NEWS

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bmj.com
Twelve NHS trusts have "worryingly high" mortality rates, report says

Consultants should review patients every 24 hours

Gareth Iacobucci BMJ

Patients in hospital have a right to the same standard of care seven days a week and should be reviewed by a consultant at least once every 24 hours in most circumstances, the Academy of Medical Royal Colleges has recommended.

In a new report published this week, the academy, which brings together 20 colleges and faculties, indentifies three key standards to ensure that all patients receive high quality, consultant led care led throughout the week.

Seven Day Consultant Present Care highlights substantial variation in the availability of consultants and other senior doctors across different locations and areas of medicine at different times in the week.[1]

It urges the NHS to ensure that "appropriate resources and adequate numbers of consultants" are provided at all times to deal with "unacceptable" deficiencies in the current system. At present, patients admitted to a UK hospital at a weekend are more likely to die during their hospital stay than those admitted during weekdays.[2]

The three standards recommended by the academy are, firstly, that hospital inpatients should be reviewed by an on-site consultant at least once every 24 hours, seven days a week, unless "it has been determined that this is not necessary for the patient."

The second standard is for consultant supervised interventions, investigations, and reports to be "provided daily if the results will change the outcome or status of the patient's overall care before the next 'normal' working day." It says that this should include interventions that would enable "immediate discharge or a shortened length of stay."

CHRISTOPHER FURLONG/GETTY IMAGES

It cannot be right that patient care at weekends may be worse, said Norman Williams

The final requirement is for support services in hospitals and community settings to be "available daily to ensure that the next steps in the patient's treatment, as determined by the daily consultant review, can be taken."

The report does, however, acknowledge that it is outside its scope to look in greater detail at the availability of community services.

Norman Williams, chairman of the steering group and president of the Royal College of Surgeons of England, said, "It cannot be right that over weekends and bank holidays patients may receive a lower standard of care than they would during the week.

"Clinical staff and managers must work together to reshape hospital services in a way that strengthens the quality of care given to patients regardless of the time of day they are admitted. Similar arrangements will be necessary to support patients in the community when discharged at weekends. Ensuring that key staff are available to provide this support will come at a cost. However, this is crucial for the full benefit of seven day consultant led care to be realised."

Terrence Stephenson, chairman of the Academy of Medical Royal Colleges, said, "We hope these standards will be supported and acted upon by the NHS Commissioning Authority."

But Richard Thompson, president of the Royal College of Physicians, cautioned, "While the RCP accepts this principle as an aspirational standard for all physicians, we believe this will require service redesign and may have resource implications."

Cite this as: *BMJ* 2012;345:e8262

BMJ OPEN DATA CAMPAIGN

MPs urge NICE to make drug companies provide all clinical trial data

Adrian O'Dowd LONDON

The drug regulator the National Institute for Health and Clinical Excellence should put more pressure on drug companies to produce all data in trials, MPs have said.

MPs on the parliamentary health select committee challenged the leaders of NICE to take action to tackle the issue of unpublished data from drug trials at an evidence session on Tuesday 4 December.

Michael Rawlins, NICE's chairman, and its chief executive, Andrew Dillon, appeared before the Health Committee as part of its inquiry into the institute.

In October the *BMJ* published an open letter from its editor in chief, Fiona Godlee, to the drug company Roche saying that researchers were still denied access to raw data on oseltamivir (Tamiflu), despite a promise from the company nearly three years ago to make trial data available for independent scrutiny.[1]

Sarah Wollaston, the Conservative MP for Totnes, focused on drug trial data during the evidence session and asked, "Is there no way that NICE could take a more muscular approach in insisting that drug companies hand over their data?"

Rawlins, giving evidence, said, "We assume that companies give us all the data they have. We have some reassurance because the European Medicines Agency indicates all the clinical trials that have been submitted to them, and we can check with those."

Wollaston took the example of oseltamivir, saying, "The Cochrane Collaboration are very concerned that the NHS paid half a billion pounds for that [drug] based on NICE's recommendation and that around 60% of the level 3 data are still not in the public domain. Could you not use levers to force pharmaceutical companies to behave ethically?"

Rawlins said that legal means were difficult to achieve because of differing international legal systems, but he added, "If we had evidence that companies had concealed reports from us, then we would refuse to appraise [the research] until such time as we had got the full data."

