

## Germany plans to introduce electronic health card

The German government will start what it describes as the most extensive e-health communication project in the world next year, a spokesperson from the health ministry has announced.

From 1 January 2006 all 72 million customers of the health insurance companies in Germany, which give access to state health care, should be using a "health card" with a microchip when they see a doctor, attend a clinic, or buy a drug. It will replace the present membership card of the health insurance companies and should make about 700 million handwritten prescriptions redundant.

Also, all doctors will be equipped with a matching professional card allowing them to read their patients' cards.

The information on the health card for patients is in two parts. The administrative part contains compulsory data about patients' insurance status, their rights to be treated abroad, and their prescriptions. The medical part is optional and contains only information to which the patient agrees.

Annette Tuffs *Heidelberg*

## Patients can sue authority for actions of GP

Former patients of the struck-off GP Clifford Ayling were given the go ahead at the High Court last week to sue the health authority responsible for primary care trusts and NHS trusts in the area where he practised.

The claim, the first of its kind, will test the extent to which health authorities can be held legally liable for the actions of self employed GPs. Dr Ayling, 72, was a partner in a family practice in Kent and also worked in hospitals in the area.

The 31 women claim that between 1993 and 2000 the GP assaulted them, usually indecently, or treated them negligently. Dr Ayling was convicted of 13

counts of indecent assault against 10 patients and sentenced to four years' imprisonment in December 2000. He was struck off by the General Medical Council.

Of the 31 claimants 13 brought proceedings directly against him in the county court and were awarded damages. But he was declared bankrupt so they have not been compensated.

The women's claim against Kent and Medway Strategic Health Authority states that their ordeals would have been avoided if health professionals employed by the authority, some of whom knew by 1993 that Dr Ayling posed a threat, had taken action against him.

Clare Dyer *legal correspondent, BMJ*

## New penalties proposed for Dutch doctors who flout euthanasia law

Doctors could face a wider range of penalties in future for breaking the Netherlands' legal guidelines on euthanasia and assisted suicide, as part of a package of government measures designed to tighten its policy on "life-ending treatment."

The government is worried that although research indicates doctors carry out about 3500 cases of euthanasia a year they only report about half that number to the authorities.

At the moment the public prosecution service makes a distinction between cases where doctors disregard "procedural" guidelines, such as failing to consult an independent second doctor, and cases where doctors ignore more weighty "material" guidelines, such as the need for a voluntary and well considered request. The service thinks that criminal action is "disproportionate" for the first category.

Health minister Clémence Ross wishes to introduce a "medical disciplinary" approach for doctors in the first category. Under the new approach the Healthcare Inspectorate will be able to reprimand, suspend, or fine doctors who disregard procedural guidelines.

Tony Sheldon *Utrecht*

## MRSA infections rose by 5% between 2003 and 2004

Caroline White *London*

Figures released this week from the government's mandatory reporting scheme on *Staphylococcus aureus* bacteraemia infections acquired in hospital show an increase of almost 8% between 2001-2 and 2003-4, from 17 933 to 19 311.

Forty per cent of the 19 311 infections in 2003-4 were methicillin resistant *Staphylococcus aureus* (MRSA), making the United Kingdom's rate one of the worst in Europe. The number of MRSA infections alone rose by almost 5% between 2003 and 2004.

These findings, which come from the Health Protection Agency, follow a report from the spending watchdog, the National Audit Office, which criticises the government's tardiness in implementing a national mandatory surveillance programme.

Four years after publication of its first report on hospital infections the watchdog found that implementation of its original recommendations had been "patchy," despite policy guidance from the Department of Health.

Increased resistance to antibiotics, greater demands on infection control teams, and greater throughput of patients, resulting in higher than recommended levels of bed occupancy, have made the problem difficult to contain, the report notes.

But it contends: "A major change is required so that everyone accepts personal responsibility," and recommends that the government do more to convince NHS commissioners of the importance of infection control.

Among the raft of recommendations is that consideration be given to publishing hospital infection rates as part of the plan to increase patients' choice, which was included in the government's plans to tackle hospital hygiene and MRSA, announced earlier this week by the health secretary, John Reid, in a separate Department of Health report.

Other measures include consistent national standards on infection control, a target for cutting MRSA, and putting matrons in charge of cleaning staff. Patients will also be involved in monitoring hygiene.

Pat Troop, chief executive of the Health Protection Agency, said that the most effective way of controlling and preventing infection was "through early detection and appropriate isolation and treatment." Good hand hygiene was essential to prevent cross infection, she said. □

The National Audit Office's report, *Improving Patient Care by Reducing the Risk of Hospital Acquired Infection: A Progress Report*, is available at [www.nao.org](http://www.nao.org)

