

found that only 49% of patients were treated correctly, and that there was no improvement over three months despite instruction and reminders. However, when triage nurses became involved 80% of patients were treated correctly.³ Another study showed that 23% of patients were incorrectly treated in emergency rooms, with those in the highest risk group being the least likely to receive correct treatment for tetanus.⁷ Elsewhere, less than 10% of patients referred for plastic surgery were correctly questioned about their tetanus immunisation status.⁸

Adverse reactions to adsorbed tetanus vaccine occur in less than 1% of patients; most commonly these are local reactions such as pain, redness, and swelling.⁹ General reactions, including lethargy, malaise, myalgia, and pyrexia, are less common.¹ Anaphylaxis is rare.

On the basis of the low adverse reaction rate and noticeable benefit, resources are already allocated to the national immunisation programme. As immunity in the community improves the use of tetanus immunoglobulin will decrease and will be required only for highly contaminated wounds.

This case shows how the omission of the smallest detail can have a fatal outcome. Complete management of an injured patient includes a full history of tetanus immunisation and adherence to the Department of Health's immunoprophylaxis protocol.

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Corrections and clarifications

Personal view

At the end of this article by Edmund Hey entitled "Accountability" (13 April, p 925) the author unfortunately said the opposite of what he had intended to say. The final three sentences should read: "The call for professionals to be held accountable in public for their care of patients is balanced by a simultaneous expectation that all the details of that care should remain confidential. It is seldom possible to have both [not "one without the other"]. Perhaps the public need to decide which they want."

US report calls for tighter controls on complementary medicine

A website address was wrong in this news report by Charles Marwick (13 April, p 870). The correct address for the site at which the report on complementary medicine can be accessed is www.whccamp.hhs.gov

Paediatricians meet to tackle child abuse in former Soviet bloc

In this news article by Carl Kovac (30 March, p 756) we inaccurately stated that in a survey in Estonia of 292 15 year olds, 35% reported sexual abuse. The proportion was 3.5%.

Rating waiting

Have you ever sat in your waiting room for 15 minutes, thumbed through the magazines, listened to the music, looked at the posters or paintings adorning the walls, and noted the suitability of the toys provided? Is the reception area positioned so the receptionist can see the patients, without confidential telephone conversations being audible? How long could you tolerate sitting there? As a researcher, I have visited more than 100 general practitioners and have been surprised by the effect the time spent in a waiting room can have on my mood, ranging from very positive to very negative feelings. If someone who is well can be so affected then what impact does a waiting room have on patients' wellbeing? Could the time spent in your waiting room affect your patient consultations?

First impressions of a practice include the waiting room. If the environment is uncomfortable, a wait of 15 minutes or longer could be tedious or even distressing. So what factors may contribute to waiting room unrest? Many rooms have tired and neglected décor, with faded paint and curtains, and dog eared posters on the walls with depressing medical messages or advertisements for private enterprise such as medical insurance, rest homes, and security alarms. Untidy piles of dated, tatty, tawdry magazines, possibly donated by well meaning patients, are not uncommon. These should be vetted to eliminate inappropriate publications such as the pornography I found in one practice. Dirty, torn, well chewed children's books, old broken

toys, and incomplete puzzles provide unlimited boredom for younger victims. Seating arranged like a waiting area for public transport ensures there is no chance of anonymity. Tropical fish tanks, thick with weed and algae and the occasional dead fish floating on the surface, provide an alternative distraction. Add dim lighting, poor ventilation, loud music or radio station, and the mix is perfect for a depressing, uninteresting medical practice (DUMP).

The waiting room affects patients' comfort. Creating a pleasant, calm atmosphere need not require complete renovation, extravagant decoration, and glossy magazines. Aspects that enhance waiting rooms include fresh decor, interesting paintings, a variety of recent magazines, and unobtrusive music. Adequately spaced, easily cleaned seating is important. A designated play area with safe washable toys is an obvious asset. A well maintained fish tank adds interest. The practice mission statement and a list of services and fees could be displayed on a neat notice board, along with other practice information.

Patient satisfaction surveys ask about waiting times not waiting rooms. Why not ask your patients what they would like to be available for them while they wait?

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