Cite this as: *BMJ* 2012;345:e8294

IN BRIEF

Whooping cough cases continue to rise in England and Wales: Three babies died from whooping cough in England and Wales in October, bringing the total number of deaths in this age group this year to 13. The total number of cases to the end of October was nearly 10 times that in the same period in 2008, the last "peak" year before this current outbreak, the Health Protection Agency has said.

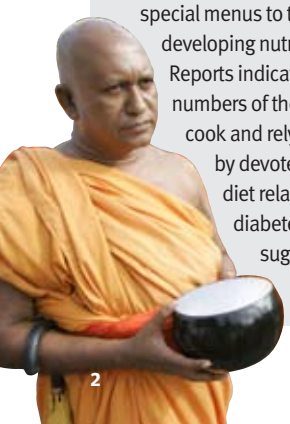
Netherlands raises age for buying tobacco: The new Dutch cabinet has agreed to raise the age limit for sales of tobacco from 16 to 18, as the latest figures for 2012 indicated that the smoking prevalence in the Netherlands was set to rise for the first time in a decade, from 25% to 26%, an extra 170000 smokers. Tobacco control experts blame the increase on the previous government's policies, including allowing smoking in small cafés.

Fifth coronavirus death is detected: A fifth person has died from the coronavirus that results in a respiratory illness similar to severe acute respiratory syndrome, the World Health Organization said on 3 December. The two latest deaths were in Jordan, WHO said. The disease had previously been detected only in Saudi Arabia and Qatar, although one patient was transferred to the UK for treatment. It brings the total number of cases of the infection to nine.

NHS bodies in England will have a duty of candour: New rules to increase transparency in NHS organisations and patients' confidence in services have been announced by the health minister Dan Poulter after a public consultation. The government will create regulations that require the NHS Commissioning Board to include a contractual duty of openness in all commissioning contracts from April 2013. NHS organisations will have to tell patients if their safety has been compromised, apologise, and ensure that lessons are learnt.

Sri Lanka tackles obesity in monks: Devotees in Sri Lanka who traditionally give food to Buddhist monks are to be given special menus to try to stop the monks developing nutrition related illnesses. Reports indicate that increasing numbers of the monks, who do not cook and rely on donations given by devotees, are contracting diet related diseases such as diabetes because of fatty, sugary gifts.

Cite this as: *BMJ* 2012;345:e8265



PA

League tables "will drive improvements" in hospitals

Gareth Iacobucci BMJ

NHS hospitals and care homes in England will be subject to league tables similar to those used to rate the performance of schools, as part of a new drive to improve standards, the health secretary, Jeremy Hunt, has announced.

Hunt said that the new system of ratings would work in the same way as those for schools produced by the Office for Standards in Education, Children's Services and Skills (Ofsted), acting as an "engine for improvement" and giving patients more certainty that poor care would be spotted and dealt with "before standards collapse."

Announcing the plans in a hard hitting speech at the annual conference of the health think tank the King's Fund in London on 28 November, Hunt said that some of the worst cases of care in the NHS had exhibited a "normalisation of cruelty" and that some managers were too "buried in spreadsheets" to afford patients dignity or respect.

Hunt said that publishing comparative league tables would provide "clear, simple results that patients and the public can understand . . . driving organisations to excel rather than just cover the basics."

NHS services are currently required to meet minimum standards set by the Care Quality Commission, covering areas such as cleanliness and infection control; safety; and quality of service provision.

But Hunt said that a tougher ratings system was essential, given the litany of poor care uncovered in recent years, most notably at Mid Staffordshire Foundation NHS Trust and Winterbourne View care home.[1 2]

Hunt has commissioned an independent study, to be led by the Nuffield Trust, to examine how to implement the new ratings system without increasing bureaucracy in the NHS.

He insisted that the move did not represent a repeat of the unpopular star ratings system implemented by the previous Labour government, which was abolished in 2004.[3]

New bill aims to embolden doctors to practise innovative medicine

Clare Dyer BMJ

A private member's bill aiming to shield UK doctors who provide innovative treatment from the fear of being sued for negligence has been introduced in the House of Lords by a peer whose wife died from a rare cancer.

Maurice Saatchi's wife, the poet and novelist Josephine Hart, died in June 2011 from primary peritoneal cancer. Saatchi believes that doctors are falling back on standard treatments through fear of litigation, and he hopes that the bill would help by "safely shifting the balance from therapeutic conservatism to therapeutic innovation."

