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NEWS

GPs are struggling to match the services they buy with the health needs of local people

Zosia Kmietowicz LONDON

Primary care trusts in England are failing to plan and purchase services that are appropriate to their local communities, says England's healthcare watchdog.

In its fourth annual report on the state of health services the Healthcare Commission says that overall the quality of NHS services has improved in the last year, with 46% of trusts rated as excellent or good in 2006-7, up from 40% in 2005-6. But primary care trusts performed the worst for the second year running, with around three quarters (74%) rated as fair or weak for the quality of services they provide and 80% for the way they used their resources.

Anna Walker, chief executive of the commission, acknowledged that primary care trusts had been reorganised in the past year, but she was concerned that so many were "struggling" to meet the standards expected of them. Many trusts did not fully understand the needs of their local people, making it difficult to buy targeted services, the report says.

Last year GPs failed to record the body mass index of 2.3 million people, data that provide important statistics on the prevalence of obesity. The number of diagnoses of heart failure was also some 140 000 less than expected, says the report.

Even where the needs of the community are known, trusts are not buying in the right services. Altogether 5000 fewer patients than planned had received emergency mental health care, because 41% of primary care trusts had not bought sufficient crisis services. Most trusts (85%) did not have arrangements for providing education programmes to patients with diabetes in their area. And 2000 practices did not fulfil their trust's plans to establish registers for people at risk of coronary heart disease, a system designed to prevent serious outcomes in this group.

Despite overall improvements in the health services in England and Wales and better attention to safety, some significant gaps in the delivery of health care remain. Lack of data on sexual health had made it difficult to target people with the greatest need; and children's services for the least well off families were not improving quickly enough.

The commission also raised concerns that the gap in health between rich and poor people remains unaltered.

State of Healthcare 2007 **can be seen at www.healthcarecommission.org.uk.**

US doctors are not following ethical guidance, survey finds

Jeanne Lenzer NEW YORK

Many doctors in the United States are failing to conform to professional guidelines. A survey sponsored by the US Institute of Medicine found that doctors often fail to conform to accepted norms in areas of self regulation, managing conflicts of interest, and ordering of unnecessary tests.

Moreover, although most respondents thought they should report colleagues who were not competent, almost a half said that in the past three years they had known of a doctor who was "impaired or incompetent" but had failed to report the doctor to a relevant authority (*Annals of Internal Medicine* 2007;147:795-802).

The survey of 3167 randomly selected and eligible doctors, 1662 (52%) of whom responded, showed a substantial gap between what the doctors say they believe is appropriate professional behaviour and how they act.

The doctors were asked about their support of professional norms as established by the charter on professionalism promulgated in 2002 by the American Board of Internal Medicine and other groups to address problems of "cost, access, and quality in the US healthcare system" that have not been resolved through legislation or competition, the authors wrote.

Over 90% of doctors who responded agreed with eight of 12 statements regarding professionalism. Despite this strong support, most respondents said they would, for example, refer patients to a local imaging facility in which they had a financial interest, and a quarter said they would make the referral without informing the patient of the conflict of interest.

Doctors are loth to report colleagues for incompetence

Doctors were also reluctant to report medical errors: 46% had direct personal knowledge of at least one "serious medical error" in the past three years that they did not report.

There were bright spots. Only 1% of doctors said they had not been honest with patients and their families about medical issues in the past three years, and three quarters said they treated poor patients without expecting payment.

UK government pledges £370m to improve cancer care

Caroline White LONDON

All patients with symptoms in a breast, irrespective of whether cancer is suspected, will be seen within two weeks of referral to a specialist under ambitious new government plans announced this week to achieve "world class services" in England.

The move is part of a raft of measures, outlined in the five year cancer reform strategy, to speed up the diagnosis and treatment of cancer.

The strategy emphasises prevention. Under consideration are a ban on cigarette vending machines, curbs on the display of tobacco products, and a review of sun bed use by people aged under 18 years.

