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Coordinating services for terminally ill cancer patients

Because the care of terminally ill cancer patients is shared between numerous health, voluntary, and local authority services they are vulnerable to a lack of coordination and planning between services. This may result in the duplication of services to some, while others do not get the help they need. To address this problem an experimental coordinating service was set up by Wandsworth Health Authority. On page 1317 Addington-Hall *et al* report the results of a randomised controlled trial of the effectiveness of this service. They found few differences in symptom control, service provision and satisfaction, social support, and psychological wellbeing between those patients and families who received the services of the nurse coordinators and those who did not. This coordinating service does not, therefore, seem to be a useful addition to the range of services currently available for terminally ill patients. This may be because the service did not have a budget with which it could obtain services or because of a mismatch between the professional skills of the nurse coordinators and the requirements of the coordinating role.

Diversion from custody to psychiatric care

Services to mentally abnormal offenders are generally considered to be inadequate, many offenders continuing to be inappropriately remanded into custody because of the lack of any alternatives. The Department of Health is committed to improving psychiatric services for mentally abnormal offenders. One method is by developing diversion schemes by which mentally ill offenders are assessed before being remanded and then diverted to the health service rather than the criminal justice system. A survey was carried out by Blementhal and Wessely (p 1322) of every magistrates' court in England and Wales. Forty eight diversion schemes were identified, and a further 34 were being considered. However, numerous practical difficulties were found. Arranging transport to local hospitals was difficult, and hospitals were in general reluctant to provide beds. Mental health providers cited lack of resources as a major obstacle to supporting diversion schemes, while many purchasers were unaware of the problems of mentally abnormal offenders. The future of diversion schemes remains uncertain.

Has the prevalence of asthma in adults increased?

There is some concern that asthma may be increasing. To determine whether the prevalence has increased in adults living in Busselton, Western Australia, Peat *et al* compared data collected in 1981 and in 1990 from a large random cross section of the population aged 18-55 years (p 1326). They used a standard protocol to measure respiratory symptoms, bronchial responsiveness, and allergy and found a substantial (approximately twofold) increase in asthma diagnosed by doctors and in reported symptoms of wheeze and hay

fever, particularly in younger adults. However, the prevalence of current asthma (recent wheeze plus bronchial hyperresponsiveness) remained constant at 7.4% in 1981 and 7.2% in 1990 and the prevalence of allergy also changed very little. They speculate that the incidence of asthma has not increased but that changed awareness, treatment practices, or exposure to allergens may be responsible for the increased reporting of symptoms.

Psychological care in general practice

Although psychological illness is common in general practice there have been few published attempts at evaluating the quality of care provided. Reasons for this include difficulties in predetermining diagnostic criteria and problems quantifying relevant aspects of process and outcome. Crossley *et al* (p 1333) have overcome these problems by examining the initial management decision (which did not necessarily include a diagnosis) and establishing an aspect of the presenting problem that could be used as an index of good outcome at a three month follow up. Case detection was assessed with the 28 item general health questionnaire. Doctors identified about half of the patients with a high score. Achievement of and satisfaction with the outcome measures chosen was high.

Risk of HIV or hepatitis B infection in surgeons and patients

Many surgeons are worried about infection with HIV or hepatitis B virus while operating on patients, and concern about the infection of patients by surgeons is also widespread. The Hospital Infection Society and Surgical Infection Study Group met last year to discuss appropriate preventive measures and on p 1337 give recommendations for improving safety. For high risk patients they recommend that only experienced surgeons and theatre staff are present and that unnecessary equipment is removed from the theatre. All operating theatres should have guidelines to determine which patients and procedures present a high risk of infection.

Making monoclonal antibodies clinically useful

Monoclonal antibodies are now beginning to be used in clinical practice and with new genetic engineering techniques their role is likely to increase. In the second of their series of articles Hawkins *et al* describe how problems that have prevented monoclonal antibodies from being used in humans are being overcome (p 1348). Antibodies can be linked to enzymes, radionuclides, or cytotoxic drugs to attack specific cells. Large libraries of antibodies have been developed from which to select an appropriate tool, and techniques have been developed to reduce the immunogenicity of antibodies raised in other animals. Human monoclonal antibodies with high specificity can also be made.