DAVE BENETT/GETTY IMAGES

Maurice Saatchi and his wife, Josephine Hart, who died last year

Pressures on legislators' time means that the Medical Innovation Bill is unlikely to get a second reading in this session of parliament, but if it doesn't, Saatchi plans to reintroduce it in the next parliamentary session.

"Fear of litigation for medical negligence is a deterrent to innovation in cancer treatment," he said. "The bill will codify into law what constitutes best practice in relation to responsible medical innovation. It will clarify what counts as responsible innovation and clearly contrast that with reckless experimentation which puts patients' lives at risk. It will provide certainty to the courts and doctors about the difference between the two."

The short bill sets out a series of steps doctors should go through before trying non-standard treatment. One possible outcome is that the bill is attached to a government health bill.

The peer, who made his fortune in advertising, found his wife's treatment "medieval, degrading, and ineffective." He added, "The survival rate is zero, and the mortality rate is 100%. These figures are the same as they were 40 years ago. That is because the drugs, the procedures, and the operations are exactly the same as they were 40 years ago."

Alan Ashworth, chief executive of the Institute of Cancer Research, said, "I fully support Lord Saatchi's bill. If we are to improve outcomes for cancer patients it is essential that clinicians are free to innovate as long as appropriate safeguards are in place. This is particularly true for new therapies, which are being developed at an ever increasing pace."

Hani Gabra, professor of oncology at Imperial College School of Medicine, said, "How do you offer patients potentially innovative treatment before very long clinical trials have done?"

Cite this as: *BMJ* 2012;345:e8271

He told delegates, "As an MP I know how well each school in my constituency is doing thanks to independent and thorough Ofsted inspections. But I do not know the same about hospitals and care homes.

"Given the scale of the problems we're uncovering, it's now clear we need to have a proper independent ratings system. It is not acceptable to deprive the public of the vital information they need or remove the pressure for constant, relentless improvement in standards.

"I am not advocating a return to the old star ratings, but the principle that there should be an easy to understand, independent, and expert assessment of how well somewhere is doing relative to its peers must be right."

STEFAN ROUSSEAU/PA

Health Secretary Jeremy Hunt said some of the worst cases in the NHS had shown "normalisation of cruelty"

He said that the publication of league tables would be underpinned by tougher consequences for managers who "fail to drive high quality care" through their organisations and the rollout of a new "friends and family" test across the NHS next year, which will ask hospital users for the first time if they would recommend the care they received to a friend or close member of their family.

Hunt said that he had asked the Nuffield Trust to produce recommendations by the end of March 2013.

Cite this as: *BMJ* 2012;345:e8174

No change in rate of severe disability among very premature babies

Zosia Kmietowicz BMJ

More babies born between 22 and 25 weeks of gestation in England survived in 2006 than in 1995, research shows.

However, survival has improved only among those babies born at 24 and 25 weeks. Babies born at 23 weeks' gestation were no more likely to survive in 2006 than they were in 1995, despite advances in care. The current legal limit for abortion is 24 weeks.

The research also found that about a fifth of babies (19%) born between 22 and 25 weeks' gestation in 2006 had a severe disability, a figure that has remained unchanged since 1995.

The findings are from two studies in the *BMJ* that followed two cohorts of very premature babies born 11 years apart, one group from 1995 and another from 2006.

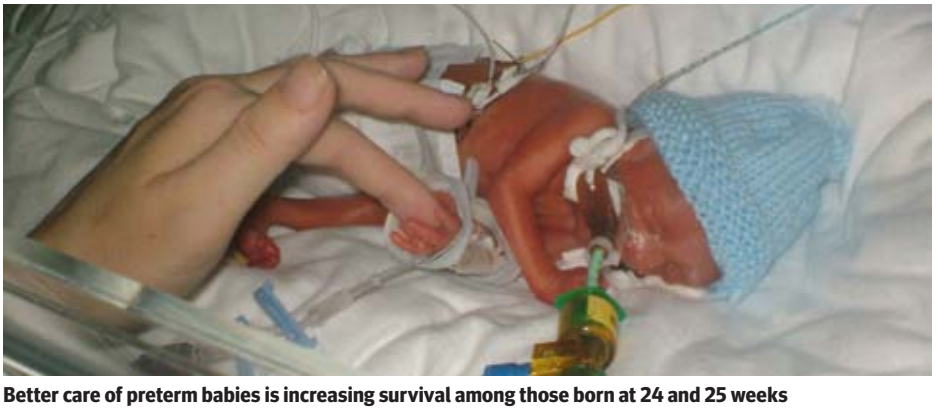
The first study, which looked at outcomes among babies until they were discharged from hospital, found that the number of babies born at 22 to 25 weeks' gestation who were admitted to neonatal care rose by 44% over the 10 years, from 666 in 1995 to 1115 in 2006.[1] More than half these babies (53%) survived in 2006, up from 40% in 1995.

