

Doctors' strike in Israel may be good for health

Judy Siegel-Itzkovich *Jerusalem*

Industrial action by doctors in Israel seems to be good for their patients' health. Death rates have dropped considerably in most of the country since physicians in public hospitals implemented a programme of sanctions three months ago, according to a survey of burial societies.

The Israel Medical Association began the action on 9 March to protest against the treasury's proposed imposition of a new four year wage contract for doctors. Since then, hundreds of thousands of visits to outpatient clinics have been cancelled or postponed along with tens of thousands of elective operations. Public hospitals, which provide the vast majority of secondary and tertiary medical care, have kept their emergency rooms, dialysis units, oncology departments, obstetric and neonatal departments, and other vital facilities working normally during the industrial action.

In the absence of official figures, the *Jerusalem Post* surveyed non-profit making Jewish burial societies, which perform funerals for the vast majority of Israelis, to find out whether the industrial action was affecting deaths in the country.

"The number of funerals we have performed has fallen drastically," said Hananya Shahor, the

veteran director of Jerusalem's Kehilat Yerushalayim burial society. "This month, there were only 93 funerals compared with 153 in May 1999, 133 in the same month in 1998, and 139 in May 1997," he said. The society handles 55% of all deaths in the Jerusalem metropolitan area. Last April, there were only 130 deaths compared with 150 or more in previous Aprils. "I can't explain why," said Mr Shahor.

Meir Adler, manager of the Shamgar Funeral Parlour, which buries most other residents of Jerusalem, declared with much more certainty: "There definitely is a connection between the doctors' sanctions and fewer deaths. We saw the same thing in 1983 [when the Israel Medical Association applied sanctions for four and a half months]."

Motti Yeshuvayov of Tel Aviv's only burial society said that he had noticed the same trend in the Tel Aviv metropolitan area in the past two months. The only exception to the trend of decreasing deaths has been in the Haifa area.

The coastal city of Netanya has only one hospital, and it has been spared the industrial action because staff have to sign a no strike clause with their contract. Netanya's burial society, headed by Shlomo Stieglitz, reported 87 funerals last month, the same



Doctors march in Tel Aviv: death rates have fallen in the three months since sanctions began

number as in May 1999. It reported 97 in April compared with 122 in April 1999, and 99 in March as compared with 119 in March 1999. Mr Stieglitz said that his burial society services not only Netanya but also other cities, including Hadera and Kfar Sava, where hospital doctors have joined the sanctions.

Avi Yisraeli, director general of the Hadassah Medical Organization, which owns two university hospitals in the capital, offered his own explanation. "Mortality is not the only measure of harm to health. Lack of medical intervention can lead to

disability, pain, and reduced functioning. Elective surgery can bring about a great improvement in a patient's condition, but it can also mean disability and death in the weakest patients. And patients who do not undergo diagnosis or surgery now could decline or die in a few months due to the postponement."

During the months of the strike, patients "have been going more to their family doctor and to hospital emergency rooms, which have not been affected by sanctions," Professor Yisraeli said. □

Waiting time limits proposed for specialist referral

Judy Jones *London*

Clinical guidelines for managing 11 common conditions, and waiting time limits for referrals from general practitioners to specialists, have been drafted by the National Institute for Clinical Excellence (NICE). It is the first time that symptom specific advice for referring conditions into specialist services has been produced by a government agency.

The guidance has been draft-

ed by subject specific advisory groups whose members included GPs, hospital specialists, and patients' representatives. The guidelines will undergo trials in a number of selected sites over the next six months.

In a letter to primary care groups, health authorities, trusts, professional bodies, and patient groups, Andrew Dillon, chief executive of NICE, says the aim is to "support and complement appropriate evidence based and consistent practice." The pilot will be organised by a collaboration of NICE, the NHS R&D Programme, and the National Patient Access Team.

The draft advice proposes that GPs should classify patients requiring referral to specialist

services according to one of four time categories: immediate (within a day); urgent (within two weeks); soon; and routine (the latter categories to be determined locally).

The adoption of the final guidance should be implemented in the context of local strategies for achieving outpatient waiting times and inpatient waiting list targets, the letter says.

The draft guidance, entitled Referral Practice, deals in detail with the management and treatment of the following conditions: acne; acute lower back pain; atopic eczema in children; menorrhagia; osteoarthritis of the hip and of the knee; glue ear in young children; psoriasis; recurrent episodes of acute sore

throat in children up to 15; prostaticism; and varicose veins.

The guidance should help to end "postcode lotteries," where treatment is available for some conditions only in some parts of Britain.

Joe Collier, consultant to the project and one of the editors of the advice, commented: "Uniquely for the institute, advice is being offered in a clinical setting across the primary and secondary divide where the evidence base is sparse. It is imperative that GPs and others comment so this advice can be consolidated and the work extended to other topics."

The guidance can be seen on the web at www.nice.org.uk/updates/upd_ind.htm. □