NO HOLDS BARRED Margaret McCartney

Stand with junior doctors

When I started as a doctor there was no pre-written rota. Sort it out yourselves, we were told. When it was busy we stayed late, and when it was quiet we sent home the junior who had been up all night. We were expected to do a good job; in return, we had flexibility. I graduated with debt but had no tuition fees. I could afford to get a mortgage for a modest flat a few years after graduating.

All this has gone. Now junior doctors graduate with thousands of pounds to repay[1] and are unlikely ever to pay this back fully.[2] They are managed with such unkind rigidity that a friend of mine couldn't plan to be married, even a year in advance.

And now the government wants to change the way junior doctors are paid. A letter from the Department of Health suggests that newly qualified junior doctors can currently "opt out from weekend, evening and night working," but this applies only for occupational health or other special reasons. The opt-out that does exist is for extending, not reducing, the cap of 48 hours' work a week.[3]

The government's proposal is to change the hours that attract extra pay for being unsocial. "Plain time" was 7 am to 7 pm, Monday to Friday, and further hours attracted a premium. But the government wants to extend this to 7 am to 10 pm, Monday to Saturday.

Doctors will end up working longer, unsafe hours, one royal college has warned.[4] Intensive specialties will find their training schemes further undersubscribed. The Tory MP Tom Tugendhat says that junior doctors should give back the money it cost to train them if they don't work for the NHS.[5] But is it any wonder so many juniors are talking about leaving it?

I'm sad that so many are looking for their passports. Juniors are the canaries in the NHS mine, and right now it's toxic. Social work cuts have harmed patients and staff, and underfunding of general practice has led to long waiting times and burnout. What happens in one part of the NHS affects us all.

The health department doesn't understand the current junior doctor contract, and politicians misuse weekend mortality data to paint a picture of doctors racing off to golf courses at 5 pm.

Juniors are the canaries in the NHS mine, and right now it's toxic

Doctors have been systematically de-professionalised and told to comply with non-evidence based inspections, appraisals, contracts, and targets—or be publicly shamed.

We need patients and professionals to be on the same side for an evidence based revolution, or it's NHS bust. For all of these reasons, all senior NHS doctors should stand up for, and together with, their juniors.

Margaret McCartney is a general practitioner, Glasgow
margaret@margaretmccartney.com

Follow Margaret on Twitter, @mgtmccartney

Cite this as: *BMJ* 2015;351:h5132

NEWS, p 1
FEATURE, p 20

BLOG Andy Young and Sarah Collis

The real Ebola heroes won't be getting medals

We are two of many UK doctors and nurses chosen to receive a medal for providing medical care as part of the response to the Ebola crisis in west Africa that left thousands dead and already weak health systems in tatters. Recognising actions that are valuable to society is important, but we shouldn't lose sight of who contributed the most or convince ourselves that the job is done.

The real heroes, west African healthcare workers, will get no medals. They remain in a region where more people are dying than ever before from preventable diseases as a direct result of the Ebola crisis and where things will only worsen unless there is serious investment.

Ebola virus disease was able to spread so fast and so far in west Africa because healthcare systems were weak. In every country that the disease spread to with a functioning health infrastructure, cases were quickly identified and isolated, contacts were traced and monitored, and outbreaks were halted within weeks. The west African outbreak is now in its 19th month and is not over, with a handful of cases still reported every week.

Many healthcare staff bravely soldiered on during the outbreak, but with many recruited to work in the Ebola response, and few patients seeking care, death and suffering from other causes have inevitably increased even further. Mary (not her real name) is one such healthcare worker. During the outbreak she worked in a poorly resourced holding centre, treating patients with basic protective equipment at substantial personal risk. Hundreds of healthcare workers contracted Ebola virus disease, most before the international response was able to build treatment centres with high standards of protection for staff.

Mary was understandably terrified of a disease never seen before in west Africa. No one had explained to her what Ebola was. She was rejected by her community: taxi drivers wouldn't pick her up, people ignored her in the street, and her neighbour moved away.

It is important to recognise the contributions of people like Mary who have suffered such stigma, and we hope that in time their governments will do so. Arguably the most fitting recognition of the dedication and selflessness of all the people involved in the response would be for the UK government to show the same level of commitment over the coming years by providing much needed funding and technical support to rebuild these countries' shattered healthcare systems.

Dilapidated healthcare systems were the reason an outbreak of this size was possible. If we lose sight of this, as the media interest and drama fades, we will be leaving these countries more vulnerable to another outbreak.

Andy Young, a paediatric specialist trainee, and Sarah Collis, a clinical infection unit nurse, volunteered to work in Sierra Leone for the charity Doctors of the World UK

Hospitals are wrong to ban e-cigarette use

Hospitals should encourage innovative use of electronic cigarettes to reduce harm from tobacco, writes **David Shaw**

All health boards in Scotland with the exception of NHS Lothian have banned the use of electronic cigarettes on their grounds.[1] The rationale is that more evidence is needed before we can conclude that e-cigarettes are safe. Even if this were true, it would not be sufficient justification for this policy.

