the institute had been delivered by tankers from a local reservoir without being adequately treated.

The institute has been closed indefinitely by the health minister. Meanwhile, there have been calls to prosecute those responsible for running the institute and to compensate the victims' families.

The head of the institute, Dr Bráulio Coelho, has said that the water had been adequately treated and that his only mistake was not to have tested it. Although a ministerial decree states that renal units must regularly test the quality of the water used for haemodialysis, an investigation by the health secretary showed that of the 16 haemodialysis units in the state of Caruaru, only one had tested the water before these latest deaths. In future all units will have to send the results of their water analyses to the health department every two months.—JOHN DUNN, *doctor, São Paulo, Brazil*

Cancer patients seek honesty

Patients with cancer in Britain would like to be given more information about their cancer and its treatment, a study has shown. Virtually all the participants in the research, carried out by the National Cancer Alliance, said that they had not been given enough information—some felt that information was being deliberately withheld.

The research, in the form of 12 focus groups with a total of 75 patients, was undertaken after the chief medical officer's expert advisory group on cancer said that cancer services should take account of the views of patients and their carers.

The study shows that patients want doctors to be "sensitive, gentle and honest" but not to be afraid to use the word cancer. In particular, one participant said: "I'd like a bit of honesty about the treatment, what it involves, how successful it is.... I'd like more information so that I could decide, and I'll take the responsibility for that if I snuff it in five years."

There was also a strong emphasis from participants on being given time to take stock. They approved of speed when it came to initial investigations, hospital appointments, and diagnostic tests. But time should be offered to patients to come to terms with diagnosis and to consider treatment options.

The key concern of all patients was clearly one of survival, the study says. But some patients "were perplexed about unexplained differences between the treatments they had received and those of other patients with what seemed to be similar, or exactly the same disease."—CLAUDIA COURT, *BMJ*

Patient-Centred Cancer Services? What Patients Say is available from the National Cancer Alliance, PO Box 579, Oxford OX4 1LB, price £12, including packing and postage.

Newborn babies threatened with HIV testing

All newborn babies in the US will be tested for HIV under a law that is likely to pass through Congress. Leaders of the House of Representatives and the Senate last week struck a deal that would set targets for cutting the rates of HIV infection; if those targets are not met doctors will be required to test virtually all newborn babies for HIV.

The compromise is part of the \$738m (£488m) that has been made available under the Ryan White Act, a law named after a young man with haemophilia who died of AIDS. These funds underwrite the care of HIV patients who cannot afford medical insurance. The Republican majority had sought mandatory testing of all newborns in the US. They said that testing would put children and mothers into the medical system and thus get them care sooner.

But opponents said that mandatory tests would violate mothers' privacy. In addition, as HIV testing in newborns measures only the mother's antibodies that remain in the child, there is no way to predict whether the child is infected. The current infection rate among the 2000 newborns who are positive to the antibody runs at about 20%.

But the compromise would set targets. Firstly, doctors would be required to counsel pregnant women to undergo HIV testing during pregnancy, a policy recommended by the Centers for Disease Control and Prevention. In 1998 the government would determine whether mandatory testing of newborns had become "standard medical practice." If so, then in the year 2000 US states would have to show either a 50% reduction in newborns who were HIV positive or a prenatal testing rate among women of 95%. If states met neither of those requirements they would have to implement a mandatory testing programme for infants born to mothers whose HIV status is unknown.—JOHN ROBERTS, *North American editor, BMJ*

WHO issues new guidelines on drug donations

International relief efforts are being hampered by drug donations that either are not needed or are unusable, said the World Health Organisation last week. Drugs are often donated on an "any type of drug is better than none at all" basis, said the WHO, which has released new international guidelines for donors in an attempt to combat the problem. Relief agencies have sometimes been left with huge quantities of medicines incurring handling costs that are higher than the value of the drugs.

Dr Hans Hogerzeil, medical officer for the WHO's action programme on essential drugs, said that many donor countries simply collect medicines that are returned by patients and then ship them abroad. "The key point is one of double standards in quality. These countries would never reissue returned drugs but they think it is all right to send them to other countries." The different drugs, different brand names, and half opened packages eventually block up the system and can even be dangerous, he said.

The 12 articles of the new guidelines are based on four principles—the donation should benefit the recipient, the donation should be given with full respect for the recipient, there should be no double standards in quality, and there should be effective communication between the donor and recipient.

In one example of the problem WHO said that 15% of all medicines that reached Zagreb in the former Yugoslavia were completely unusable and 30% were not needed. In Sarajevo huge quantities of expired medicines had to be destroyed, using scarce fuel, to prevent pilfering and black market sales.—PRITPAL S TAMBER, *BMJ*

US parity planned for mental health

The US Senate last week voted unanimously to pass the Health Insurance Reform Act of 1996. The bill's two main features are its provision for Americans to take their health insurance from job to job and its limit on exclusions for pre-existing medical conditions.

A third feature is that insurers will have to

provide coverage for mental illnesses that is equivalent to the coverage for conditions such as heart disease, diabetes, and cancer.

Dr Melvin Sabshin, medical director of the 40 000 member American Psychiatric Association, hailed the new bill as a "historic affirmation of fairness for persons with mental illness." He said that decades of lobbying by the association and mental health advocates had finally borne fruit. "Actuarial data clearly demonstrate that parity coverage of mental illness is affordable, increasing premiums in the range of 2.5% to 3.9%."

However, many business organisations and insurance companies oppose parity for mental health treatment, insisting that it would increase health insurance costs for employers and employees. Sharon Canner, vice president of the National Association of Manufacturers, said: "We oppose any type of federal mandate. It dictates the design of health benefits. We think that employers and employees working together are in the best position to decide what should be in the benefit package."