Age thresholds for screening services will also be extended. By 2012 breast cancer screening will start at the age of 47 rather than 50 and end at 73 rather than 70, and by 2010 the upper threshold for bowel cancer screening will be extended from 70 to include those aged up to 75.

The strategy also recommends a reduction in the time from when the decision is made to treat a patient to the actual start of treatment. It says that the 31 day maximum delay for radiotherapy should also apply to other treatments such as surgery and chemotherapy.

Michael Williams, vice president of the Royal College of Radiologists, said that although this standard for radiotherapy had been set in 1993, in 2005 it was being achieved in only 50% of cases.

The *Cancer Reform Strategy* is available at www.dh.gov.uk.

NEIL MCALLISTER/ALAMY

The UK government is reviewing use of sun beds

Blame culture is still a problem in tackling patient safety

Lisa Hitchen LONDON

A culture of blame still stops healthcare professionals from reporting patient safety incidents, a Department of Health expert told a conference in London last week.

Jane Moore, director of healthcare quality at the department, said that the latest data from the Healthcare Commission, England's healthcare watchdog, showed that harm to patients while in hospital was still a major problem.

In 2005-6 63% of organisations complied with all core safety standards, but this figure had fallen to 61% in 2006-7, the commission's annual health check data showed. The commission also found that a similar number of independent sector providers had failed to meet national minimum standards on safety, Dr Moore told the conference on risk and patient safety, organised by the company Healthcare Events.

"We still blame individuals rather than look at what the causes of patient safety incidents are," she said. "This means people still find it difficult to report [incidents]."

The data had shown some improvements. The number of staff who had seen an error in the past month fell over the period 2003 to 2006, for example, while the number of staff saying that the last error they had seen was reported had risen, she added.

"But more are saying that no action is taken to ensure that the incident does not happen again," she said.

Communication failure was one of the main causes of error, said Michael Leonard, the physician lead for patient safety at Kaiser Permanente, one of the largest health maintenance organisations in the United States. Poor communication with clinicians over safety could create problems if managers wanted to engage them in change, he said.

"What happens is the conversation gets framed in the wrong way as . . . cookbook medicine. [The doctor thinks] you are treating me like an idiot and telling me what to do. What we should say is: 'Here is the pattern of risk, here is where we know you will get in trouble,'" he explained.

More details of the Risk and Patient Safety conference are at www.healthcare-events.co.uk.

US gene therapy trial is to restart, despite patient's death

Janice Hopkins Tanne NEW YORK

The US Food and Drug Administration has allowed the resumption of clinical trials of an experimental form of gene therapy for inflammatory arthritis. Trials were suspended in July when a patient died after a second injection into the knee joint of the gene based therapy developed by Targeted Genetics Corporation of Seattle, Washington.

Targeted Genetics said in a press release that the FDA had reviewed data on safety concerning all 127 patients in the trial of the treatment, which used tgAAC94, an investigational gene therapy product developed to treat active inflammatory arthritis, as well as data from the patient who died. The investigation found that the drug did not contribute to her death, the company said.

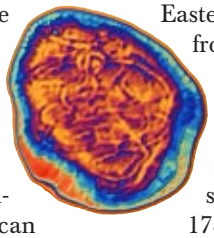
The Recombinant Advisory Committee of the National Institutes of Health (NIH) met on 3 December to consider the patient who died. Voting on the findings was postponed to the next meeting.

At the meeting the NIH's Office of Biotechnology Activities reported that the patient died from a large retroperitoneal haematoma (3.5 kg at autopsy) and from disseminated histoplasmosis. The source of the bleeding could not be determined, and doctors were unable to control it despite massive transfusions. The report said it was unlikely that an immune reaction had a role in her

Mortality from measles fell by 91% in Africa and by 68% worldwide from 2000 to 2006

John Zarocostas GENEVA

The number of deaths in Africa from measles fell from an estimated 396 000 in 2000 to 36 000 in 2006, a fall of 91%, says a progress report by the World Health Organization and Unicef. It attributes the decrease largely to better coverage in routine immunisation programmes and targeted campaigns to ensure that children had a second chance to be vaccinated.



