Germany's home care scheme faces problems

Teething problems have led to a faltering start in Germany for the community care scheme for elderly people, which was agreed early last year by the political parties in Bonn.

The scheme is intended to cover the costs of caring for elderly or disabled people who need full time care in nursing homes and whose costs are not covered by public health insurance.

The scheme also provides financial support to families needing the help of charities to care for an elderly person and to families who are caring for them at home. Depending on the degree of impairment, the new insurance system would pay up to DM3750 (£1575) a month for a person who needs full time nursing home care, and DM400 to DM1300 (£170 to £550) a month to elderly people who are cared for at home by their families.

The scheme has been financed by making Whit Monday, traditionally a holiday in Germany, a working day. The scheme came into operation in January.

At the beginning of this month, however, when the first payments were due, some problems emerged. Firstly, the 767 000 applications received for care services—and the money needed—far exceeded the ability of the various home care services to process them.

"Telephones are running hot here—it's like a madhouse," said Claus Fussek, spokesman for one such service. He has called on the government to postpone the introduction of the new scheme for at least a year.

Secondly, the government and public insurers failed to negotiate hourly rates for home care with private care services. Rates of DM30 to DM40 (£13 to £17) an hour seem to be unacceptable for most of the charities, which estimate their costs as DM60 to DM82 (£26 to £35) an hour. The catholic charity Caritas even threatened not to participate in the scheme under such conditions. Other charities have said that they would rather close down than go bankrupt.

Norbert Blum, German minister for labour and social affairs, who designed the scheme and fought for it for years, was clearly disappointed and spoke of "irrelevant accusations."

Blum meanwhile has taken out full page newspaper advertisements in an attempt to persuade the public that all is well.—HELMUT KARCHER, medical writer, Munich

There are problems in Germany's new home care scheme

Abortion issue goes to US courts

Right to life groups and their lawyers have unsheathed a new weapon against doctors who carry out abortions in the US. Over the past 10 years increasing numbers of malpractice lawsuits have been filed, with 86 verdicts reached so far. Life Dynamics is a non-profit educational organisation based in Denton, Texas, which produces material for personal injury lawyers and is involved in 80 cases.

The founder of the organisation, Mr Mark Crutcher, said that it had mustered 642 lawyers and 500 doctors in its abortion malpractice programme. In an antiabortion manual published in 1992 Mr Crutcher, who is not a lawyer himself, urged support for lawsuits "to protect women, but also to force abortionists out of business by driving up their insurance rates."

The organisation, which is supported by voluntary donations, last year ran a two day seminar in Dallas on abortion. Topics covered included abortion injuries, an

alleged link between abortion and breast cancer, and abortion as a potential source of post-traumatic stress disorder.

Dr Brian Finkel performs abortions in his office in Phoenix, Arizona. He has been the defendant in two malpractice suits filed against him by John Joseph Jakubczyk, a lawyer and general counsel of Arizona Right-to-Life. The trial judge dismissed both cases and took action against the lawyer under Rule 11, which provides for fines in frivolous lawsuits. The penalty was later overturned on appeal.

When contacted, Mr Jakubczyk said that a further three lawsuits, which he had brought on a contingency fee basis, were awaiting adjudication. He confirmed that Dr Finkel had filed letters of complaint against him with the Arizona Bar Association.

In a telephone interview Dr Finkel said that Mr Jakubczyk's actions represented "an abuse of process, developing an art form of legal misconduct." Dr Finkel said that, although no money had been paid in claims, underwriters considered him to be an actuarial risk and that made him uninsurable by mainstream carriers. He also claimed that the local medical associations were afraid to

Headlines

Americans have 12 unhealthy years: The average person in the US can expect to have about 12 years of bad health in a 76 year lifespan, according to researchers at the US Public Health Service writing in *JAMA*. The researchers say that those unhealthy years are spent coping with illnesses such as pneumonia, heart disease, cancer, and diabetes.

UK smoking targets will not be met: The Faculty of Public Health Medicine warns that no government targets for reducing smoking by adult women by the year 2000 will be achieved because there has been little or no decline in smoking among girls under school leaving age since 1986. Smoking accounts for the death of about 31 600 women a year in the UK.

Nearly 4000 US doctors disciplined in 1994: The US Federation of State Medical Boards says that the boards disciplined 3685 doctors in 1994 for misconduct ranging from abuse of their prescription authority to alcohol and drug impairment or sexual misconduct. This is an increase of 11% from 1993.

New York makes diners stub out: New York's new Smoke-Free Air Act has imposed a ban on smoking in all of the city's 15 000 restaurants. Smoking will still be allowed in bars and in the bar area of restaurants, provided that is not the only area for those waiting for tables.

