If a patient with a central venous catheter develops an unexplained fever then a first axiom is that the catheter should be removed. In surgical patients, however, where other causes of sepsis abound, there is only a 50% probability that the catheter has caused the fever.¹⁹ A systematic approach to each case is needed and can be achieved by using a simple logic chart,¹⁵ which reduces significantly the unnecessary removal of a vital lifeline.

Team approach

Undoubtedly the ultimate success of parenteral nutrition depends not only on medical staff but also on nursing staff and pharmacists. Liaison and co-ordination between these groups are vital. There is also the constant problem of staff turnover with new members unfamiliar with established practice.

We find that the most successful way of managing this type of nutrition is by having a clearly defined team organised by a single member of the medical staff. The objectives of the team are co-ordination and education with a view to maintaining standards. Regular meetings of the team ensure that even the most trivial problems are adequately discussed.²⁰ Furthermore, education in new techniques and modification of existing practices are more swiftly and easily achieved.

Conclusions

To feed a patient by a vein is now technically feasible and often clinically advisable. To do so effectively requires us to bring to prescription, methods, and control standards that are as high as in any other therapeutic field. We have attempted to delineate some of these standards and would emphasise again the need for acquiring skills and placing the technique and patients who require it into the hands of only those who are both interested in the problem and determined to succeed.

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Letter from . . . Victoria

Drivers and health

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Election time again

In Australia there is almost always an election in the offing. Last year saw a State election in South Australia and a Federal election. This year the Victorian and New South Wales governments have to face the people. Only in Tasmania is the life of the Parliament more than three years and as the elections to the Federal Senate and House of Representatives are out of step the voters have to trudge to the polls at least once a year. And anyone who fails to vote is fined, as voting is compulsory.

Before every State election the opposition makes much of the government's failure to meet its election promises, while the government suddenly becomes interested in announcing policy decisions which it has been avoiding for years. An example in Victoria this year is legislation for random breath-testing of

drivers. Another indication that it is an election year was the amazing indictment of the Health Department and its Minister on television by Mr Hamer, the Premier of Victoria.

The road toll

Australia is close to the top of the international table for road deaths adjusted for population. Over the years the Victorian Government has been the leader in road safety legislation. It was the first State in Australia to introduce the compulsory wearing of seat belts if they were fitted to the car and the compulsory fitting of seat belts in all cars sold (at first for the front seats and then for all passengers), and it was the State with the lowest permitted blood alcohol level (10.9 mmol/l (50 mg/100 ml)) with the other States choosing 17.4 mmol/l (80 mg/100 ml). About two years ago legislation was passed which compelled hospital doctors to take a blood sample for measuring blood alcohol concentrations when treating anyone who had been in a car accident. The hospitals co-operated but the police often failed to collect the samples, seldom had them analysed, and only occasionally used them as evidence in court cases. Pressure from

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the Road Trauma Committee of the Royal Australian College of Surgeons has had little influence. Here is a reliable source of information about drink and driving being almost completely ignored because the police force is not interested. Similar legislation in South Australia is working better because it was designed to be a source of information about the problem with the bonus of evidence against drunk drivers.

Unfortunately, the Victorian legislation was planned as a source of evidence in court and bad drafting of the legislation has led to many loopholes, which have been used successfully to avoid convictions. So at present only one in three of those drivers who have a raised blood alcohol when they are admitted to a casualty department after an accident is prosecuted¹ and there is no attempt to collect all-embracing and reliable figures about the problem.

Some years ago, in an attempt to obtain reliable statistics, road accident injuries were declared a notifiable disease in Victoria. The result was, for the first time, reliable statistics, which showed conclusively that, if worn, seat belts save lives and reduce injuries, especially those of the face and head. The seat belt regulations were opposed by those who claimed that compelling someone to wear a seat belt was an infringement of his liberties. This lobby was overruled, however, and as a result many people are alive and undamaged who would have been dead or disabled without a seat belt restraining them during their crash.

I must declare my interest. I have worn a seat belt since 1958. In 1974 my life was saved by my seat belt. My car skidded on a country road and ran along a 60° bank until the bank ended, when the car flew. When gravity stopped its flight the car flipped over, crushing the roof. I sat upside down, with my bottom pressed firmly into my seat, completely undamaged. Had I been damaged I would have had to wait a long time for help as no car passed me as I walked just over a mile to the nearest farm. The car was not worth repairing. Whether the result would have been the same had I been wearing the now popular inertia reel type of lap-sash belt I do not know. I have a sneaking suspicion that I would have been less satisfactorily packaged. But the convenience of the inertia reel belt is undeniable and, furthermore, the buckle is always in the right place, down by the hip, and cannot be mispositioned over the abdomen, which is only too easy with the older type of lap-sash belt.

