# Patients wait longer in emergency units than five years ago

Mark Hunter *Leeds*

Patients attending accident and emergency departments in England and Wales are waiting longer than they did five years ago, both to be admitted to hospital and to see a doctor once they get there. This is despite an annual 1% increase in the numbers of patients using emergency departments, which has been more than matched by a 10% rise in the number of accident and emergency doctors since 1998.

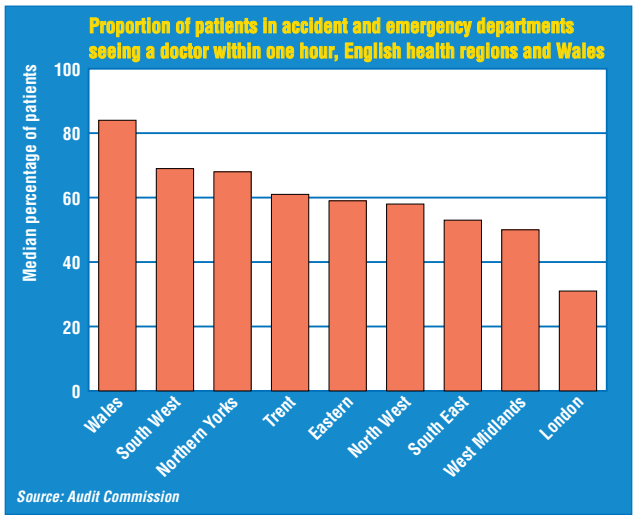
The findings, from an Audit Commission survey carried out in England and Wales last July and published this week, paint a picture of poorly managed emergency departments in urgent need of "improvements to capacity, efficiency and quality."

Only about half of the departments surveyed could guarantee to have an experienced emergency doctor on call 24 hours a day, and only a third of patients needing thrombolysis received it within 30 minutes of arriving at hospital.

The survey found that while some emergency departments could reasonably expect to meet the NHS Plan's target of a reduction in average waiting times to 75 minutes by 2004, most were well behind schedule.

"Although some departments are seeing more patients within one hour than in 1998, the majority see fewer," stated the report. "In fact, waiting times have been increasing since first measured by the Audit Commission in 1996. The rate of deterioration has increased since 1998."

The Audit Commission suggested in its report that improvements to the service could be achieved through more efficient management of staff workloads, with non-urgent cases being dealt with by nurse practitioners while senior house officers attend to the more serious cases. "Nurse practitioners could potentially reduce the work loads of doctors by allowing more patients to be treated and discharged without the need to see a doctor at all, yet only 1 in 20 departments have nurse practitioners who see more than 10% of the patients."




The report also called for better availability of doctors with more than six months' experience of emergency work—only about half of departments had an experienced doctor available 24 hours a day.

One major barrier to improving the service offered by emergency departments was the inefficient handling of patient records. The survey found that 14% of emergency departments did not have a computer system at all. □

*Accident & Emergency. Acute Hospital Portfolio, Review of National Findings* is available from: Audit Commission Publications, PO Box 99, Wetherby S23 7JA (freephone: 0800 502030) £10.00 net

# High Court throws out "suicide aid" case

Clare Dyer *legal correspondent, BMJ*

A terminally ill woman with motor neurone disease lost her battle in the High Court in London last week for the right to "die with dignity" at a time of her own choosing and with her husband's help.

Diane Pretty, who may have only weeks to live, vowed to take her case to the House of Lords after three senior judges turned down her plea, ruling that public opinion in the United Kingdom was not yet ready to legalise assisted suicide.

Lawyers for Mrs Pretty, aged 42, had written to the director of public prosecutions, David Calvert-Smith, asking him to undertake not to prosecute her husband, Brian, if he helped her to kill herself. Although suicide is no longer a crime in the United Kingdom, aiding and abetting another's suicide carries a maximum 14 year jail term.

Backed by the human rights group Liberty, Mrs Pretty challenged Mr Calvert-Smith's refusal to rule out a prosecution and argued that the blanket ban on assisted suicide violated her right to life and other rights under the European Convention on Human Rights. Her counsel, Philip Havers QC, argued that the right to life also included the right to choose to end one's life.

But Lord Justice Tuckey, Lady Justice Hale, and Mr Justice Silber ruled that parliament had given the director of public prosecutions no power to grant what would in effect be a pardon in advance and that the prohibition on assisting someone to commit suicide did not contravene the European convention on human rights.

After the ruling Brian Pretty said that his wife, whose speech is unintelligible, was "disappointed and very angry." He added: "We are going to take it to the House of Lords, which Diane wants to do, and she's going to carry on fighting."

Mr Havers had told the court that his client, who was diagnosed in 1999 and is now paralysed from the neck down and fed through a tube, was "frightened and distressed" at the suffering and indignity she would have to suffer if the disease ran its course.

Lord Justice Tuckey said it might be open to judges to specify safeguards if public opinion and national conditions no longer required an absolute ban on assisted suicide. But this was not a case in which the judges were being asked to approve physician assisted suicide in carefully defined circumstances.

"We are being asked to allow a family member to help a loved one die, in circumstances of which we know nothing, in a way of which we know nothing, and with no continuing scrutiny by any outside person.

"Even if we had good reason to think that the blanket ban on assisting suicide were no longer thought necessary in the democratic society of England and Wales, we would have no reason to think that to allow assisted suicide in such circumstances would be generally acceptable.

"But there is no reason to suppose that we have yet reached that point. All the indications are that democratic opinion in this country is not ready for change."

The judges refused permission to appeal to the House of Lords, but a spokesman for Liberty said he hoped that the law lords would be persuaded to hear an expedited appeal.

In a similar case in 1997, Annie Lindsell, who was also in the late stages of motor neurone disease, asked the High Court for a declaration that her GP could lawfully ease her death with drugs. The case was settled out of court when the lawyers for all sides agreed that under the doctrine of double effect, doctors may administer drugs to relieve not just physical pain but the mental distress associated with the final stages of a severe degenerative disease, even if this shortens the patient's life. □