ALFRED PASIEKA/SPL

"This is a major public health success and a tribute to the commitment of countries in the African region," said Margaret Chan, director general of WHO.

"We need to sustain this success and intensify our efforts in other parts of the world, as there are still far too many lives lost to this disease," she said.

The executive director of Unicef, Ann Veneman, also lauded the results in Africa but went on to say: "Measles is still killing nearly 600 children under 5 every day, an unacceptable reality when we have a safe, effective, and inexpensive vaccine to prevent the disease."

Of the deaths from measles in 2006, 90% were among children aged under 5 years, says the report by the Measles Initiative, which is run by WHO and Unicef in conjunction with the American Red Cross and the US Centers for Disease Control and Prevention (CDC).

WHO's objective is to achieve a 90% worldwide reduction in the number of measles deaths by 2010, and officials are confident that this can be met.

Mortality from measles worldwide fell by 68% from 2000 to 2006—from an estimated 757 000 deaths to 242 000. The fall in Africa accounted for 70% of this reduction.

Big reductions were also registered in WHO's Western Pacific region, down by 81% to 5000 deaths from 25 000, and in the Eastern Mediterranean region, by 76% from 96 000 to 23 000.

However, in WHO's South East Asia region, which includes the Indian subcontinent, the fall in measles mortality was substantially smaller—only 26%, from 240 000 to 178 000—because reduction strategies in some large countries with a high burden of the disease, such as India and Pakistan, were lagging behind those in other countries.

Julie Gerberding, director of the CDC, said, "The next step is to fully implement the strategy in South Asia, where the measles disease burden is now the highest in the world."

Between 2000 and 2006, the report says, 478 million children aged between 9 months and 14 years received measles vaccine through supplementary campaigns in 46 of the 47 priority countries.

In WHO's African region alone, between 2001 and 2006 more than 304 million children in 40 countries were given a second vaccination through these campaigns.

Overall in 2006 the worldwide campaign to improve vaccination coverage reached an estimated 80% of its target population for the first time, up from 72% in 2000. The biggest gains were recorded in the African region.

Progress in Global Measles Control and Mortality Reduction, 2000-2006 **can be found at www.who.int/wer/2007/en.**

DIETER TELEMANS/PANOS

In 2006 measles vaccination reached 80% of the target population, up from 72% in 2000

death. No evidence of contamination of the product was found, and the vector was found only at extremely low levels outside the knee.

"This patient's unfortunate death was primarily a result of an opportunistic infection, disseminated histoplasmosis with subsequent bleeding complications and multi-organ failure. Her apparent risk factor . . . was her systemic RA [rheumatoid arthritis] therapy, chiefly the TNF [tumour necrosis factor] antagonist adalimumab."

The patient was identified as Jolee Mohr, 36, of Taylorville, Illinois, who was married and had a 5 year old daughter. She was given the first injection in February and the second on 2 July. She experienced vomiting and fever soon after the second injection. When her symptoms worsened she was admitted to hospital and later transferred to the University of Chicago Hospital, where she died on 24 July.

For her rheumatoid arthritis, which she had had for 15 years, she was taking adalimumab, methotrexate, and prednisone, all of which are immunosuppressive and a risk factor for histoplasma infection, the company said.

The trials used a recombinant, adeno associated virus as a vector. An FDA press release said that the vector delivers the gene for tumour necrosis factor receptor, with the aim of inhibiting a key mediator of inflammation. The vector was injected directly into the joint. *Science* magazine (2007;317:580) reported that existing drugs for rheumatoid arthritis also inhibit this mediator of inflammation, but they do not always penetrate all joints and need to be injected frequently.