Young women eschew meat: One in four women aged under 24 no longer eats meat, according to a Gallup poll commissioned by the manufacturer of vegetarian food Haldane Foods Group. The poll found that most young women also believed that a vegetarian diet was healthier.

Greece rids capital of cars: Almost a square mile of Athens has been declared a traffic free zone in a three month pilot project that began last week. The move is the latest attempt to combat pollution in Athens—dubbed Europe's most polluted city by the European Union.

Wellcome Trust awards £11.5m to University College London: The Wellcome Trust is to make an award of £11.5m towards the development of a new teaching and medical research centre at University College London. The Higher Education Funding Council has already committed £14.5m to the project.

take a stand on the issue for fear of alienating some of their members. "The issue is not abortion—it is legal misconduct," he said.

Pamela Maraldo, president of Planned Parenthood Federation of America, agreed with Dr Finkel and was quoted in the New York Times earlier this month as saying: "These are bogus lawsuits. Where there is malpractice, where a bad doctor is injuring women—of course we want that stopped. But in the current war-zone climate of bombings and shootings at abortion clinics, with the active campaigns to threaten doctors who perform abortions, I can't believe these lawsuits are aimed at protecting women. I believe they are part of an overall strategy to take away women's right to choose."—FRED B CHARATAN, freelance journalist, Florida

Australia launches major study of women's health

As many as 60 000 Australian women will be tracked over the next 20 years in what is being billed as the largest and most comprehensive study of women's health ever undertaken.

Federal health minister Dr Carmen Lawrence said that the aim of the study, which will track a random selection of women, was to assess women's health and to tailor existing services to meet their needs more effectively.

Dr Lawrence told the World Health Organisation's Global Commission on Women's Health in Perth that the study, which has begun with a \$A3.5m (£1.7m) grant, would make "a significant national and international contribution to the well-being of women." She added: "The research will explore social, economic, and environ-

mental factors as well as the physical and psychological factors that influence women's health and wellbeing. It will look at how women's health is affected by what they do, the roles they play in the home and the community, their lifestyle choices, and the key events in their lives."

Researchers from Newcastle University and the University of Queensland will collaborate on the project, which will involve Aboriginal and Torres Strait Islander women. The initial group studied will be drawn from three age groups (18-22, 45-49, and 70-74), chosen because they fall before major life events. Key themes that will be addressed include the effect of paid and unpaid work on women, weight, exercise and health, and violence against women.

The project will be overlooked by Professors Annette Dobson and Lois Bryson at Newcastle and Professor Lenore Manderson in Queensland. Professor Dobson said that the findings could be used to develop more appropriate services in other industrialised nations and that the team had already inquired about future collaborative work.

"Cardiovascular disease is not just a disease of middle aged men. It's also a disease of older women," she said.

But Dr Lawrence said that men as well as women had to begin talking about health issues if their lives were to improve. "The fact is, we have a job ahead of us addressing the needs of men also, who have a particular set of problems of their own," she said.

Since assuming responsibility for the health portfolio 12 months ago Dr Lawrence has highlighted the fact that men have poor health in a number of areas, citing their higher levels of suicide and shorter life expectancy. "It seems to a lot of men that stress, high blood pressure, too much cholesterol, and too much alcohol are just programmed into their lives."

Dr Lawrence has organised an international men's health summit for August in Melbourne.—CHRISTOPHER ZINN, Australian correspondent, *Guardian*

Study will check how lifestyle affects women's health

Report urges better psychological care

Every district general hospital should have a liaison psychiatry service to help to improve the psychological care of medical patients, according to a new report. The report, produced by the Royal Colleges of Physicians and Psychiatrists, also says that doctors and other staff need better training in handling psychological problems in medical patients.

The report points out that people being treated in general hospitals have many more psychological problems than the general population, but it says that these problems may not be recognised and dealt with adequately: "This is because (a) many interviews fail to elicit psychological problems, (b) modern medicine is orientated towards technological investigations which may divert attention away from psychological problems, and (c) many staff have not received adequate training or encouragement to pay sufficient attention to the psychological aspects of patient care."

Many doctors and nurses, says the report, use distancing strategies to cope with their own lack of training: "When faced with the patient's concerns, doctors and nurses tend to 'jolly' the patient along by explaining away the distress as normal."

The bodily symptoms of some quarter to half of new medical outpatients are a manifestation of psychological problems and not physical disease. A liaison psychiatry service, says the report, should "reduce the number of investigations performed for physical symptoms that actually reflect underlying distress." It recommends further research into the cost effectiveness of liaison psychiatry services.