The researchers were not sure what is causing more premature births. However, improvements in survival seem to be a result of better care in the first week of life, especially keeping babies warm and reducing infections.

The second study looked at babies' development to the age of 3 years.[2] It found that in 2006 a fifth of preterm babies born at 26 weeks' gestation had a severe disability at three years, compared with 45% of those born at 23 weeks.

RESEARCH, pp 14, 15; FEATURE, p 22

Cite this as: *BMJ* 2012;345:e8264



JEREMY DURKIN/REX

Better care of preterm babies is increasing survival among those born at 24 and 25 weeks

Personal health budgets will be rolled out to more than 50 000 people

Krishna Chinthapalli BMJ

Personal health budgets will become available to 56 000 people in England with long term healthcare needs over the next 18 months, the Department of Health announced on Friday 30 November.

Norman Lamb, the care and support minister, declared the rollout after a final evaluation report of the scheme by independent researchers. He said, "Independent analysis has now shown that personal health budgets can put people back in control of their care and make a significant different to their quality of life. It's inspiring to hear the human stories of success that these budgets have brought to people."

One such story was that of Nikki, a young woman with Still's disease. In an interview with the health department she recounted how she had previously been forced to go to hospital for any flare-ups. Now she spends her budget on flexible daily carers to help with the immediate management of a potential flare-up. "For me, having the personal health budget has given me a life, and I have one that I can take control of and actually enjoy," she said.

Her GP, Andrew Ward, added, "I have to say that looking at the results it's been the perfect solution. We've broken a pattern of frequent long admissions to Nikki enjoying a long spell of very good health."

Personal health budgets have been piloted in 64 primary care trusts since 2009. They allow people to choose between receiving standard community care by the NHS or a budget to spend on services and goods of their choice.

During the past three years a £6m study of 20 pilot sites was conducted by the Personal Social Services Research Unit. An interim report by the unit found that the goods and services chosen by patients in the scheme ranged from paid carers and specialised physiotherapy sessions to acupuncture and a laptop computer to aid speech and language.

The unit's final report, released on Friday 30 November, concluded that personal health budgets were cost effective, and the report supported a wider rollout, initially targeted at people with the greatest need.[1] The report found a significant positive effect on care related quality of life among 2235 people with personal health budgets in comparison with those having conventional care (ASCOT wellbeing score 0.057 *v* 0.018 (P<0.001)). The difference was especially marked among people with larger budgets.

Cite this as: *BMJ* 2012;345:e8233

NHS is "full" owing to rise in emergency admissions and failures to discharge

Gareth Iacobucci BMJ

NHS hospitals are being stretched to "bursting point" by a combination of soaring emergency admissions and an inability to discharge patients effectively, a comprehensive new audit has found.

The Dr Foster Hospital Guide 2012, which examined capacity at acute trusts in England, found that most hospitals were more than 90% occupied for 48 weeks of the year, with many hospitals more than 95% full in winter.[1]

The report said that high levels of bed occupancy were endangering patient safety and making it more difficult to run the health service effectively and that the NHS should ideally operate at 85% bed occupancy.

It said that the latest figures also disguised the highs and lows of bed occupancy throughout the year, with many hospitals functioning even when 95-100% of their beds were taken.

A rapid 15% increase in admissions among frail elderly patients over the past five years was cited as a key reason for the pressure on capacity, with this alone creating a bed demand "equivalent to two large hospitals." Half of all avoidable bed days were occupied by those over 75 years old.

Problems were compounded by almost 29% of hospital beds being occupied by patients whose hospital stay could have been avoided, with a lack of integration with social and community care often the problem.

The report pointed out that, although the total number of beds in the NHS had decreased by a third in the past 25 years, bed occupancy could be brought back "within safe limits" by reducing "avoidable admissions" and improving the integration of health and social care.

