

Patients' bills of rights regarded with scepticism in UK

In 1991, John Major's new Conservative government created a Patients' Charter in the UK. It was supposed to be part of the "breath of fresh air" that marked the end of Margaret Thatcher's 11 years in office, and listed the standards of service that people could expect to receive within the National Health Service (NHS). This included their right to have treatment options explained, to see their medical notes, to have a general practitioner and to be referred to a specialist as required.

Doctors hated it, though few said so publicly. Already hard pressed, they felt that the charter ignored their rights

and simply offered a sledgehammer to their more difficult patients. "The problem was, it gave patients a lot to demand but it was very one-sided — and it couldn't be fulfilled," explains Kristin McCarthy, director of Doctor Patient Partnership, an offshoot of the British Medical Association.

A north London GP told *CMAJ* that the charter "promised people loads of things, but it wasn't the job of the people who wrote the charter to do the delivering — it's like the postman telling the baker to stay open all day. Initially it raised people's expectations and they demanded more, but now that everyone

knows the health service is at the breaking point, they've stopped asking."

By 1998 the government decided the charter needed revision and created a team led by Greg Dyke, then chair of an independent television company and now chair of the BBC. He scrapped unrealistic parts, such as the promise to admit patients within 2 hours of their assessment in the emergency room. He also recognized that staff didn't like the charter; they felt it may have contributed to the rise in violence against NHS staff because it increased patients' expectations without spelling out their responsibilities.

The result of Dyke's deliberations were refined, censored, improved and sanitized through various committees and eventually published in July 2000 as *Your Guide to the NHS* (www.nhs.uk/nhsguide). A year later, the government decided that the guide should replace the 10-year-old charter in England, but not in Wales, Scotland, or Northern Ireland — a typical British muddle.

The guide lists core principles, which include meaningless things — "the NHS will provide a comprehensive range of services" — which belie the fact that many people cannot get treatment for common problems such as varicose veins and hernias. It also says that "the NHS will support and value its staff," which makes the staff smile. The guide included a pledge to reduce waiting lists, but on June 14, less than 3 months after it was incorporated, this was changed to a pledge to limit waiting times (still up to 1 year for a hip replacement).

The new guide has had a mixed reception. The NHS Confederation, representing NHS trusts and health authorities, welcomed it. McCarthy says it balances the rights of staff and patients and asks patients to use the most appropriate resource, which might be a pharmacist or telephone helpline.

But Patient Concern, a pressure group, is unhappy: "We were hoping for a better charter with more rights and more teeth," it responded, "but instead the first 12 pages are a patronizing lecture on drinking wisely and giving blood." — *Caroline Richmond*, London, England

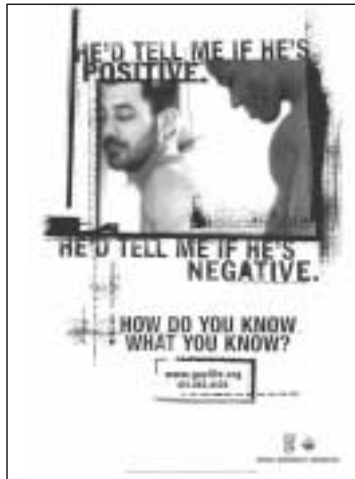
AIDS: After 20 years, complacency

An unexpected side effect of the much-heralded introduction of protease inhibitors is a new complacency about risk and prevention involving HIV, attendees at the 10th Annual Canadian Conference on HIV/AIDS Research were told.

Indeed, after years of lower rates, some North American cities — San Francisco is one — have seen a rise in new HIV infections among gay men in the past year. Thomas Coates, director of San Francisco's Centre for AIDS Prevention, blames the rise in large part on the "euphoria and giddiness" that surrounded the 1996 introduction of the new drugs. (The Centers for Disease Control and Prevention report that HIV infection rates in major US urban areas have quadrupled in the past 5 years, with black and Hispanic gay men accounting for 52% of new cases.)

Coates thinks the media and some scientists were too quick to declare the end of AIDS. Meanwhile, the perception grew that people on highly active antiretroviral therapy were not very infectious, he added. The San Francisco AIDS Foundation has responded with a prevention campaign designed to encourage those already infected to insure that "HIV stops with me." Health officials and activists also argue that drug advertisements need to be more balanced and include information about prevention and drug side effects. "We have 20 to 40 more years before we have effective vaccines and therapies, and the hardest work is ahead," said Coates.

In Canada, the number of positive HIV tests continues to decline for men and hold relatively steady for women. The latest Health Canada data indicate that the number of positive tests reported among adult males has declined every year since 1995, with an overall drop of 28% between 1995 and 2000. During the same period, the number of cases involving adult women ranged from a low of 429 in 1997 to a high of 515 in 1999. — *Ann Silversides*, Toronto



San Francisco AIDS Foundation poster: "HIV stops with me."