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The gene for Huntington's disease, and the NHS foot soldiers

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Editor's Choice

The gene mutation for Huntington's disease has now been identified, opening up profound consequences that are discussed in two editorials. Anita Harding decribes how work has already begun on using the new information to unravel the pathogenesis of the disease (p 396). A gene product—called huntingtin—has been predicted, and one of the patterns of nucleotides seen in the gene for Huntington's disease is seen also in myotonic dystrophy and other neurological disorders. The main clinical implication—described by Peter Harper (p 397)—is that it is likely that a single test on a single sample will allow prediction of Huntington's disease; until now doctors have had to test many family members as well.

For many people a shadow will be lifted when they find that they don't have the gene, but great ethical and social difficulties may arise from the test. Imagine, for example, if the grandchild of an affected patient asks for a test whereas the child of the patient doesn't want one: a positive result for the grandchild inevitably means that his or her parent also carries the gene. The most serious possibility, warns Professor Harper, is that people will be tested without adequate information, counselling, and support. He worries about this, particularly as there is such pressure to reduce the costs of health care.

That problem of how to get more for the health care pound or dollar crops up again in the journal—as it does most weeks. Chris Ham discusses how six health authorities are tackling—or failing to tackle—the question of rationing health care (p 435), while a group from Sheffield shows that one wheeze for getting better value for money—general practitioners doing more surgery—is not working (p 413): the general practitioners are doing more surgery but mostly on people who probably wouldn't have been referred to hospital surgeons.

Waiting lists thus continue to grow (p 401), and so—in the United States at least—does the number of administrators in hospitals. John Roberts reports on a study from the *New England Journal of Medicine* showing that in 1960 there was one administrator for every 3·17 patients but now there is one patient for every 1·43 administrators (p 401). An accompanying editorial in the *New England Journal of Medicine* argues that the increase in administrators is, however, the result and not the cause of the crisis.

The health care crisis is producing great angst in many countries, and a letter on p 450 contains a scream of real pain from general practitioner Neil Beattie: "We foot soldiers in the wilds of general practice have long since known that the NHS was crumbling away while our leaders wined and dined in the nation's capital, apparently oblivious to reality. . . . I would rather return to trying to be a good doctor than be an accountant/entrepreneur/businessman/negotiator/statistician with a bit of medicine thrown in."

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