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PAPERS AND ORIGINALS

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NEWS AND NOTES

SUPPLEMENT

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CORRESPONDENCE

We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Hospital standards

SIR,—In discussing the future of the Health Advisory Service in Talking Point (7 April, p 967), Dr A A Baker implies that suitable standards for judgment of various aspects of the Health Service are "neither available nor appropriate."

As regards availability, it is true there is a dearth of standards which apply coherently to a complex organisation like a hospital. But there is no shortage of requirements, guidelines, codes of practice, and so forth, generated on specific topics by specific bodies with specific interests. Each such standard is able to be not only contradictory of another standards but also incomprehensible to another party.

It would surely be appropriate to planning, management, and evaluation of services to have agreed multidisciplinary standards which reflect the fact that health institutions are corporate functional entities. For example, the standards for building must be compatible for surgery; the standards for surgery must be compatible for nursing; and so on. No one constituent department can logically dictate the standards for the remainder. The synthesis of such general standards, applicable to institutions of differing size, location, and even function, is not easy. It requires not only a very broad view of corporate goals but also a willingness to reconcile the "tunnel vision" of departments.

An example was set in 1918 when the American College of Surgeons spawned the idea which led to the hospital standards now adopted by the Joint Commission on Accreditation of Hospitals. This concept has since been developed by Australia and Canada. The Canadian Council on Hospital Accreditation describes its purpose as "to establish Standards for hospital operation and to assist hospitals to attain these Standards."[1] So far, separate standards have been written by the professions involved in acute, extended care, and mental hospitals. Their application is primarily in the hands of the individual hospital, but facilitated by visits from representatives of the council. Although the programme is both voluntary and advisory it has been credited with considerable success in raising the general standards of hospitals.

It is therefore apparent that standards for complex clinical organisations can be available, and could be appropriate to the National Health Service.

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[1] Canadian Council on Hospital Accreditation, *Guide to Hospital Accreditation*, 1977.

Improved management of testicular tumours

SIR,—The final three sentences of your leading article "Improved management of testicular tumours" (31 March, p 840) suggest the setting up of a United Kingdom study group to allow the major UK centres specialising in the management of this rare but socially important group of tumours to co-operate in clinical studies. Such an approach has been shown to be highly effective in the management of other rare tumours such as childhood cancers and has allowed the instigation and completion of adequate clinical trials; and it has also improved the standard of patient care and, hopefully, of survival. We in this department feel that the time for such studies to be undertaken in testicular cancer is now and are prepared to support the setting up of such a group.

Trials based on the American-European approach of radical retroperitoneal lymphadenectomy do not appeal to the majority of clinicians working in this field in the UK. Proposals for trials based on this surgical approach, exploring the use of adjuvant platinum diamminodichloride chemotherapy, have been made. In view of the unknown long-term effects of these drugs, effective as they are in advanced disease, we do not feel that their introduction in early-stage disease (with about 85% two-year survival by current methods) is justified. Instead, a trial based on the current UK practice of orchidectomy followed by radiotherapy would have more appeal to British clinicians and should possibly explore the most effective means of securing salvage in failed early-stage patients. As more of these intensively treated patients survive it is important to continue their long-term follow-