

## Long waits in NHS casualty departments

A shortage of beds in Britain's state hospitals is forcing some patients to wait for days in casualty wards before receiving treatment, according to a report by the Association of Community Health Councils (ACHC).

As part of its annual Casualty Watch report, ACHC checked waiting times in accident and emergency departments at 167 National Health Service (NHS) hospitals in England. The checks were carried out at 4:30 pm on May 20 and revealed that the longest waiting time was that of a 90-year-old woman with an injured hip, who spent 95 hours and 30 minutes in the casualty ward of a hospital near Liverpool. Other extended waiting times ranged from 20 hours to 47 hours; many cases involved elderly patients.

British health authorities set a target that by the year 2004 no patient would be forced to wait more than 4 hours between the time of arrival at a hospital casualty ward and the time of admission, transfer or discharge.

The Department of Health recently

reported that this target was being met for at least 77% of patients. The waiting times reported in this year's Casualty Watch survey were even longer than those reported in ACHC's survey last year, when the longest reported wait was 54 hours.

Last year's survey was criticized by the British Association of Accident and Emergency Medicine, which said that checking casualty wards at the busiest time of the week — Monday afternoons — gave a distorted view of the situation and might demoralize hospital staff.

This year, however, the association seemed to back the ACHC findings, calling the survey "the tip of the iceberg," and noting that many patients waited long hours for treatment.

The ACHC report also questioned the use of keeping patients in observation units, saying that in many cases these were little more than cordoned off areas of casualty wards.

"All too often patients are warehoused in assessment and observation units until an appropriate bed can be found for them elsewhere," said ACHC

Director Peter Walsh.

The British Medical Association said the long waiting times were "symptomatic of an NHS under pressure."

BMA chairman Dr. Peter Hawker said the system has no ability to accommodate even the slightest increase in demand. Until hospitals increase capacity, it is vital to keep accurate records of patient waiting times, he added, "to provide a reality check on the pressures at the frontline." — *Mary Helen Spooner, West Sussex, UK*

## Dalhousie med students learn about healthy relationships — theirs

Medical school can be stressful for students as well as their spousal equivalent. Recognizing this, Dalhousie University hosts an annual Significant Others Night, an opportunity for medical students to explore relationship issues — theirs.

"The whole message is how to create and maintain a healthy relationship at home and at work," says Dr. Gita Sinha, student advisor in the Faculty of Medicine. For the past 20 years, a panel of residents, retired physicians, practising doctors and partners meet with doctors-to-be, residents and their significant others over an informal meal. The private, evening event, organized by a small group of medical students and residents, draws upwards of 100 people each year.

It allows participants to hear firsthand about the issues physicians and their partners have faced — everything from sharing responsibility for raising young children to surviving a long-distance relationship to delaying pregnancy — and the solutions that have proved viable for them. "There are no right answers, but there are different perspectives," says Sinha.

"We are trying to inculcate very early in their [professional] life that not only is medicine very important but so is the health and future of the doctor." — *Donalee Moulton, Halifax*

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