In its press release Targeted Genetics said that final molecular test results had shown that there was no amplification of the viral vector in the patient's body.

IN BRIEF

Exercise during early pregnancy may increase miscarriage risk: A study involving 92 671 pregnant women showed that the risk of miscarriage in the first 18 weeks was higher among women who exercised more than seven hours a week than among those who did not exercise (hazard ratio 3.7 (95% confidence interval 2.9 to 4.7)) (*BJOG* 2007;114:1419-26).

More people in Gaza are denied travel permits for treatment: The World Health Organization says that people trying to leave Gaza to get specialist care in Israel or beyond are increasingly being denied travel permits. Since restrictions were imposed in June, 713 people have been refused permits, with the proportion reaching 23% of applicants in October, up from 11% in June. Twelve people have died since October because of the delays.

Lack of nutrition blights HIV treatment: A report from the World Food Programme (www.wfp.org) says that "hidden hunger" affects more than two billion people. Even if a person has enough energy intake, the lack of a single micronutrient can compromise their immune system and allow infections to take hold. People with HIV need 30% to 100% more energy, says the report, but some people are not seeking HIV treatment as they worry that their appetite will return and they will not be able to feed themselves.

Europe and US simplify application for orphan drugs: The European Commission, the European Medicines Agency, and the US Food and Drug Administration have adopted a common application form for sponsors seeking designation of drugs as "orphan drugs" in the European Union and United States. The aim is to simplify the process of obtaining orphan status for drugs intended for rare diseases in both jurisdictions.

A tenth of English patients are harmed by stay in hospital: One in 10 NHS patients come to harm while in hospital as a result of their clinical care, says a study that reviewed the case notes of a random sample of just over 1000 patients admitted to a large teaching hospital in England in the first six months of 2004. The commonest problems were unplanned admission or readmission as a result of previous treatment in the hospital, followed by injuries, such as falls or pressure sores, and other complications, including heart attack and deep vein thrombosis (*Quality & Safety in Health Care* 2007;16:434-9).

GMC strikes Southall off register for serious misconduct

Owen Dyer LONDON

The paediatrician David Southall has been struck off the medical register by the General Medical Council after a hearing found that he inappropriately accused a mother of murdering her 10 year old child.

Dr Southall, 59, was also found to have removed children's medical records from hospital files and stored them where other care givers could not access them. The GMC's disciplinary panel ruled that his acts amounted to serious professional misconduct.

It is the second time that the GMC has found Dr Southall guilty of making inappropriate accusations of murder against a parent. He was barred from child protection work for three years in 2004 after he accused Steve Clark of murdering his son, having watched a television interview with the father.

In the current case Dr Southall was found to have accused a mother, called Mrs M by the GMC, of suffocating and strangling her child, who was found hanged in a closet. Mrs M, who now lives in Australia, told her story to the *Mail on Sunday* newspaper this weekend. Her second son was taken into care on Dr Southall's recommendation but later returned home.

She told the GMC hearing that Dr Southall had been "aggressive and sarcastic" when questioning her about the death. Jacqueline Mitton, chairing the GMC panel, described Mrs M as a "clear, honest, and credible witness."

Dr Southall's actions, the panel ruled, were inappropriate, added to the distress of a bereaved person, and were an abuse of his professional position.

Dr Southall was also found to have removed medical files from hospital records and stored them as "special case files." This "was not in itself damaging," the panel ruled, "provided that there was sufficient internal signposting" to permit other hospital staff to access the information. But the panel found that such access was lacking in the cases of three children, effectively removing the information from the health system. This practice "damaged the integrity" of the children's hospital records, the GMC found.

Dr Southall further damaged the integrity of two children's files, the GMC found, in bringing them with him from the Royal Brompton Hospital to the North Staffordshire Hospital, where the children had never been treated. But other files stored on his computer were not being kept inappropriately, the panel found, because the information in them was still also in the hospital system.