By banning e-cigarettes, hospitals are failing patients who smoke, as well as those who do not. It is true that the safety profile of e-cigarettes is not yet entirely clear, but substantial evidence shows that they are safe, and overwhelming evidence shows that they are much safer for users than conventional cigarettes.[2 3] E-cigarettes are also seen as an important tool to help people stop smoking, and the Medicines and Healthcare Products Regulatory Agency will license e-cigarettes as drugs from 2016.[4]

Smoking cessation

The ban in Scotland means not only that patients who smoke will continue to damage their own health but also that they will be denied the opportunity to access a smoking cessation aid on hospital grounds. Public Health England recently published an evidence review which concluded that e-cigarettes can help people quit smoking (and that they are 95% safer than conventional cigarettes).[5] Julie White, chief operating officer at NHS Dumfries and Galloway, one of the NHS boards that has banned e-cigarettes, was quoted by the BBC as saying that "until we have more evidence available to us around their use and their impact, they should be treated like any other nicotine product and they should not be used in the grounds."[1]

It will come as a surprise to users of nicotine patches and gum that they are apparently not permitted to use these smoking cessation products while in a hospital. It is inconsistent to ban e-cigarettes while allowing continued use of other nicotine based smoking cessation products. Despite their visual resemblance to cigarettes e-cigarettes contain no tobacco, do not involve combustion, and have much more in common with other non-carcinogenic nicotine delivery systems.

Another problem with the ban is that it will increase the risk of passive smoking by prohibiting a smoke-free alternative. Despite the purported "smoke-free grounds" policy of many hospitals many people still smoke conventional cigarettes on or just outside NHS premises every day. Members of the public often have to hold their breath when entering hospitals to avoid breathing in toxic fumes from several (often very ill) patients smoking just outside the hospital door; permitting e-cigarettes would alleviate this problem. However, NHS Lothian is the only board that will allow the use of e-cigarettes in designated outdoor areas, meaning that the policy of the other boards will perpetuate the risk of passive smoking for patients and visitors.

JIM HOLDEN/ALAMY

Hospitals should be using e-cigarettes in creative ways to improve patients' health rather than banning them while continuing to tolerate conventional smoking around their premises

Even if e-cigarette "vapers" stand outside entrances, wisps of nicotine vapour are likely to be less disgusting and harmful to walk through than clouds of carcinogenic smoke. Furthermore, e-cigarette use is permitted in some hospital wards in England, and it is questionable whether patients should have to go outside to use vaping shelters instead of using a designated room inside the hospital.[6]

Part of the logic behind the ban is that e-cigarettes "normalise smoking," and the BBC quoted White as saying that "e-cigarettes mimic the habit and look of smoking and therefore provide negative role modelling for young people."[1] This is a valid point to some extent, but the ban instead sends the message that NHS Scotland cares more about image than about improving the health of its patients and visitors to its hospitals. Permitting e-cigarette use on hospital grounds would provide much more positive role modelling for children than seeing pregnant women and patients with cancer smoking conventional cigarettes in subzero temperatures at the main entrance to hospitals. Furthermore, countries where e-cigarettes are available have seen decreases in the number of children smoking conventional cigarettes,[7 8] which suggests that exposure to e-cigarettes can also improve child health.

A great public health opportunity

Banning e-cigarettes also means missing a great public health opportunity. If patients who smoke were given free e-cigarettes and the ban on normal cigarettes on hospital grounds were strictly enforced, it might improve health and reduce passive smoking around the hospital. Furthermore, any patients who switched to e-cigarettes during a hospital stay might continue vaping rather than return to tobacco cigarettes, further benefiting public health. Hospitals should be using e-cigarettes in creative ways to improve patients' health rather than banning them while continuing to tolerate conventional smoking around their premises.

The ideological opposition to e-cigarette use in hospitals is understandable to an extent, because smoking is a highly polarised public health problem.[9] E-cigarettes are not completely harmless, and their connections with the deadly tobacco industry make many people uncomfortable.[10] But their potentially beneficial effect on individual and public health is undeniable. By refusing to allow the use of e-cigarettes on hospital grounds, the NHS is harming the health of patients and the wider public.

David Shaw is senior research fellow, Institute for Biomedical Ethics, University of Basel, Bernoullistrasse 28, 4056 Basel, Switzerland david.shaw@unibas.ch

Cite this as: *BMJ* 2015;351:h5063

thebmj.com

- Evidence about electronic cigarettes: a foundation built on rock or sand? (*BMJ* 2015;351:h4863)
- Teens who use e-cigarettes are more likely to take up smoking, US study finds (*BMJ* 2015;351:h4471)
- Why e-cigarettes are dividing the public health community (*BMJ* 2015;350:h3317)