BMA proposes strategy to reformulate waiting lists

Janet Fricker, *London*

A fairer and more transparent approach to managing UK hospital waiting lists has been suggested in a report published this week by the BMA.

The report recommends the banding of waiting lists into five categories, ranging from emergencies to the lowest priority. It suggests that patients should be given severity scores when they are put on a waiting list, which would reflect their clinical priority and how quickly they should receive surgery. National guidelines would be drawn up for a wide range of operations, so that comparable patients are given the same priority for surgery in all parts of the country.

Under the current system, individual consultants generally manage and prioritise their own waiting lists largely on the basis of personal experience, interests, and preferences. Dr Peter Hawker, who chairs the BMA's consultants' committee, said: "If patients are going to have to wait due to pressures on the service it might be better if there was a genuinely accepted order of priority so they understand why they are waiting six months for one condition, while someone else gets dealt with after a fortnight." Dr John Chisholm, chairman of the BMA's GPs' committee, agreed: "At the moment patients have no idea what is going on. They get put into a black hole and every now and then after a wait of months get summoned for treatment."

Dr Hawker emphasised that the report is a consultation document and that many factors remain undecided, such as the optimal balance between social, clinical, and quality of life issues in defining priorities, and who should participate in decision making—specialists, GPs, ethicists, or general public managers. Dr Chisholm pointed out: "Decisions will need to involve GPs as well as specialists, particularly if you need to make judgments based on the extent to which problems interfere with patients' daily lives, loss of mobility, pain, and distress." □

Waiting List Prioritisation Scoring Systems is available free of charge from BMA House, Tavistock Square, London WC1H 9JR.

Faulty gene linked to chronic leukaemia

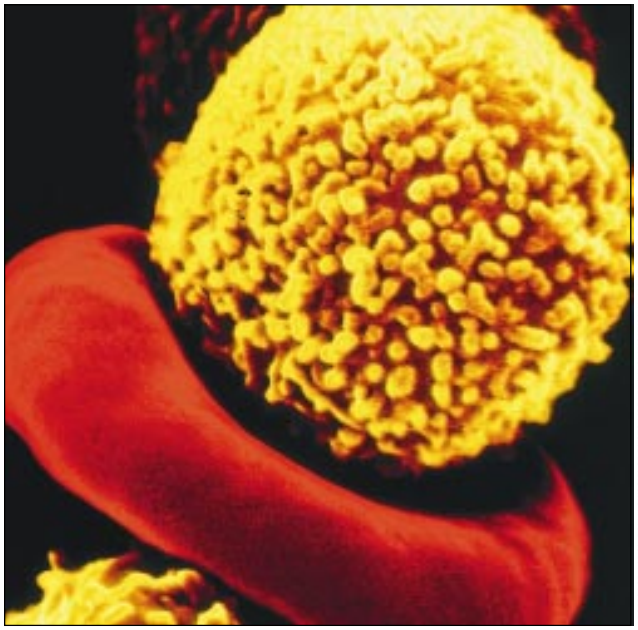
Richard Woodman, *London,*

Researchers have discovered that a faulty gene may be responsible for many cases of chronic lymphocytic leukaemia, the commonest form of leukaemia in older people.

It is already known that patients with the rare genetic disorder ataxia telangiectasia are more susceptible to lymphoid malignancies, probably because they have inherited two inactive versions of the ATM gene, and therefore damaged cells cannot be killed through apoptosis. But the latest research shows that loss of expression of the ATM protein also plays a part in the development of sporadic cases of chronic leukaemia (*Lancet* 1999;353:26-9).

Genetic analysis of 32 tissue samples from patients with chronic lymphatic leukaemia detected mutations in ATM in six tumours; in two of these six cases they were germline mutations, indicating ATM carrier status. Expression of ATM protein was impaired in eight of 20 tumours analysed.

Malcolm Taylor, professor of cancer genetics at the University of Birmingham and lead researcher, said: "We have suspected for some time that a number of patients with this type of leukaemia could be carriers of a faulty gene. But the fact that we have been able to isolate the specific gene and show that it could run in families is certainly a major step forward. The discovery means we can start looking for new ways to repair the defective gene and ultimately prevent this type of blood cancer developing."



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Researchers have identified mutations in some chronic leukaemia cases

In the more immediate future, Professor Taylor said that it might be possible to exploit the fact that patients with impaired ATM genes are more sensitive to radiotherapy than are patients with normal ATM.

The researchers do not yet know how ATM contributes to the development of chronic lymphatic leukaemia, but they point out that the protein is involved in mediating the p53 gene response during apoptosis. □

Dutch crisis in care of learning difficulties

Tony Sheldon, *Utrecht*

A national debate has been sparked in the Netherlands by the failure to find suitable care for a teenage psychiatric patient with learning difficulties, after a newspaper revealed that the girl had been kept in restraints in a psychiatric unit for five weeks.

The 16 year old, who has an IQ of between 70 and 85, has been treated at the psychiatric department of Utrecht University Hospital since 1997. Her condition has recently deteriorated, and attempts have been made to find a bed in a specialist institution for the past nine months. Meanwhile, she has been kept in isolation for several months and for the past five weeks has had restraints applied for her own protection.

The judge overseeing the case, Mrs R C Quik-Schuijt, has written to the Dutch justice minister saying that the case "contravenes the rights of the child" and "is the worst I have seen in 25 years."

The health insurance company responsible for funding long term psychiatric care in the region, Anova, has now said that the girl should be transferred this month with funds from a waiting list initiative.

Answering questions in parliament last month, health minister Els Borst-Eilers blamed local institutions for not doing enough. She said it was regrettable that publicity was necessary before a solution was found.

The problem has arisen because of bed blocking in the specialist units treating psychiatric patients with a mental handicap. Psychiatrist Victor Assmann from the De Hondsberg unit, which hopes to treat the girl, explained that she is one of a small group of patients with IQs between 70 and 85 who receive unsatisfactory care. They are "too clever" for the usual mental handicap units but may not be suitable for hospital psychiatry. A £15m plan for 300 beds for mentally handicapped young people with psychiatric problems awaits a government decision. There are currently only 96 such beds. □