Struck off: Dr David Southall

CHRIS YOUNG/PA

Pay rise next year is not likely to top 2%

Adrian O'Dowd LONDON

An acceptable pay settlement for NHS staff next year should be achievable, despite the fact that an increase will probably be only around 2%, the health secretary has said.

Alan Johnson told MPs last week he was optimistic about the current "difficult" pay discussions taking place.

Mr Johnson was giving evidence as part of the parliamentary health select committee's inquiry into public expenditure.

The committee tackled him on the government's recent call for a 2% pay rise in 2008-9 for most NHS staff and asked whether pay rises below the rate of inflation were going to be the norm.

"It depends on how you measure inflation," said Mr Johnson. "The chancellor [of the Exchequer] is right to ensure that we don't build in an inflationary spiral that takes us back to the days of high interest rates.

"I say on many occasions to nurses, GPs, and consultants: if you look at the record since 1997, and if you look at what happened through Agenda for Change [the system of pay and conditions introduced in the NHS in 2004], no government has done more to try to establish decent pay for people.

"In terms of how we maintain that pay we are going into a difficult set of discussions and negotiations, but I am hopeful we will come out with a settlement."

Mr Johnson confirmed earlier speculation that the NHS was on course for a surplus of £1.8bn (€2.5bn; $3.7bn) by the end of the current financial year.

S.I.U. SCHOOL OF MEDICINE/SPL

The overall maternal death rate—14 per 100 000—did not change from 2000-2 to 2003-5

Deaths related to obesity take over from suicide as leading cause of maternal death

Lisa Hitchen LONDON

Deaths from cardiac causes, often linked to obesity, are now the commonest type of death among women during pregnancy and childbirth, finds the latest three year report into why mothers die in pregnancy and childbirth in the United Kingdom.

The report from the Confidential Enquiry into Maternal and Child Health, covering 2003-5, reports a shift from the last report, which found that suicide was the leading cause of overall mortality. The number of suicides fell from 58 in 2000-2 to 37 in 2003-5.

Deaths from acquired ischaemic and other acquired cardiac disease accounted for 44 of all the 48 deaths from cardiac causes (91%), up from 35 out of 44 cardiac deaths (79%) in the last report, said Gwyneth Lewis, director of the inquiry. The number of deaths from congenital heart disease fell from nine (20% of all cardiac deaths) in 2000-2 to four (8%) in 2003-5.

"Most cardiac deaths are completely and utterly associated with lifestyle. It is a big finding," she said.

Of direct causes, thromboembolism is top. Both this cause and cardiac disease are linked to obesity, Dr Lewis said. "Fifty two per cent of mothers who had booked for antenatal care who died were overweight or obese," she said, "in comparison to estimates of 10-11% in the general population.

"Some women had arms so big that the standard blood pressure cuff would not go round."

However, death during pregnancy or within 42 days of delivery continues to be rare in the UK, the report says, with only 295 women dying out of two million mothers who gave birth in the three year period. The overall maternal death rate in 2003-5 was 14 per 100 000 (whether the death was directly or indirectly related to the pregnancy), a figure not significantly different from that in the previous report.

A rise in the number of women from overseas giving birth in the UK has had an effect on maternal mortality, the report shows. New immigrants, refugees, asylum seekers, and "health tourists" may have more complicated pregnancies, poorer health, and more serious underlying medical conditions than mothers born in the UK, it says.

Saving Mothers' Lives: The 7th Confidential Enquiry into Maternal and Child Health **can be found at www.cemach.org.uk.**

"This is a dramatic improvement," he said, "and I think it's testament to the tremendous efforts of NHS staff over the last year and a half.

"It's reasonable for a large organisation with a £100bn turnover to have a 2% surplus. I don't think the NHS could function on a break even basis."

