High security patients need local care, says report

Psychiatric care for patients who need to be in high security hospitals should be moved out of large isolated institutions into centres with only 200 places each, says a report published by the Department of Health. Care is currently concentrated in three special hospitals—Ashworth, Broadmoor, and Rampton—run by the Special Hospitals Service Authority. Recent reports into the quality of care in these hospitals, which together house nearly 1700 patients, have supported allegations of improper care and ill treatment. An inquiry into standards of care in Ashworth Hospital in 1992 made 90 recommendations for improvements, and its chairman, Sir Louis Blom-Cooper, wrote to the health secretary questioning the need for special hospitals.

This report, from a working party chaired by Dr John Reed, senior principal medical officer at the Department of Health, says that, while such hospitals are likely to continue to provide care for some time, patients should be increasingly cared for in the community and close to their families. It argues that the centralisation of high security services is incompatible with providing patients with the best possible quality of life. Patients in the south west, west midlands, north east, and Wales are considered to be “unacceptably far from a special hospital.”

Over two thirds of patients in special hospitals are detained under court orders or directions of the home secretary. The report cites studies that suggest that up to half the patients in these hospitals do not need high security. It recommends increasing the number of medium secure places, particularly for patients with long term needs, but says that sites for such units must be larger and have more educational activities than current medium secure units.

The report recommends that all units offering high security care should become part of NHS trusts. It is adamant, however, that responsibility for purchasing such services should be retained centrally until safeguards are set up to ensure that treatment is never delayed for financial reasons.

MIND, the mental health charity, accused the government of sitting on the report, which was completed in April 1993 but published only last week. John Bowis, the junior health minister, said that officials from the Department of Health, Home Office, and Special Hospitals Service Authority would spend a further six months reviewing the report before reporting to ministers on its implications.

Broadmoor hospital: too big and too isolated

“Setting up an internal review to look at this report is another delay,” said Kate Harrison, MIND’s legal and parliamentary officer. “This report will cost money to implement. We are happy with the report as we think that it goes along with our proposals for flexible and fluid care.”

Richard Billinge, a spokesman for the Department of Health, said that the delay in publication was a result of the report being circulated to the Home Office and other departments.

“We do not think that it has taken an inordinate amount of time to publish this report,” he said. “Some of these recommendations, such as high security units not having more than 200 patients, have obvious resource implications and have not really been thought through yet.”

A parallel report from the same working party, on psychopathic disorder, recommends that more research should be done into the outcomes of different treatments and that a range of services should be set up for evaluation. Patients should be assessed for longer periods, and the use of section 38 of the Mental Health Act 1983 should be extended from six to 12 months to facilitate this. —LUISA DILLNER, BMJ

Report of the Working Group on High Security and Related Psychiatric Provision and Report of the Department of Health and Home Office Working Group on Psychopathic Disorder are available free from the Department of Health, Richmond House, 79 Whitehall, London SW1A 2NS.

Dispute over HIV ownership ends

The international dispute over the discovery of the human immunodeficiency virus (HIV) seems to have ended last week. Health agencies from the United States and France jointly announced a patent agreement that will give the French half of the royalties that are made from the use of HIV antibody tests.

The agreement, said sources at the National Institutes of Health (NIH), marks the conclusion of the 10 year debate over who truly discovered HIV as the infectious agent that causes AIDS.

The dispute dates to the virus’s discovery in 1984, when simultaneous announcements came from the laboratories of Dr Robert Gallo at the NIH in Bethesda, Maryland, and of Dr Luc Montagnier at the Institut Pasteur in Paris. The leaders of both laboratories claimed to have made the discovery first.

In 1987 the US researchers said that, although the discoveries were made simultaneously, the US and French workers had found different strains of the virus, at first called HTLV-III (human T-cell lymphotropic virus type III) by the Americans. Gallo’s work had pioneered the discoveries of HTLV-I and HTLV-II, which are also retroviruses. But after several investigations and meetings, the US conceded in 1991 that a virus from Institut Pasteur had contami-

Headlines

Lords defeats tobacco ban: The House of Lords has defeated an amendment to the Criminal Justice Bill, which would have banned tobacco advertising. The vote was 51 for and 117 against.

UK health department reduces running costs: The Department of Health reduced the running costs of its offices by £13m (\$19.5m) in 1993-4. More than £10m (\$15m) was saved by relocating part of the operations to Leeds and concentrating London staff in fewer buildings.

Neonatal care may become too expensive: Doctors at Sheffield's main maternity unit have been told that if demand for neonatal services continues to rise an "arbitrary ban" may have to be introduced, according to *Panorama*, a British documentary programme. This could mean that babies born more than 15 weeks prematurely could be refused treatment.