Cite this as: *BMJ* 2012;345:e8245

"Whistleblowing" surgeon is going to High Court to try to save his job

Clare Dyer BMJ

A consultant paediatric surgeon who claims that he is being victimised for raising concerns over patients' safety at Alder Hey children's hospital is to go to the High Court this month, in a case that could help clarify the law on doctors and whistleblowing.

Edwin Jesudason is trying to prevent Alder Hey Children's NHS Foundation Trust sacking him on the grounds that colleagues can no longer work with him. He claims that the real reason was that he raised concerns about patient safety in 2008.

In a five day hearing that starts at the High Court in Manchester on 17 December, he will argue that the trust had breached his contract in not following the normal NHS procedures for disciplinary action on conduct and capability and in failing to adhere to its own whistleblowing procedures.

Jesudason, a reader at Liverpool University who holds an honorary contract as a consultant surgeon with the trust, won a High Court injunction last July stopping Alder Hey from going ahead with a hearing that could have led to the termination of his contract.

Since 2010 he has been on a three year Medical Research Council secondment in Los Angeles and is not due to return to work at Alder Hey till April 2013.

The trust said that there has been a breakdown of relationships in the department of paediatric surgery but denied that this was linked to Jesudason's whistleblowing disclosures.

Alder Hey said that his concerns were investigated by a Royal College of Surgeons review in May 2011, which concluded that the department of paediatric surgery provided a safe surgical service.

The review, which looked at 20 cases or case series, found that "overall surgical care did not fall below the general standard of practice prevalent within the UK at the time." But it noted that in five of the 20 "either the care given was suboptimal, or clinical governance appears to have been weak."

Ian Lewis, the trust's medical director, said, "Since 2004 the trust has been aware of difficulties in working relationships between Mr Jesudason and his colleagues within the department of paediatric surgery. From that time the trust has sought various forms of mediation, both internal and external, but this has not been effective in resolving these matters.

"The impending High Court hearing in December is centred on a point of law around the process the trust wishes to follow in order to resolve the ongoing issues."

Jesudason told the *BMJ* that he had been made a consultant in 2006 and denied that the trust had been trying various forms of mediation since 2004. He added, "Trusts are obliged to have whistleblowing policies, and these insist that the whistleblower will be protected. Such policies place contractual obligations on employees, because one can be sacked for going to the press and not following the policy.

"There are likewise obligations upon the employer that, if properly enforced, could make whistleblowing policies worth more than the paper they are written on. This could give much needed protection to those exposing wrongdoing at Mid Staffordshire or elsewhere in the NHS and making whistleblowing safer makes patients safer."

Jesudason is being supported in his dispute by the BMA.

Cite this as: *BMJ* 2012;345:e8247

US judge orders tobacco firms to admit "fraudulently denying" harms of smoking

Edward Davies NEW YORK

A federal judge has ordered tobacco companies to publish a series of statements admitting that they denied the dangers of smoking.

In a damning conclusion Gladys Kessler, of the US District Court for the District of Columbia, said, "The evidence in this case clearly establishes that Defendants have not ceased engaging in unlawful activity . . . For example, most Defendants continue to fraudulently deny the adverse health effects of secondhand smoke which they recognized internally; all Defendants continue to market 'low tar' cigarettes to consumers seeking to reduce their

Transforming Lives

Annabel Ferriman BMJ

Kassi Keita, aged 3 years, had been ill for 18 months before his HIV infection was diagnosed. Pictured here with his mother, Mariam Dembélé, he was given access to antiretrovirals, transforming his life. Now he has started school and is playing normally with other children.

This picture, taken in Mali by the Magnum photographer Paolo Pellegrin, is part of an exhibition showing the life changing effects of free treatment being made available to people with HIV and AIDS by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The exhibition, Access to Life, opened last week at the Powerhouse Museum in Sydney. The opening was timed to coincide with the 30th anniversary of the first reported case of HIV in Australia.

The exhibition features images of more than 40 people in 10 countries around the world who are receiving antiretrovirals. Sydney is the 10th city in the world to show it.

Cite this as: *BMJ* 2012;345:e8283

High risk groups need regular HIV tests to reduce late diagnoses

Matthew Limb LONDON

The number of HIV diagnoses in the United Kingdom among men who have sex with men reached its highest level in 2011, the Health Protection Agency has said.

