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LEADING ARTICLES

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

MEDICAL PRACTICE

NEWS AND NOTES

SUPPLEMENT

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CORRESPONDENCE

Because we receive many more letters than we have room to publish we may shorten those that we do publish to allow readers as wide a selection as possible. In particular, when we receive several letters on the same topic we reserve the right to abridge individual letters. Our usual policy is to reserve our correspondence columns for letters commenting on issues discussed recently (within six weeks) in the BMJ.

Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue. We may also forward letters that we decide not to publish to the authors of the paper on which they comment.

Letters should not exceed 400 words and should be typed double spaced and signed by all authors, who should include their main degree.

Emergencies at sea

SIR,—The article "Doctors at sea (13 July, p 156) has prompted us to report two incidents in which we were asked to provide medical assistance on board passenger ferries.

The first of these took place on the North Sea about five hours out of Rotterdam bound for Hull. In gale force 10 conditions one of us attended a passenger who had sustained injuries from falling down a flight of steel steps. The second incident occurred on the Irish Sea between Belfast and Liverpool; on this occasion a passenger had a severe haematemesis. As a result of good fortune, and not because of any intervention, both passengers survived their ordeals.

Despite favourable outcomes these were potentially life threatening emergencies and their victims might easily have required some form of resuscitation. It was fortunate that they did not because there was a total absence of appropriate equipment and drugs on both ships. There was no parenteral analgesic, no oxygen, no means of applying artificial ventilation, no intravenous fluids or cannulas, no suction apparatus, and no sphygmomanometer.

Both of these crossings take about 12 hours in good weather, and our experiences raise the question of what provision could reasonably be made to deal with such eventualities. Air-sea rescue may not be possible or advisable, particularly in stormy conditions, and the fact that on neither of the ferries were there any facilities for dealing with ill or injured patients, who might be many hours from land, should be of concern to all those interested in safety at sea.

Contrary to popular expectations, doctors are unlikely to be armed with emergency drugs and equipment, particularly when on holiday. If they, or the ship's purser acting on shore based instructions, are to deal effectively with emergencies of this kind then some equipment and drugs must be provided. Items which would be essential would be: a parenteral analgesic (nalbuphine), ergometrine, diazepam injection, intravenous fluids (Haemaccel), an Ambu bag and mask, oxygen, airway, suction apparatus, and syringes, needles, and cannulas. These would cover some of the commoner life threatening emergencies, could be easily checked on a regular basis, and could be provided at negligible cost.

Still colour television pictures of ill or injured patients via satellite may represent "a quantum leap," but those who advocate such things in the absence of simple equipment and a few drugs should be asked to take just that, from the end of a plank.

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Helping heroin addicts kick the habit

SIR,—Because we are helping to run a campaign in Sheffield to stop prescribing by general practitioners and others of drugs of addiction, we reacted with some alarm to Dr Michael O'Donnell's "One Man's Burden" (6 July, p 60). In his thoughtful and compassionate article he poses a number of questions. He is quite right that a response should be quick, and in Sheffield, by sharing the ability to see people initially between nurses, volunteers, non-statutory workers, a general practitioner, and psychiatrists, we can now respond on most weekdays with specialised contacts. However, we have changed from a prescribing to a non-prescribing service because the former policy failed and we were frequently being misled and cheated. We now offer early admission —on that or a subsequent day—with detoxification over three to four days. We also pressurise clients to accept long term rehabilitation in a Phoenix house or similar establishment on the grounds that that seems the most helpful approach. We certainly find urine analysis a valuable guide to compliance and an alternative (when passed in our presence) to grosser restrictions of movement.

Our experience teaches us that withdrawal symptoms are very seldom worse than moderately severe influenza, and rigidly firm kindness is required to insist that this is so. Furthermore, most people simply will not do much about stopping taking heroin unless there is some real hardship involved in the alternative. Most ex-addicts we have helped insist that prescribing for them did not help them. Of course, no policy is absolutely correct for everybody, but it is difficult to know when this approach is inappropriate. We have been pleasantly surprised by adopting it even with very longstanding addicts.

Naturally our impression that things are improving in Sheffield cannot be based on sound scientific evidence, although we are anxious to try to assess our impact and do not feel we have made things worse. We are particularly anxious to be available to parents too and are pleased to see them quickly, as is Drug Line in Sheffield (telephone