Israelis ban smoking at work: Israel's new health minister, Dr Ephraim Sneh, has approved a ban on smoking in the country's 60 000 workplaces. The ban will come into effect in three months time.

Medical costs of smoking in US: The total estimated annual medical costs of smoking in the United States is \$50bn (£33bn) a year, more than double previous estimates, according to the US Centers for Disease Control and Prevention. Health groups are seeking a new cigarette tax to cover the centre's new estimate.

Germany drops ban on British beef: The German government has decided not to ban British beef exports after European Union agriculture ministers agreed to limit exports of British beef to those from herds that have been free of bovine spongiform encephalopathy for six years instead of the current two years.

NHS hospitals could cut drugs bill: NHS trust hospitals could save more than £50m (\$75m) a year by changing drug purchasing practices, according to a report by Roland Berger and Partner, a German management consultancy that surveyed over 100 hospital pharmacies.

nated and overgrown the cultures grown in the US. Both laboratories went on to develop clinical tests using the French virus.

Dr Harold Varmus, recently installed as head of the NIH, said last week's "agreement was made completely without regard to the issue of culpability or wrongdoing" by Gallo or others. Spokespeople for Institut Pasteur agreed on "a sincere commitment on both sides to bring this matter to a close."

So far, the six year old patent has brought in £13.3m (\$20m) for the US and about £9.3m (\$14m) for the French. The new agreement is expected to ensure that when the patent expires in 2002 the French and US will have received equal sums from royalties.

Under the agreement, the US and French will each keep 20% of royalties made from testing kits that each team has developed from its own laboratories. The remaining 80% will be pooled. A quarter of the pool will go to the World AIDS Foundation (as was true in the 1987 agreement signed by President Reagan and Prime Minister Chirac), but the French now will get two thirds of the remainder and the Americans will get one third.

The agreement was announced about one month after the release of the final report of an investigation of Gallo's practices by the NIH, the US Congress, and the US attorney. All agencies cleared Gallo of any criminal wrongdoing.

In a written statement Gallo said that he had "consistently acknowledged the significant contributions of the Pasteur scientists." He said: "It is now time for this episode to be permanently closed. Pasteur scientists and I should focus all our energies on seeking a cure for AIDS." —JOHN ROBERTS, North American editor, *BMJ*

Government proposes new dental fees system

Patients could pay close to the full cost of advanced NHS dental treatment under proposals contained in a government green paper published last week. The paper, *Improving NHS Dentistry*, says that charges for routine examinations could then be reduced. Patients with no exemptions currently pay 80% of the cost of their dental care.

In a radical reappraisal of the existing system, the green paper also suggests that dentists' remuneration should be based on the time committed to treating NHS patients rather than the number and type of treatments carried out.

The paper says: "In terms of the quality of the service to be provided, paying dentists for sessions should remove any lingering incentives for dentists to offer patients unnecessary or over-expensive treatment. Yet dentists would have an incentive to use their sessions to further the oral health

of patients." On the subject of quality the paper says: "Levels and quality of treatments would be monitored. High quality of service would be rewarded, in particular recognising commitment to providing services for children."

The paper acknowledges that many of the proposals would require legislation, but it contains a clear commitment to reform: "No change is not an option. The present system has many faults which have recently been drawn into sharp focus... such serious flaws mean that a fee based option offers no prospect of forming a long term basis for the NHS dental services in the future."

In the green paper the government also makes clear its preference for local purchasing of services to become the norm. It argues that this "would allow health authorities to decide locally about the level and type of treatments needed, taking full account of local need and the state of oral health in the area." The government plans to pilot such a scheme once the necessary legislation is in place.

Joe Rich, chairman of the General Dental Services Committee, said that the suggestion of sessional fees had much merit: "Although the green paper does not address the chronic underfunding of our general dental services, it does make some innovative suggestions for a possible way forward."

But, he added: "I would like to have had reassurance that arrangements had been made to ensure funding was available to ensure that this is properly priced and smoothly introduced."

The green paper, which took into account an earlier review of the system by Sir Kenneth Bloomfield, is now open for consultation.—CLAUDIA COURT, *BMJ*

Improving NHS Dentistry is published as Cm 2625 by HMSO, price £7.10.

ULRIKE PREUSS

Dental treatment could become more expensive for some patients and cheaper for others

European experts produce draft on bioethics

A group of European experts has produced a draft convention on bioethics in an attempt to ensure that the benefits of science are not achieved at the expense of patients' rights. The Steering Committee on bioethics set up by the Council of Europe covers ethical issues ranging from those surrounding predictive tests for genetic diseases and intervention in human genes to the circumstances in which a doctor can disregard a psychiatric patient's refusal to give consent. This latest draft comes after more than two years of deliberations.