The agency's annual report on HIV in the UK shows that 6280 people were given new diagnoses of HIV in 2011: 4470 men and 1810 women.[1]

New diagnoses among men who have sex with men surpassed the number of diagnoses made among people who contracted the virus through heterosexual sex for the first time since 1999, accounting for almost half of new diagnoses in 2011 (3010). In 2010 there were 3000 new diagnoses among men who have sex with men , which was then the highest level recorded in one year.

In the UK overall one in 20 men who have sex with men now have HIV, but in London the proportion is significantly higher, at one in 12, show the latest figures.

In 2011 almost two thirds of men who have sex with men who were given a diagnosis of HIV at a sexual health clinic had not been tested in the previous three years.

Valerie Delpech, the agency's head of HIV surveillance, said this strongly indicated that there was "room for improvement" in the frequency of testing among people at the highest risk.

The total number of people with HIV in the UK reached an estimated 96 000 in 2011. Infections acquired through heterosexual contact accounted for 2990 cases (48%) of new diagnoses in 2011.

In 2010 there were 6400 new diagnoses of HIV infection. The agency said that the small decline in 2011 was because there were fewer new HIV infections among people born outside the UK.

The report shows that although the proportion of late diagnoses fell slightly last year (to 47% from 50% in 2010), a quarter of people with HIV in 2011 were unaware of the infection, so they were not receiving treatment and it was possible that they were spreading the virus.

A late diagnosis is defined as when the infected person has a CD4 cell count $<350 \times 10^6$cells/L within three months of diagnosis. The agency said that the risk of dying within a year of diagnosis was 10 times as high among people with a late diagnosis than among those diagnosed promptly.

The report says that HIV infection has been transformed from a fatal to chronic lifelong infection because of the introduction of effective antiretrovirals in the mid-1990s. Consequently, the number of people living with HIV has risen year on year. It says that the quality of HIV medical care in the UK is "excellent."

The British HIV Association, which represents professionals in HIV care, expressed "deep concern" over the figures, saying that continued late diagnosis posed a major challenge to the UK.

Cite this as: *BMJ* 2012;345:e8169

health risks or quit; all Defendants continue to fraudulently deny that they manipulate the nicotine delivery of their cigarettes in order to create and sustain addiction."

Kessler had previously said she wanted the industry to pay for corrective advertisements, but the latest ruling is the first time that she has laid out what the statements would say.

The statements Kessler chose cover a number of different areas and include "Defendant tobacco companies intentionally designed cigarettes to make them more addictive" and "All cigarettes cause cancer, lung disease, heart attacks, and premature death—lights, low tar, ultra lights and naturals. There is no safe cigarette."

Each advertisement is to be prefaced by a statement, that a federal court has concluded that the defendant tobacco companies "deliberately deceived the American public about the health effects of smoking."

An Associated Press report said that a spokesman for the Altria Group, owner of the nation's biggest tobacco company, Philip Morris USA, said that the company was studying the court's decision and did not provide any further comment.

A spokesman for Reynolds American, parent company of the second leading cigarette maker, R J Reynolds Tobacco, said that the company was reviewing the ruling and considering its next steps.

In her ruling on 27 November Kessler ordered the tobacco companies and the Justice Department to meet beginning next month to consider how to implement the corrective statements, including whether they would be put in inserts with cigarette packs and on websites and in television and newspaper advertisements. Those discussions are to conclude by March.

Cite this as: *BMJ* 2012;345:e8205

Daily Mail story on care of sick babies was "highly misleading," says *BMJ* editor

Zosia Kmietowicz BMJ

The *BMJ*'s editor in chief, Fiona Godlee, has criticised the *Daily Mail* newspaper for misleading readers by publishing a highly inaccurate article on the care of severely disabled newborn babies that was based on a personal view article in the *BMJ*.

The *Mail* article appeared on its front page on 29 November with the banner "Now sick babies go on death pathway: Doctor's haunting testimony reveals how children are put on the end-of-life plan."[1]

It claimed that the *BMJ* personal view, published anonymously on 1 November,[2] was evidence that sick children in the NHS were being put on the Liverpool care pathway. It added, "The *Mail* can reveal the practice of withdrawing food and fluid by tube is being used on young patients as well as severely disabled newborn babies."

However, in a letter to the *Mail*, which had not been published when the *BMJ* went to press, Godlee pointed out that "the doctor who wrote the *BMJ* article does not practise in the UK. Nor does the article mention the Liverpool care pathway."

