

*In brief***French doctors to strike:**

Medical interns in 22 of the 26 university hospital centres in France have called for a strike to protest against long hours of uninterrupted duty. Interns, now working 60-70 hours a week, want their emergency duty gradually reduced to 48 hours a week and their pay increased if they have to work longer hours.

UK government sets maximum price for generic drugs:

The UK government proposes to set maximum prices for generic drugs used in NHS primary care. A statutory ceiling, equivalent to prices 15 months ago, will apply across the United Kingdom. In 1998, 63% of prescriptions were for generic drugs, and these are expected to cost the NHS in England £200m (\$320m) in 1999-2000.

Ireland tackles nursing

shortage: A small contingent of nurses from the Philippines has arrived in Dublin—the forerunner of what is expected to be as many as 500 to cover the Republic of Ireland's growing shortage of nurses. The nurses, all of whom speak fluent English and have other overseas experience, will undergo a six week assessment programme at St James's Hospital, Dublin, to confirm their professional standards.

Woman of 103 given cataract

operation: An ophthalmic surgeon, Zoltan Szigeti, has performed a cataract operation on Viktoria Keleman, aged 103, at the Szent Janos Hospital, Budapest.

MPs accuse doctors of racism:

The House of Commons social security select committee has raised concerns about the treatment of benefit claimants, including "cultural insensitivity" on the part of some doctors.

Online NHS health records to

be piloted: The health minister for England, Gisela Stuart, has announced that £2.4m (\$3.85m) will help fund four NHS pilot projects to put health records on line. The projects are in Cornwall, south Staffordshire, County Durham, and Teesside.

Spain launches national plan for palliative care

Xavier Bosch *Barcelona*

The Spanish health ministry is to launch a national plan on palliative care aimed at improving the quality of life of terminally ill patients on a "rational, planned, and effective" basis and at ensuring that palliative care constitutes a "legal and individual right" of patients.

Special attention will also be paid to improving the quality of life of relatives of terminally ill patients. The report highlights the necessity of a basic training in palliative care for health professionals. The development of

specific programmes, with qualified professionals and intervention at all healthcare levels, is encouraged. This report now has to be discussed by the health departments responsible for the different Spanish autonomous communities (or regions) for definitive approval.

The health ministry has announced that the plan will cover all patients from the public health network on a free basis. The plan intends to achieve a better coordination between primary and specialised

healthcare levels in order to provide integrated and personalised care to patients.

As far as primary health care is concerned, patients who prefer to stay at home during their last period of life will receive an active home health care by specific teams trained in palliative care.

As far as hospitalisation is concerned, the report says that the "target" units where terminally ill patients are usually treated (oncology, haematology, radiotherapy, gerontology, internal medicine, general surgery, and emergency) will undergo changes aimed at providing more comfort. Hospitals may introduce such innovations as individual rooms for dying patients, peaceful hospital areas, specific nursing care, and special diets.

The plan envisages the establishment of specialised, interdisciplinary, palliative care teams consisting of a physician, a nurse, a social worker, and a psychologist. These professionals will administer appropriate treatment to mitigate pain and other problems of the terminal illness and will provide psychological support for both the patient and the relatives.

Spain currently has 208 palliative care teams. These teams last year attended 23 000 terminally ill patients; over 80% of these patients had cancer. □



CHRIS SATTLEBERGER

Elderly people will be among those who will benefit from a new plan for improving palliative care in Spain

Health insurer delays psychiatric admissions

Doug Payne *Dublin*

Professor Anthony Clare, the director of St Patrick's Hospital in Dublin, Republic of Ireland—and better known throughout Britain for his work in the media—has accused one of Ireland's two main health insurers of delaying the admission to hospital of psychiatric patients. He has predicted that the situation will get worse as the number of patients with private insurance increases.

The problem, he told one of the Irish national newspapers, was that BUPA (a private health

insurance scheme) insisted on detailed diagnostic information before admission of a patient, including the diagnosis, prognosis, and expected date of discharge. The organisation did not require this information for any other type of hospital admission. The company's Irish competitor, VHI, required simply a quotation from the referral note for admission.

Professor Clare is not alone in his concerns. Other doctors, including GPs, have complained about the preadmission requirements, saying that they stigmatise those with psychiatric illnesses.

A spokeswoman for BUPA Ireland said that psychiatric admissions were often emergencies, with many referrals made by GPs who, although able to decide whether a patient required psychiatric hospital admission, could not always provide an accurate

diagnosis and prognosis for the patient. Admissions could often involve long hospital stays, the spokeswoman added, so the form was simply "prudent economic planning."

The concern of which Professor Clare spoke comes about because the BUPA requirement creates delays in a patient receiving treatment. A patient on a GP referral, for example, has first to be sent to a local psychiatrist for assessment.

In the meantime, the patient could be waiting at home, or in a secure unit at a local hospital, for anything from several hours to several days. As BUPA's customer base increased in Ireland, the problem would worsen, Professor Clare said.

The BUPA spokeswoman said that if the policy had "a serious impact on patients and delays," the company "would have to look at it carefully." □