For in vitro research on human embryos the draft defines a maximum limit of 14 days' development, though this excludes embryos preserved by freezing. It says that human embryos may not be created with the intention of conducting research on them. It also prohibits interventions aimed at modifying genetic characteristics that are not related to a disease.

The bioethics convention calls for free and informed consent which can be withdrawn by the patient at any time. Treatment may be carried out on patients who are incapable of giving consent because of their age or mental state in certain circumstances, though it is accepted that even the draft text here needs "detailed re-examination." Psychiatric patients may be given treatment without consent, but only if they are likely to suffer serious harm without it and then under legal protection of supervision and control.

Former deputy chief medical officer Dr Michael Abrams, who chaired the working party that drafted the convention, said that despite the wide cultural, legal, and ethical spectrum they had tried to draw up a statement covering the major issues of bioethics facing medicine. "We have not sought a minimum but a common set of standards which everyone can adhere to."

Professor Henriette Roscam Abbing, the Dutch member of the working party, said that it had achieved agreement on an "optimum level of protection for individual rights."

The convention's aims have been to protect human dignity and individual rights in the face of accelerating developments in biology and medicine. It warns that scientific developments have a dark as well as a beneficial side. An awareness is needed of all possible consequences to ensure that the benefits prevail, it says.

Professor Abbing explained that one of the underlying principles was that "as far as possible the patient has to be involved in medical decisions," whether a patient was a child, had learning disabilities, or was otherwise legally incapable of making decisions. The first approach, she said, must be to assume the patient is capable.

The Council of Europe, an intergovernmental group set up in 1948 to promote human rights, has no legal powers to enforce

Embryo four days after fertilisation

its conventions. But the authors argue that the bioethics convention like the council's human rights convention will be highly influential. The draft has now been put to European governments for consultation. —TONY SHELDON, freelance journalist, the Netherlands

OECD backs NHS reforms

The NHS reforms in Britain are producing increasingly encouraging results, reports the Organisation for Economic Cooperation and Development (OECD). In its latest economic survey covering the United Kingdom the international organisation, which formulates and coordinates economic and social policies among industrialised countries, devotes a chapter to the reforms. It says that, although there has been little systematic research into the reforms' impact, the available information shows that the internal market was "a bold attempt to introduce elements of competition into the centrally-financed healthcare system." To the criticism that general practitioner fundholding was producing a two tier service the OECD says that it has found no firm evidence of inequity. It points out "there has always been an element of inequity because the competence of GPs as well as the circumstances in which they practise differ substantially." It suggests increasing the number of fundholders rather than regulating them.

Although the reforms were intended to maximise the quality of patient care within affordable resources, the OECD points out that the changes led to higher spending. More information, particularly financial, was needed so that more managers and financial, accounting, and contract staff were employed. For a time the NHS budget rose

at rates not seen since the 1960s from £23.6bn in 1989-9 to £28.3bn in 1992-3.

The changes were supposed to have increased patient choice, but, although patients can now change their general practitioner more easily, the report says that the reforms "do not yet appear to have expanded consumer choice significantly. . . patients of fundholders do not appear to have noticed any increase in alternatives presented to them." The OECD believes that the reforms have clarified the role of district health authorities as purchasers and focused their attention on local health needs and priorities. In some places, however, their purchasing function has not been fully developed, and the OECD suggests that one reason is the lack of detailed medical knowledge to bargain on equal terms with consultants in provider units. On the other hand, fundholders have done a better job of purchasing. They were more prepared to diversify providers, challenge hospital practices, and demand improvements.

NHS trusts have treated more patients than other hospitals, thereby reducing the number waiting more than a year. But the OECD says that these comparisons are inconclusive as the trusts in the first waves were not representative of British hospitals. Trusts have been given the freedom to manage and negotiate separate agreements with employees, but the NHS Executive and the health departments have intervened in several operational matters. The OECD hopes, however, that the intention to introduce local pay bargaining will be extended to give trusts greater freedom.

The OECD believes that the pressure for change will be most intense in hospitals and hopes that the government will follow market signals so that the right decisions about resource reallocation can be made. The organisation recommends improved pricing and contracting practices and says that there should be more coordination of purchasing and better information—for example, on the

effectiveness of preventive measures.

The survey shows that in 1992 among OECD countries only Denmark (6.4%), Greece (5.5%), and Portugal (6.5%) spent less of their gross domestic product on health than the United Kingdom (6.7%). The organisation rejects suggestions that raising the level of health spending to that of other countries would automatically mean better standards.