In a report on the bill the Congressional Budget Office said: "Requiring health insurers to cover mental health services in the same fashion as they cover other acute care services would greatly expand the number of services requested and provided, increasing health costs by tens of billions of dollars." The office estimated that premiums in health maintenance organisations and other managed care plans would initially increase by an average of 4% as a result of the proposal on parity for mental health.

It predicted that employers would respond to the increase by trimming some employee health benefits or dropping coverage altogether. The bill now goes to a Senate House conference committee for reconciliation with the House version passed last March.—FRED B CHARATAN, *freelance medical journalist, Florida*

Bulk delivery: but will any of it be useful?

Doctors voice virus fears over xenotransplants

As the medical techniques to allow successful transplantation of genetically altered animal organs into human patients continue to develop, concerns have been raised that xenotransplantation might introduce animal viruses into the human population.

At a meeting in London last week the pressure group Doctors and Lawyers for Responsible Medicine called for a long term moratorium on such preparatory research "in the interests of public health."

While transgenic baboons have been bred in the US, the Cambridge based company Imutran, founded 12 years ago, has now raised four generations of transgenic pigs—the first animals most likely to become organ donors in Britain.

Alix Fano, media director of the doctors' and lawyers' pressure group, cites evidence of cross-species infection in recent reported cases of Creutzfeldt-Jakob disease (CJD) and the Ebola and HIV viruses. "Pigs are no different," she said. "Leptospirosis causing liver and kidney damage and erysipelas giving rise to skin infections are specifically associated with pigs and may be passed to immunosuppressed humans."

Imutran maintains that it has compiled a comprehensive inventory of every pig pathogen along with a detailed risk assessment for transmission. "Each transgenic animal, and therefore each organ, has been grown in a carefully controlled environment. Science is leading this research, both here

and in the US, with full cooperation and consultation with government advisory bodies," a spokeswoman for Imutran said.

David Shapiro, executive secretary of the Nuffield Council on Bioethics whose recent publication *Animal to Human Transplant—the Ethics of Xenotransplantation* sought to provide a detailed review, called the pressure group "opportunistic."

"The possibility of viral infectivity is a real one, but not a new one. Unfortunately, there are no risk free procedures. Many transplant surgeons will admit that it is impossible to screen human organs for all possible pathogens. Cases of CJD, HIV, and hepatitis have all been recorded, but no scientist is unaware of the risks of transmission, and all are working to minimise them," Mr Shapiro said.

Transgenic programmes were developed specifically to overcome the human donor shortage. The Department of Health's advisory group, led by London University's Professor Ian Kennedy, will follow up the Nuffield group's report, and its findings due in the summer will lay the basis for legislation.

In 1994 in the UK alone, 5000 patients awaited transplantation. If the moratorium on transgenic transplantation is implemented, what should they do in the meantime? "They will have to wait," Alix Fano acknowledged.

The pressure group, which evolved from Doctors in Britain against Animal Experiments, would rather see government funding directed towards increasing the pool of human donors, as in the universal opt-in schemes operated in Belgium and Singapore. The human donor pool in Belgium almost doubled over two years after the introduction of the scheme in 1986.—ALISON BOULTON, freelance journalist, London

Fatal outbreak traced to wooden tongue depressors

Two premature babies died and a third needed surgery to remove part of one arm after an outbreak of a rare fungal infection at a British hospital. A fourth baby survived the infection but died later of a complication related to the fact that it was born prematurely. The Public Health Laboratory Service (PHLS) reported the outbreak last week, although the incidents occurred between January and March this year. The PHLS warned doctors that the source of the infection had been traced to wooden tongue depressors used as arm splints in the hospital's baby unit.

All four babies were born at the Birmingham Women's Hospital and were being cared for in the neonatal unit, where staff routinely used wooden tongue depressors to splint and secure intravenous lines. The babies who died were premature, each weighing less than 700g at birth. Their deaths were caused by infection with the fungus *Rhizopus microsporus*, which is widespread in the environment but rarely infects humans, said Dr James Gray, a consultant microbiologist at the hospital. "This is the kind of fungus that makes bread and fruit go mouldy," he said. "It comes from a family of fungus that occasionally cause serious illness in patients who are already immunocompromised—for example, people with cancer undergoing chemotherapy—but this species has never been isolated from babies before. We identified the source of the outbreak by looking first at things in direct contact with patients, such as sticking plaster, and working outwards until we found it. The tongue depressors were in an open box on a trolley, and we found that 10% carried the fungus."

An article published recently in *Communicable Disease Report* said that since last September routine national surveillance had picked up *R microsporus* in a further 21 samples from children at a London hospital.

Staff collected the samples as part of routine screening procedures and transferred them into pots, using wooden tongue depressors. The fungus was also found on 39 tongue depressors from open packs in the same hospital. A spokesperson from the PHLS said that it was likely that samples from the children were contaminated by infected tongue depressors. None of the children became ill.

It is still unclear how wooden tongue depressors at two separate hospitals became infected. The PHLS has called for further investigation into the outbreak, warning hospital staff in the meantime to review how they use tongue depressors, particularly with children. The government's medical devices agency has also issued a hazard warning. Staff at the Birmingham Women's Hospital stopped using wooden tongue depressors as splints at the beginning of March and there have been no further cases.—ALISON TONKS, BMJ

Let our doctor go free, says the sign outside Dr Sippe Schat's home in the Netherlands. Dr Schat, held in police custody for two weeks in relation to a euthanasia case, was released last week after an appeal by his lawyers and a campaign led by his patients from the village in which he practises. Police said that Dr Schat failed to seek a second opinion before providing euthanasia to a 72 year old patient with cancer.