The *Daily Telegraph* ran a similar news item that was based on the *Mail*'s story and that has been shared many hundreds of times on social media. However, that story has been deleted from the newspaper's website after a *BMJ* reader pointed out its inaccuracies, although the *Telegraph* has refused to post a retraction.

Journalists at the *Mail* did not ask the *BMJ* for permission to reproduce the personal view. Had they done so, they would have been told that the author of the *BMJ* article did not practise anywhere in Europe.

The *BMJ* had insisted that the personal view on the experiences on caring for babies with severe congenital anomalies be anonymous, to protect the identity of the family that made the decision to let their baby die.

The doctor who wrote the personal view told the *BMJ* that the *Mail* took the views expressed out of context and abridged them "to reflect the bias of the reporting." The *Mail* article said, "One doctor alone admitted starving and dehydrating ten babies in the neonatal unit of one hospital alone." In fact, the doctor said that such situations were "very rare": 10 times in the doctor's 13 years in a large specialist hospital.

The doctor added, "To juxtapose the article with pictures of healthy babies misrepresents the clinical situation entirely. Some babies are born without intestines or with other abnormalities that make oral feeding physically impossible. Others have such catastrophic medical conditions that continued artificial hydration would only prolong the dying process. One would never undertake a decision to forgo artificial feeding if it could in any way benefit the child. Parents request cessation of this treatment, and the health team deliberates about this extensively before any action is taken, not the other way round."

In her letter to the *Mail* Godlee described the story as "highly misleading."

A flavour of the misinformation created by the *Mail* was evident from comments on the newspaper's website. Among them are some from US readers that berate state run healthcare systems, which the *Mail* has previously linked with advancing deaths to clear beds. Others express horror at the cruelty that doctors and nurses in the NHS inflict on those in their care.

John Ellershaw, professor of palliative medicine at the University of Liverpool and director of the Marie Curie Palliative Care Institute, with which he helped develop the Liverpool care pathway, told the *BMJ*, "The LCP has been consistently misrepresented in some sections of the media in recent weeks. Coverage has confused the best practice guidance it provides for healthcare professionals with actual practice on the ground."

The response to the *BMJ* article that has received the most "likes" from readers is from David Bihari, an intensive care physician from Artamon in New South Wales, Australia. He suggested "terminal sedation" to keep the baby as comfortable as possible. "A combination of morphine and a benzodiazepine in appropriate doses would ease the passing of this baby into the unknown. This is the least we could do for this unfortunate member of our species born with such a poor set of cards," he concluded.

Some responses to the *Mail* story support this view and call for euthanasia to be legalised in the United Kingdom.

Godlee concluded her letter to the *Mail* by saying, "There is an urgent need for a proper public debate on how health professionals should manage such cases. By hyping and misrepresenting this story, the *Daily Mail* has missed an important opportunity to advance that debate."

Cite this as: *BMJ* 2012;345:e8240

EXTRACTS FROM GODLEE'S LETTER TO THE EDITOR OF THE *DAILY MAIL*

Dear Mr Dacre

Your front page story ("Now sick babies go on death pathway," 29 November) is highly misleading. It says that the events described in the *BMJ* article ("How it feels to withdraw feeding from newborn babies," *BMJ* 2012;345:e7319), which you reproduced without our permission, are evidence of the use of the Liverpool care pathway on children in the NHS. Yet the doctor who wrote the article does not practise in the UK. Nor does the article mention the Liverpool care pathway.

The doctor was describing an extremely difficult situation—that of a baby born with severe congenital anomalies.

The care of people at the end of life—whether babies, children, or adults—is a specialist area of medicine in which the UK leads the world. The practices of NHS staff are directed by national guidance that has been developed with expertise to deliver compassionate and dignified care at an extremely difficult time. To suggest that parents are pressurised by doctors to allow their baby to die in order to free up hospital beds is false, unfair on dedicated medical staff, and exceptionally insensitive to parents who have lost a baby in these circumstances.

Sadly it is fact of life that some babies die. It is a highly distressing experience for everyone involved. There is an urgent need for a proper public debate on how health professionals should manage such cases. By hyping and misrepresenting this story, the *Daily Mail* has missed an important opportunity to advance that debate.

Yours sincerely

Dr Fiona Godlee