The two colleges say that there is considerable room for improvement in staff training: "Medical staff should know how to treat common psychological disorders, including how to develop a management plan for patients with medically unexplained symptoms, and understand how and when to refer a patient to the liaison psychiatry service."

Such training for liaison psychiatrists, physicians, and nurses, the report continues, "should be improved so that their interviews with patients allow discussion of psychological problems and they have a full understanding of the importance of detection and management of psychological disorders throughout the general hospital."

There are social and psychological aspects of all illnesses, as well as physical ones, the report observes. Particular examples include physical illness that may directly affect the brain function of elderly patients, or the fact that roughly one in five male inpatients has problems related to alcohol.

Professor Sir Leslie Turnberg, president of the Royal College of Physicians, said: "The main message we wanted to get across in the report is that treatment and management of psychological elements do have a considerable impact on the patient's well-being, health, length of stay in hospital, and even the need for investigation."—CLAUDIA COURT, *BMJ*

Climate changes will spread diseases

Tropical diseases move north with global warming

Scientists who study global warming are preparing a new report on its effects, including the spread of tropical diseases northwards, particularly those borne by insects. The report will be published at the end of this year.

It represents part of the United Nations' attempts to persuade the world's politicians to provide new targets and timetables for reducing releases of greenhouse gases into the atmosphere. They will warn politicians meeting next year of serious economic consequences unless there is preventive action to slow down the worst effects of climatic change. These include severe damage to temperate forests and to agriculture.

The report could not be prepared in time for the world's first World Climate Conference, in Berlin, which ended on 7 April. At that meeting politicians were told that the new computer models from the Hadley Centre for Climate Change in Berkshire—and actual measured temperatures round the world—showed that warming was really happening and was no longer just a theory.

The political meeting itself was a messy affair, with a United Nations mandate for action to attack the issue of climatic change in doubt until the final hours of the two weeks' negotiations involving 130 nations. The nations present had divided into groups, with the oil producers at one end and the countries that will disappear with a rise in sea level at the other extreme. Roughly in the middle was the European Union, which wanted action, but not too much.

At issue was what to do about the Climate Change Convention after it ceases in the year 2000. Until then industrialised countries have committed themselves to sta-

bilising carbon dioxide levels at the 1990 levels. Scientists have warned that after that severe cuts in emissions are necessary or the world will heat up too fast for natural ecosystems to cope with severe loss of species, including food crops.

The US, which on its own produces 25% of the world's carbon dioxide, was under heavy pressure at the conference to show a lead but was influenced by its own fossil fuel lobby and domestic problems, with the Republicans opposed to interference in domestic markets. In any case the US was in difficulties because it was not reaching its own target of containing its existing carbon emissions.

The 32 countries that form the Alliance of Small Island States (OASIS) wanted a 20% reduction in carbon emissions by 2005 from the industrialised nations. It is these small island states that would disappear under the sea by the middle of the next century if no action is taken. They were backed by China and India, provided that it meant no curbs on their right to growth. After all, they argued, it was not their citizens who had caused the problem in the first place and they demanded the right to development.

In the end an open ended mandate was agreed for new targets and timetables to be negotiated in future meetings in 1996 and 1997. A secretariat, 43 strong and based in Bonn, will begin the work.

Meanwhile the group of 300 scientists, the UN Intergovernmental Panel on Climate Change, is well advanced with its blockbuster report on the effects of warming. Latest estimates reckon that it will be about 3°C warmer by the end of the next century—a much faster rise in temperature than could occur naturally, and faster than most plants can migrate and adapt. However, insects can adapt much faster and are already finding footholds further north.

Dr Bruce Callender, from the Hadley Centre, said that milder winters and warmer summers meant that some insects that carry

tropical disease could flourish in Europe and in other temperate zones where previously they had been held in check by frost.

Only recently, journalists were mocked for saying that mosquitoes carrying malaria could return to southern England. Scientists are now pretty sure that will happen.—PAUL BROWN, environment correspondent, *Guardian*

Dutch court convicts doctor of murder

A court in the Netherlands has found a gynaecologist guilty of murdering a 3 day old baby with serious multiple handicaps. But because of the doctor's careful treatment of the patient he will escape punishment. The court said that the law stands first for the absolute protection of human life and that doctors must not actively end the life of a baby who is not yet terminally ill.

The baby girl, Rianne, was born in 1993 at the Waterland Hospital in Purmerend, north of Amsterdam. She had multiple handicaps including hydrocephalus, spina bifida, brain damage, and deformed limbs.

