CORRESPONDENCE

- *All letters must be typed with double spacing and signed by all authors.*
- *No letter should be more than 400 words.*
- *For letters on scientific subjects we normally reserve our correspondence columns for those relating to issues discussed recently (within six weeks) in the BMJ.*
- *We do not routinely acknowledge letters. Please send a stamped addressed envelope if you would like an acknowledgment.*
- *Because we receive many more letters than we can publish we may shorten those we do print, particularly when we receive several on the same subject.*

Prediction of resources needed to achieve the national target for treatment of renal failure

SIR,—The paper by Drs I T Wood and others (6 June, p 1467) highlighted the implications of the government's target for the treatment of renal failure and illustrated the shortfall in funding that currently exists. It is ironic that within three months of the publication of that paper we have received instructions from our health authority to refuse all new patients entry to our dialysis programme because of lack of funding by the regional health authority. The West Midlands Regional Health Authority accepted the government's target of 40 new patients per million of the population to be started on dialysis when it was set by John Patten in 1984. Unlike other health authorities, the West Midlands Regional Health Authority has totally failed to match this commitment with the necessary resources. Though the raw figures suggest that in 1986 the region was approaching the required level of services, this has been achieved at the expense of hospitals, such as ours, which have been subsidising the regional underfunding. Only half of the 220 patients on our dialysis programme are funded by the region. The costs of the other patients are shared between the district, the hospital, and our general practitioner colleagues, who have agreed to share in these patients' clinical care.

The increasing financial stringency facing the district has resulted in the temporary closure of 140 beds at this hospital, and, not surprisingly, the authorities have decided that they can no longer subsidise what should be a regionally funded treatment programme. Direct appeals to the chairman of the regional health authority and the Minister of State in the Department of Health and Social Security, who has personal experience of a similar problem at this hospital in 1982, have failed to produce any satisfactory solution.

We are now faced with the prospect of refusing treatment to an average of two new patients requiring dialysis each week until somebody matches the National Health Service's intentions with the appropriate resources.

JONATHAN MICHAEL
D ADU

Queen Elizabeth Medical Centre, Birmingham B15 2TH

The blood transfusion service and the National Health Service

SIR,—Dr John Cash's leading article (12 September, p 617) is timely, as the blood transfusion service seems to be seriously ailing. This reached a crisis point recently when, as surgical registrar on call one evening, I was informed that there was no more O positive blood available in the hospital or, indeed, the whole of the South West Thames region. This happened when I was faced with three patients requiring transfusions urgently. One was bleeding postoperatively and subsequently died from uncontrolled haemorrhage, one was bleeding from the large bowel and underwent subtotal colectomy, and one was bleeding from a duodenal ulcer, which kindly stopped spontaneously. I had to decide to take two units of blood grouped for the patient with the ulcer (an 80 year old) and give it to the patient undergoing colectomy (a 70 year old). Indeed, I was put in the position of having to decide not to give the 80 year old a transfusion if she continued bleeding and ultimately to allow her to die.

This sort of situation is scandalous, and I feel sure that the public would give more blood if they knew that it was a not too infrequent occurrence in United Kingdom hospitals. The blood shortage demands the development of a more efficient transfusion service to organise blood collection and equitable distribution.

P ANDERSON

Frimley Park Hospital, Surrey GU16 5UJ

SIR,—Part of the explanation for any of the inadequacies of the blood transfusion service in England and Wales pointed out by Dr John Cash (12 September, p 617) is to be found in the article by Dr Alastair C A Glen and Dr John K M Hulbert (19 September, p 707).

Their data show that in 1984-5 spending on the blood transfusion service was £1 per head in England. Spending on the blood transfusion service in Scotland was £2.42 per head.

I do not know whether an integrated National Blood Transfusion Service in England and Wales might have provided a better service in the past or would improve things in the future. I am certain that if spending on the service in England were at the Scottish level we would have a better