In brief

Irish cases of West Nile virus confirmed: Two cases of infection with West Nile virus have been confirmed in people from Ireland who had visited the Algarve on the southern coast of Portugal. See www.ndsc.ie and www.hpa.org.uk

SARS whistleblower released from jail: Dr Jiang Yanyong, the Beijing doctor who blew the whistle on China's 2003 outbreak of severe acute respiratory syndrome (SARS), has been released after seven weeks in custody (17 July, p 130). Although now at home, he is still under strict surveillance and his movements are limited.

Bird flu breaks out again in Indonesia: The outbreak of H5N1 avian flu in Thailand has spread to 15 of the country's 76 provinces, and Indonesia has also reported a fresh outbreak of the disease among poultry. So far no cases of human infection have been reported, but authorities in the region are on high alert.

NHS trusts given go-ahead to apply for foundation status: Twenty more NHS trusts have been given the go-ahead to become foundation trusts, the Department of Health has announced. Full details are available at www.dh.gov.uk

Peer review process needs to be explained to the public: Scientists should take every opportunity to explain the peer review process to improve public understanding of the way scientific papers are published and the relative status such papers have, suggests a discussion paper from the Sense About Science Trust. See www.senseaboutscience.org for a copy of the paper.

Register of abusers set up: The Department of Health is to set up a register of people who have worked in the care system and are known to have abused elderly people, with the aim of preventing them from working in similar positions again. However, it will not extend to staff in the NHS. See www.dh.gov.uk/assetRoot/04/08/58/58/04_858.pdf

WHO wants more palliative care for Europeans

Fiona Fleck *Geneva*

Many Europeans who are terminally ill die in unnecessary pain and discomfort because their health systems lack skilled staff and do not widely offer palliative care services, according to two studies published by the World Health Organization this month.

In the two reports WHO found that although Europe's population is ageing and more people are dying of chronic diseases, the range and quality of palliative care services remain severely limited and inadequate.

WHO called on health policy makers to urgently address the needs of ageing populations and to make palliative care a core part of their healthcare services.

Early identification of pain and other health problems can make a "dramatic difference," WHO said.

"Palliative care is by and large a neglected topic in most countries. What is required is both a social and a political impetus," said Dr Agis Tsouros, head of

the Centre for Urban Health at WHO's European regional office.

WHO said that many patients who are dying need support from their relatives and

An auxiliary nurse helps a terminally ill patient

health workers to help them cope with disability, pain, anxiety, and depression, while relatives of the patients also need help to cope with their own anxiety and depression.

It said that although 75% of people in Europe and the United States say they would prefer to die at home, only 18% to 32% actually have that option. (See story below.)

Some groups, including some members of ethnic minorities, children, and elderly people, are excluded from the best palliative care, it said.

According to WHO the number of people in the world aged over 60 is expected to double by 2050; 10% to 20% will be from rich countries and 18% to 35% from poor countries.

By 2020 the chief causes of death among people in this age group are expected to be chronic illnesses. WHO said the top five causes of death were likely to be heart disease, cerebrovascular disease, chronic respiratory disease, lower respiratory infections, and lung cancer.

Better Palliative Care for Older People and Palliative Care: The Solid Facts are accessible at www.euro.who.int

Report calls for more care for people wanting to die at home

Zosia Kmietowicz *London*

More needs to be done to allow people who wish to die at home to be able to do so, says a report from the House of Commons Health Committee.

Although 56% of people who are terminally ill say they would prefer to die at home, currently only 20% do, says the report on palliative care. Most terminally ill people (56%) die in hospital under the care of generalists.

"The right to a good death should be fundamental," said David Hinchliffe, chairman of the committee. "We hear much about the 'choice' agenda in the NHS at present. But for those who are terminally ill, choices are not being realised."

The report calls for the government to consider a new

model of palliative care being introduced in Canada, where carers are entitled to six weeks of paid leave and patients have access to a "virtual hospice" online with direct access to specialist nurses and doctors.

The charity Marie Curie Cancer Care has calculated that 14 days of palliative care in the home costs around £2500 (\$4600; €3800), compared with £4200 for the equivalent care in hospital. An investment of slightly less than £100m to cover the annual cost of dying at home would release £200m of hospital resources for other acute services, said Tom Hughes-Hallett, the charity's chief executive.

The report also points out the disparity of end of life services around the country and the bias towards cancer, with little provision for children or for patients with neurological diseases or cardiac or renal failure.

"Around a quarter of us die from cancer, but over 95% of hospice places are taken by those suffering from that disease. Those who are terminally

ill with, say, motor neurone disease or heart disease are most unlikely to use specialist services," said Mr Hinchliffe.

The Newcastle and Northumbria region, which has a palliative care need 30% above the national average, has only half the average number of beds. By comparison the county of Surrey has a need 20% below the average but has one of the highest bed to population provisions in the country, says the report.

The report also calls on the government to examine the current policy of excluding hospice patients from legislation that expedites the discharge of patients from acute hospital beds. "Any delays in discharge arrangements [for hospice patients] can be catastrophic, meaning the difference between someone ending their days in the place of their choice, or having that wish denied," says the report.

Palliative Care: Fourth Report of Session 2003-04 is accessible at www.parliament.uk/parliamentary_committees/health_committee.cfm