

letters

TO THE EDITOR

Please submit letters for the Editor's consideration within three weeks of receipt of the Journal. Letters should ideally be limited to 350 words, and sent by e-mail to: Clinicalmedicine@rcplondon.ac.uk

Transition: provision of assistive technology can enhance independence and reduce carer strain

Editor – Jordan and McDonagh are to be congratulated on their conference report on transition (*Clin Med* September/October 2006 pp 497–500). I would particularly agree that health professionals need to look 'outside of the health box' and that 'a key principle of transition is planning'. Rehabilitation medicine specialists understand these principles and may often be the logical physician to work with paediatric services during transition and to support these young people through the many changes that occur throughout adult life.

The conference report made no mention of the role of assistive technology in helping these young people and their families. For those with severe physical disabilities, these challenges become acute during the teenage years, either because of the effects of growth, creating increasing difficulties with transfers and mobility for those with static disability, eg cerebral palsy, or the aggravation of growth effects on a deteriorating condition, eg muscular dystrophy.

The value of an environmental control unit (ECU) demonstrates the role of planning for such an individual. Thus a child with Duchenne muscular dystrophy may be introduced to an ECU early when they are unable to access the television set, later they can use the ability to control lights in the bedroom to minimise disturbing their parents, and later still they can control the doors giving access and exit from the home – with the parents safe in the knowledge that

they can be contacted if needed.¹ It is postulated that decreasing the physical strain on parents may also facilitate the emotional separation that naturally occurs in most able-bodied youngsters as they mature.

Such an individual requires outdoor independence and since 1996, the NHS has provided electric powered indoor/outdoor wheelchairs (EPIOCs) for those with severe disability and who fulfil stringent criteria.² The quality of life of young people (aged 10–18 years) given an EPIOC has recently been evaluated.³ As an 18-year-old with spina bifida stated, 'I can do everything myself. It's been fabulous. It's been great to have it.'³ The mother of an 18-year-old with cerebral palsy described the benefits of an EPIOC:

*It enables him to go out with his friends. It is helpful. He feels good. He can go out. He's not dependent. He likes to use it all the time. He's not dependent on somebody pushing him. Because he feels good, then I feel good also.*³

Another mother (of a 17-year-old with muscular dystrophy) stated, 'It gives me more independence.'³

Evans *et al*³ give added support to the view that EPIOCs reduce carer strain² and so we have the situation that assistive technology not only enhances the lives of young people but also reduces the strain on their parents – two objectives that must be met if young people are to take their place in society as they mature.

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References

- 1 Paul S, Frank AO, Hanspal RS, Groves R. Exploring environmental control unit use in the age group 10–20 years. *Int J Ther Rehabil* 2006;13:511–6.
- 2 Frank AO, Ward JH, Orwell NJ, McCullagh C, Belcher M. Introduction of the new NHS electric powered indoor/outdoor chair (EPIOC) service: benefits, risks and implications for prescribers. *Clin Rehabil* 2000;14:665–73.
- 3 Evans S, Neophytou C, De Souza LH, Frank AO. Young people's experiences using electric powered indoor-outdoor wheelchairs (EPIOCs): potential for enhancing users' development? *Disabil Rehabil*, in press.

In response

The multidimensional and multidisciplinary nature and remit of transitional care is broad and far reaching as the letter in response to our article exemplifies. It is impossible to be totally inclusive given the word limit of articles and hence ongoing discussion and research is to be welcomed. This year's national transition conference 'From talk to action', sponsored by the Department of Health, was held on the 12 March 2007 at the Royal College of Physicians in London. The conference included a particular emphasis on the adult provider perspective of transition and the challenges faced by paediatric teams when there is no equivalent adult team available including neurodisability and some areas of child mental health. Further details can be obtained from info@camhs.biz

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The Mental Capacity Act 2007

Editor – The Mental Capacity Act 2005 comes into full legal force in April 2007. I conducted a brief survey (n=32) of hospital physicians via a questionnaire. This showed that only 50% had heard of the Mental Capacity Act 2005 and only 6% knew when it was being implemented.

There were important misunderstandings in assessing capacity: 56% thought active schizophrenia meant the person was by definition incapable; 16% thought Alzheimer's disease meant the person was by definition incapable; 16% thought