MPs asked him about the consultants' contract and whether or not it was a mistake for Mr Johnson's predecessors to give consultants extra pay before they had made changes to their way of working.

"I am a supporter of that deal," he said. "I think consultants ought to get decent pay; so should GPs and nurses. The trouble is people forget what life was like before that contract."

Trusts now knew what their consultants were doing, he argued.

NHS doctors and finance staff have a negative view of each other, says Audit Commission

Adrian O'Dowd LONDON

Doctors must be involved in financial decision making in the NHS to avoid repeating the cash disasters of recent times, England's public spending watchdog says.

The Audit Commission has published a report calling for much better communication and working relationships between clinical and finance staff. The NHS will become more efficient and will improve services for patients only if relationships between these two groups of staff are stronger, says the report.

Failure to engage doctors and other clinical staff in managing budgets is at the heart of financial problems in the NHS, say the authors.

They interviewed staff at 16 different NHS sites—acute, foundation, and primary care trusts—in preparing the report, which is aimed at clinicians, managers, and finance professionals.

Their work showed that the two professional groups held some firm negative stereotypes of each other, say the authors, but they also found good examples of clinical and financial staff working together to improve the quality and efficiency of services.

The report identifies several practical measures to promote better joint working.

A Prescription for Partnership: Engaging Clinicians in Financial Management **can be seen at www.audit-commission.gov.uk.**

Dignitas is forced to offer its services from a former factory

Clare Dyer BMJ

Dignitas, the Swiss organisation that helps people with terminal illnesses to end their lives, has had to begin offering its services in a former factory after being forced to leave the flat it was using in Zurich.

The owner of the block of flats asked Dignitas to leave by the end of September after opposition from residents and the media. The organisation, founded by the human rights lawyer Ludwig Minelli, found another flat but was unable to use it after the local council took action.

CHRIS ISON/PA

Founder of Dignitas Ludwig Minelli offered the use of his own home for assisted suicides

Mr Minelli, 75, then offered the living room of his own home in Maur, a village 12 km from Zurich, but local officials stepped in and banned its use for assisted suicides. Dignitas, which blames its problems on a "not in my back yard" attitude, had to resort to hotel rooms, and one man decided he would prefer to die in his car.

After the organisation found the former bowling ball factory in the village of Schwerzenbach, 22 km from Zurich, the local council tried to ban assisted suicides there, but the administrative court for the canton of Zurich ruled that Dignitas could use it, pending a final court decision.

Mr Minelli, who runs Dignitas as a non-profit organisation, told a press briefing in London last weekend: "If you look at it from the outside it's a commercial building, but inside the two rooms that we use are very cosy." He was invited to London by the Glasgow based organisation Friends at the End.

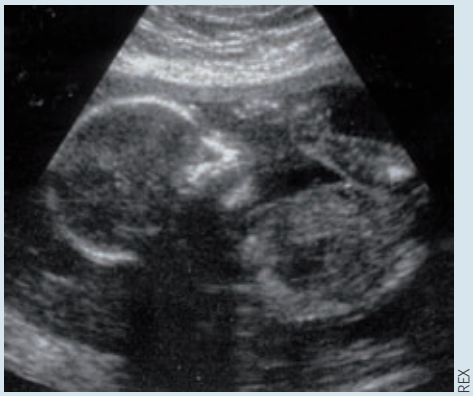
Dignitas, which has around 6000 members in 57 countries, is the only Swiss organisation that offers a doctor assisted suicide service to people from abroad. Mr Minelli said that 808 people from 26 countries had used its services, including 84 British people, the third largest group. Most had terminal cancer, multiple sclerosis, or motor neurone disease.

More than half of those who have been helped to commit suicide by Dignitas are German —464 or 57%. The next biggest national group is the Swiss, just ahead of the British at 94.