Gynaecologist Henk Prins consulted two other gynaecologists, two paediatricians, neurosurgeons, and neurologists at the Waterland Hospital and the Amsterdam Medical Centre. The opinion was unanimous that treatment was impossible and that she was in pain and had at best a year to live as "a sleeping plant."

Prins argued that he faced three choices: pain control, in which the baby would succumb to infection or other complications; giving the baby large doses of painkillers so that she would die but might also fall into a coma; or taking steps to end her life.

He spoke to the parents, who said that they did not want their child to suffer unnecessarily. At their request he gave the baby an injection to put her to sleep and then a strong tranquilliser that led to her death. She died within 15 minutes in her mother's arms. Prins then reported the case to the local coroner.

Prins said that he sought the widest possible agreement on how to treat the patient and considered her condition and behaviour. "There are special aspects too, such as the pain the baby is suffering." He argued that he could have avoided confronting the law by prescribing increasing doses of morphine. But this would have made no difference in the end and would have led to uncertainty

about the moment of death. This way she was able to die in her mother's arms.

It is not known how often similar cases occur, but the Dutch Association of Paediatric Medicine estimates that there are less than 10 cases a year in which the life of a seriously handicapped baby is ended.

Senior Dutch judges had already met and decided that because of the great care Prins and his colleagues took over the case he should not be punished. The Ministry of Justice, however, ordered the prosecution in order to seek a legal judgment on cases of intentionally ending the life of a newborn baby. Prins's lawyer, Eugene Sutorius, the leading legal expert on cases of euthanasia, said that it was an unjust use of the legal process to use doctors as "law making guinea pigs."

A legal adviser to the Royal Dutch Medical Association, Professor Johan Legemaate, said that doctors were now waiting to see if the court would accept the defence that Prins faced a conflict of duty between on one hand the law and on the other his duty as a doctor to care for his patient. This is the same legal defence used by doctors to avoid prosecution in cases of euthanasia. A further, full statement by the court is expected at the end of the month.—TONY SHELDON, freelance journalist, Utrecht

Focus: Brussels

The French way of controlling drug costs

As governments search for ways of reducing burgeoning health costs they should watch an experiment introduced in France last year to reduce the annual rise in public expenditure on drugs without affecting health care.

The principle is to encourage economic prescribing and lower drug consumption on a medically sound basis. A convention signed with two of the four organisations that represent France's doctors lays down mandatory prescribing guidelines. By the end of last year these covered 25% of the market for prescription drugs—a figure set to rise to 50% in 1995. In exchange for following these guidelines doctors were awarded a 5% increase in their fees. The carrot has proved so attractive that one of the other two medical organisations is now considering joining.

Heinz Redwood, a British based consultant, was commissioned by the pharmaceutical companies to evaluate the scheme. He claims, "The authorities are not saying that they just want to control prices; they are talking of a change in medical culture and attempting to change prescribing habits."

The new agreements with pharmaceutical companies also involve them in the shared aim of controlling increases in drug consumption by setting prices based on sales volume targets. If these are overshot the agreed price may be renegotiated downwards, as happened last August when sales of certain drugs exceeded the companies' forecasts. In exchange, the companies enjoy the possibility of price increases for older drugs whose prices have been kept low by many years of controls.

In the first 11 months of the new system expenses submitted for reimbursement had fallen by 0.2% compared with the same period in 1993. From his research Redwood concluded, "There is good evidence in support of the view that all signatories are making serious efforts to comply with the objectives and targets. Initial results are promising."

The French experiment takes place against the failure of the European Union several years ago to harmonise cost containment, and the failure of price controls for individual products. These may have kept prices low, but they have not prevented growth in overall spending on drugs and in the volume of consumption. According to data from the Organisation for Economic Cooperation and Development, drug expenditure between 1980 and 1990 rose faster

than the local rate of inflation in 17 out of 18 OECD countries.

Redwood also contrasts the success of the French approach in persuading doctors to prescribe economically with the failure of strategies based on price regulation for individual products. Under such strategies, he says, "doctors have asserted their traditional absolute right to prescribe as they think fit, irrespective of the economic or financial impact on public spending."

Even new methods in Germany, which along with the UK is one of the few union countries trying to encourage a rethink in medical culture, are considered heavy handed compared with those in France. In the early 1990s the Germans introduced a budgetary ceiling on drug prescription expenditure. Any spending over DM280m (£129m) would have to be paid for by doctors themselves. The measures may have worked financially, but, as Redwood acknowledges, "they have given rise to doubts about their possible impact on the quality of prescribing decisions."

In contrast to Germany, where the strategy tends to bring the medical profession and the pharmaceutical industry into conflict, the complementary nature of the French system, argues Redwood, encourages cooperation between the two.—RORY WATSON, the *European*