Breathalyser legislation exists in all Australian States. At present the motorist must be in an accident or driving in a dangerous manner or otherwise draw attention to himself so that the police stop his car before he can be asked to take the test. Recent suggestions for legislation to give the police in the Australian Capital Territory (Canberra) the power to stop any car and breathalyse the driver were attacked by the Law Reform Committee on the grounds that this would be an infringement of personal freedom. It has been announced, however, that similar legislation will be introduced in Victoria. As a motorist I back this proposal to the hilt. The place for the breathalyser is in the vast car parks of our suburban hotels.

Testing potential drunken drivers and preventing them from driving home must be a more effective way of getting drunks off the road than waiting till they have an accident and then proving that they were drunk. Usually the driver who has been drinking can get home safely despite his slowed reactions and as the wheels of Australian society are oiled by alcohol there are many drivers who drink. Only when there is a reasonable chance of being caught, instead of the present near certainty of getting home without police attention, will there be any deterrent to stop the drunken driver from risking other people's lives as he steers his erratic way home. I will willingly accept the restriction of being forced to take a breathalyser test at any time if the result is safer roads.

Health Department

Mr Hamer's answers to questions during a television programme could, I believe, be interpreted only as condemnation

of his Minister of Health and Health Department. And despite backpedalling in various news releases the condemnation stands. Mr Scanlon, the Minister of Health for Victoria, appears to have refused to correspond with the Labour government in Canberra for most of 1975, and as a result Victoria came into the hospital side of Medibank (the Labour government's new deal for financing medical and hospital care) only when Mr Hamer personally took over the negotiations and settled everything in a week.

Mr Scanlon also appears to be having trouble with the State Employed Psychiatrists Association (SEPA), as he refuses to negotiate on their claims for parity in salary with doctors employed in the State's public hospitals. Each time the resident medical officers get a rise the rise does not automatically flow on to the psychiatrists, who have to negotiate their own rise. The most recent debacle, which provoked Mr Hamer's remarks, was Mr Scanlon's refusal to negotiate with the psychiatrists over their claim for parity and back-dating of the parity. After the threat of mass resignations if some progress was not made within seven days Mr Hamer stepped in and very swiftly reached agreement with the psychiatrists. The agreement was that they would be paid the same salaries as their equivalents in the public hospitals and that there would be some back-dating of the pay. The next day the Health Department presented SEPA with a memorandum that was supposed to embody the agreement with the Premier but did not. The alterations were apparently on the orders of the Minister of Health or his permanent head of department. The threatened resignations were not withdrawn until Mr Hamer once more intervened and saw to it that the correct offers were made by the Health Department. As a result Victoria still has a medical staff to run its mental hospitals.

In spite of Mr Hamer's disclaimer that he never meant to disparage the bureaucrats of the Health Department it is difficult to avoid the conclusion that they could do a better job when one considers the unnecessary confrontations that have occurred. Further evidence is shown by the report of the Syme-Townsend Committee, appointed to inquire into the health services of Victoria. Among other recommendations they urged the merging of the Hospitals and Charities Commission, which allocates government funds to public hospitals, the Mental Health Authority, which runs the mental hospitals, and the Health Department, which is responsible for other health matters and at present can override at least the Mental Health Authority, into a health commission which would display more co-ordination in administration. As modern hospitals get more and more expensive, more and more of their expenditure must come from government funds and proportionately less directly from the patients. Until last year all patients in Victoria paid a bed and board fee when in hospital. Since Medibank (hospital) came into force in August 1975 public patients have had free hospital care. The extra money to compensate for lost revenue came from the Federal government through the State government, which in Victoria allocates the money through the Hospitals and Charities Commission. When it was set up the commission was never intended to be the sole arbiter of the financial wellbeing of the major hospitals in the State; this role has been thrust on it and however well it copes it has to deal with many hospitals with conflicting claims, all of which consider themselves autonomous bodies beholden to no one. It is to be hoped that the new health commission will be able to see the wood for the trees when dealing with doctors and hospitals and so avoid the unproductive confrontations that have been so much in evidence in the last nine months.

ADDENDUM—Since this letter was written the election has been held. Mr Hamer's government was returned, but Mr Scanlon is no longer Minister of Health.

Reference

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