Assisted suicide is legal in Switzerland as long as the helper is not acting from selfish motives. In England and Wales anyone who aids and abets a suicide commits a criminal offence that carries a maximum 14 year sentence. However, Mr Minelli said that the UK Crown Prosecution Service had never prosecuted a relative in England for helping a loved one get to Zurich to visit Dignitas.

Despite this, relatives of British people who use the services of Dignitas still fear prosecution if they make the arrangements or accompany their loved ones. Debbie Purdy, 44, from Bradford, who has multiple sclerosis, has asked the director of public prosecutions, Ken Macdonald, for an assurance that her husband will not be prosecuted if he helps her go to Zurich. Without that assurance, she says, she will feel obliged to go there much earlier than she otherwise would, while she is still capable of going without him.

Mistakes in deciding



REX

Some partners accused women of forging the report when the child turned out to be a girl

Dying patients are often not told of closeness of death

Zosia Kmietowicz LONDON

English hospitals are generally doing what they should be for people who are dying, in terms of stopping some drug treatments and initiating others, but patients' psychosocial welfare is less well catered for, shows an audit of the care of dying patients.

The audit, which was carried out by the Marie Curie Palliative Care Institute in Liverpool, with the support of the Royal College of Physicians, found that, overall, hospitals are achieving high standards of clinical care for dying patients. For example, non-essential drug treatment was stopped in 93% of patients, and 91% of patients were given pain relief in the last few days or hours of their life.

But hospitals were less good at delivering bad news. Only 57% of the patients had been told that they did not have long to live, and only 45% recognised the nature of their condition. However, over 80% of carers were aware of the diagnosis, indicating that staff find it easier to discuss the issue of dying with relatives and friends.

The spiritual needs of patients also tended to be more neglected than those of their carers. Records showed that only a third of patients had their spiritual needs assessed, whereas 53% of carers had theirs assessed.

For the audit the researchers looked at data from the records of 2672 patients who died in 118 hospitals in England from the start of September to the end of November 2006. The researchers point out, however, that the audit may underestimate the level of care being given, because some care may have been delivered without being documented.

Mike Richards, who chairs the advisory board to the Department of Health's end of life care strategy, said, "Care of the dying is urgent care—with only one opportunity to get it right to create a potential lasting memory for relatives and carers."

National Care of the Dying Audit—Hospitals **can be seen at www.rcplondon.ac.uk.**

fetal sex from ultrasonography can lead to domestic abuse

Roger Dobson ABERGAVENNY

Incorrect determination of the sex of a fetus from ultrasonography can result in marital conflict, domestic abuse, and economic hardship, says a study carried out in Nigeria, where male offspring are highly desirable.

The psychological and physical health of the mother and the upbringing of the child can be affected by such misinformation, says the report (*International Journal of Gynecology and Obstetrics*: doi: 10.1016/j.ijgo.2007.09.021).

"The failure rate of ultrasound scans to determine foetal sex should be made known to women and their partners," the authors write.

The authors, who cite other studies indicating that the accuracy of ultrasonography to determine fetal sex ranges from 87% to 99%, say that despite the widespread use of the technique little is known about the effect on parents of incorrect information.

The authors looked at a total of 2860 deliveries and recruited 102 women into the study who had been given incorrect information about the sex of their fetus. They used questionnaires and in-depth interviews to gauge the women's responses.

Asked about their immediate reactions to their newborn, 28 of the 102 women reported positive feelings, 12 had mixed feelings, and 62 had negative feelings. All the women with negative feelings wanted a boy, and all had been told wrongly that the sex of the fetus was male.

Thirty nine women reported marital conflicts as a result of the misinformation, and nine said they had been physically assaulted by their partner. All these women had incorrectly been told they had a male fetus. None of the women said that they had previously experienced violence from their partner.

The authors wrote, "The issues identified as the immediate factors behind the marital conflicts included accusations from the women's partners of forging the ultrasound report and increased economic pressure placed on the family by the incorrect result."