The Labour party's health spokesman, Mr David Blunkett, said that it was "easy for Paris based economists to see the NHS changes through rose tinted spectacles." The health secretary, Mrs Virginia Bottomley, said that the survey was an argument for "facing, not fudging decisions in the NHS." The report, she said, was "an encouragement to maintain momentum and continue to develop the reforms. They are a model for other countries to follow."—LINDA BEECHAM, *BMJ*

OECD Economic Surveys 1993-1994, United Kingdom is available from HMSO, price £1200 (£133)

Military hospitals hit by British defence cuts

Two military hospitals will close with the loss of 1000 staff, 75% of them military, under the latest round of British defence cuts. The present Royal Naval Hospital at Haslar, in Gosport, will become the single hospital for all three armed services for the United Kingdom by 1996-7. Military hospital units will be established in three NHS hospitals in regions with a significant military presence. One will be at Derriford in the south west and the others at sites yet to be selected.

The Cambridge Military Hospital, Aldershot, and the Princess Alexandra Hospital, Wroughton, near Swindon, will close. A presence at Catterick will be retained. The defence white paper states that three existing service hospitals have more beds than the armed forces require. Only 25% to 55% are currently filled by service personnel. It is not yet known what reduction there will be in the number of armed forces doctors.

Along with changes in the primary care organisation, the Ministry of Defence estimates savings of at least £55m in the current cost of some £400m a year. All secondary care will be managed within a single triservice defence agency. The defence medical services will continue to be headed by a triservice surgeon general, but each service will retain its own medical branch and a director general who will oversee primary care. Closer links are proposed with the NHS and possibly a shared facility for blood supply with the National Blood Agency. Market testing initiatives will apply to the RAF hospital at Wegberg, Germany.

It is proposed to establish a defence medical training organisation, headed by a

The Cambridge military hospital will close

triservice dean. The three military units in NHS hospitals will contribute to training service medical personnel. The white paper explains that a fundamental review of operational requirements in peace time is made possible by changes in the strategic environment and in medical practice.—JOHN WARDEN, parliamentary correspondent, *BMJ*

Front Line First: the Defence Costs Study is published by HMSO, price £7.75.

Death of surgeon from AIDS raises controversy

The sudden death from AIDS of an orthopaedic surgeon in Israel last week has triggered arguments over whether all health workers should undergo an HIV test. The Israel Medical Association, which represents 12 000 Israeli doctors, opposes the suggestion for "professional" reasons, and the health ministry insists its money is better spent on blood testing and educational campaigns.

Dr Gabi Ben-Meir of Kaplan Hospital in Rehovot was the first doctor known to die of AIDS in Israel. The 42 year old man took a voluntary HIV test earlier this year; the result was negative. Three months ago Dr Ben-Meir fell ill with the type of acute pneumonia characteristic of AIDS. His colleagues at Kaplan Hospital asked him to undergo an HIV test but he refused. The diagnosis was confirmed but details were disclosed only after his death.

Hundreds of the surgeon's former patients were invited by the hospital for HIV testing; of the 100 tested so far, none has been positive. But Shaul Yahalom, a member of parliament representing the

National Religious Party, initiated a private member's bill that would require all health workers who perform invasive procedures in hospitals and clinics to undergo regular HIV tests.

The first Israeli doctor known to be an HIV carrier is Dr Hassan Matani, a 46 year old. The surgeon took an HIV test last year when applying for an insurance policy; he was shocked to learn that he was HIV positive. When rumours reached the media that a surgeon at Hillel Yaffe Hospital in Hadera was HIV positive the health ministry refused to reveal his identity.

But after pressure from patients the then deputy health minister, Nawaf Massalha, persuaded Dr Matani to face the press. He said that he suspected he had been infected from a patient while performing surgery; the source of the HIV has not been proved. Over 1000 of his 1300 former patients underwent HIV tests; all were negative. Dr Matani has given up surgery and now works as a consulting physician.

Professor Zvi Bentwich of the Kaplan Hospital, a member of the health ministry's AIDS steering committee, opposes mandatory testing of medical staff. "The risk of a doctor giving his patient AIDS is infinitesimal; a patient is much more likely to infect him."

He said that "cost was not the only factor. Periodic tests of a population of tens of thousands would result in numerous false positive results." Many medical staff would refuse contact with HIV carriers or AIDS patients.

But Dr Sanford Kuvin, founder of the Kuvin Center for Tropical Diseases of the Hebrew University in Jerusalem, who is also chairman of the board of trustees of the US National Foundation for Infectious Diseases, advises Israel to begin mandatory testing for HIV (and hepatitis B) of health workers—and patients who undergo invasive procedures.—JUDY SIEGEL-ITZKOVICH, medical correspondent, *Jerusalem Post*