Most US emergency departments are poorly prepared to treat children, study shows

Janice Hopkins Tanne NEW YORK

A study of how well prepared US emergency departments are to treat children has shown that only 6% had all the equipment and supplies recommended in 2001 by the American Academy of Pediatrics (AAP) and the American College of Emergency Physicians (ACEP) and endorsed by 17 national organisations (*Pediatrics* 2007;120:1229-37).

The study was based on a questionnaire and follow-ups posted in 2003 to the medical directors of 5144 emergency departments; 1489 useable surveys were returned. The survey questions were weighted by an expert panel, which judged the importance of various criteria of paediatric care. The results were presented on a scale from 0 to 100 (perfect). The median score was 55.

The study is by Marianne Gausche-Hill, professor of medicine, David Geffen School of Medicine at the University of California in Los Angeles (UCLA), and director of emergency medical services and paediatric emergency medicine fellowships, Harbor-UCLA Medical Center, Los Angeles, and colleagues.

Professor Gausche-Hill told the *BMJ* that only 59% of the hospitals that answered the survey were aware of the guidelines, which were originally published in *Pediatrics* (2001;107:777-81) and the *Annals of Emergency Medicine* (2001;17:423-8). Another problem was that hospitals had not assigned a doctor and a nurse to tackle problems in paediatric care, as recommended in the Institute of Medicine's report *Emergency Care for Children: Growing Pains*, published in 2006.

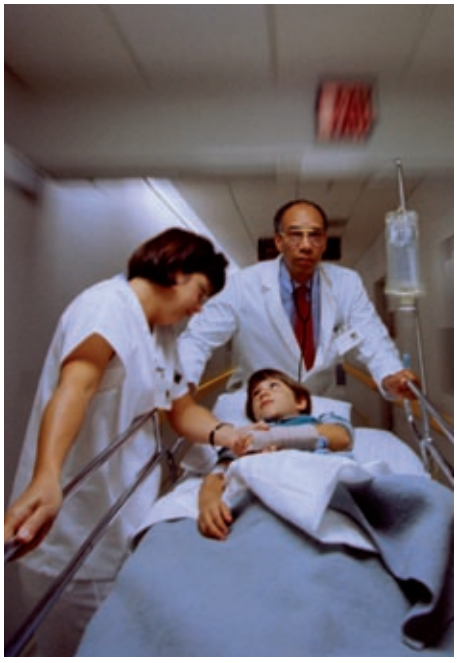
"Hospitals that were more prepared tended to be urban, to have higher volumes, to have a separate care center for paediatric patients, to have physicians and nursing coordinators for paediatrics, [and] to be aware of the AAP/ACEP guidelines," the authors say.

Only 6% of the hospital emergency departments surveyed reported that they had all 118 recommended equipment and supplies and 22 drugs. Some departments lacked laryngeal mask airways, which may be crucial as a "rescue device" when usual ways of opening an airway, such as a mask and bag or inserting a tube into the trachea, are not successful, Professor Gausche-Hill said. When this criterion was excluded, 8% of emergency departments met the recommended criteria.

She said that hospitals, especially those that saw few paediatric patients, were afraid of the cost of the full complement of recommended equipment and supplies. The actual cost would be only about $1000 (£500; €700), she said, although some drugs would need to be replaced when they reach their expiry date.

The surveys showed that 89% of 27 million emergency department visits by children were to general hospitals rather than children's hospitals. Most often, children were seen in the main emergency department with adult patients. Hospitals that had a separate paediatric emergency department were more likely to see a higher volume of paediatric patients.

Almost all hospitals said that their radiology departments and laboratories could provide imaging studies of infants and children and perform necessary laboratory tests. They also said that they had a plan to transfer paediatric patients who need intensive care and that they had a policy on possible child maltreatment.



ANDY SACKS/GETTY IMAGES

Only 6% of emergency departments said they had all the recommended equipment and drugs