UK pounds away at health problems

Britain is set to boost spending on its National Health Service (NHS) by 40 billion pounds over the next 5 years, a 43% increase that will be funded largely by tax increases.

The recent announcement, part of Chancellor of the Exchequer Gordon Brown's budget presentation, followed a series of scandals involving botched operations, overcrowded emergency wards and patients who died while awaiting treatment. The increased funding will cover the hiring of 7500 consultant specialists, and at least 2000 GPs, 20 000 nurses and 6500 therapists by 2004. Health authorities also plan to build 40 hospitals and 500 primary care centres.

New targets for the NHS include reducing mortality rates for heart disease by 40% and for cancer by 20% in patients under age 75. Other goals, to be met by 2004, include guaranteeing access to a health professional within 24 hours and to a primary care doctor within 48 hours. In addition, by 2005 waiting times for hospital admissions are to be reduced to 6 months or less, while outpatient appointments with a specialist are to be available in 3 months or less.

The government missed this year's target of a maximum 6-month wait for specialist appointments, but officials noted that the number of people waiting for these appointments had been reduced to 500, down from 80 000 a year ago. Current waiting times for operations are as long as 15 months.

The King's Fund, a research organization, warned that expenses related to pay and inflation will drain billions from the new investments. Its director of health systems told members of Parliament that the planned 43% increase will be reduced to 35% in real terms, and noted that the spending increases will likely cause health care unions to demand higher pay. "Unions and the BMA will see much more money going into the system, and they will perhaps want to see a share of it."

Meanwhile, Britain's cancer researchers say there is little use pumping money into the NHS "if we are going to fill the cancer and heart wards with smokers who have no price incentive to quit." They said tobacco taxes should have been raised by more than the rate of inflation.

Overall, the National Audit Office says financial management of the NHS is improving, but it is still losing millions of pounds to fraud, some of which is being committed by physicians.— *Mary Helen Spooner*, West Sussex, UK

Vowing no more cheap labour, US residents file suit

Fed up with low wages and poor working conditions, 3 American physicians have launched a class-action lawsuit on behalf of some 200 000 fellow residents training in American hospitals. They are challenging the National Resident Matching Program (NRMP) on antitrust grounds in a suit that names 7 medical organizations and 28 hospitals (see page 1501). It was filed May 7.

It alleges that the defendants have restrained competition by assigning residents to a single, mandatory employment position through the NRMP, by "artificially depressing and standardizing wages" below competitive levels, and by establishing and complying with anticompetitive rules and regulations of the Accreditation Council for Graduate Medical Education. Most first-year residents earn less than US$40 000 annually and frequently work 100-hour weeks. Many earn less than US$10 an hour while carrying debt loads of more than US$100 000.

"It's an anticompetitive system," Tilden Katz, spokesperson for the plaintiffs, told *CMAJ*.

If successful, the suit could cost the US health system $12 billion annually in increased residents' salaries. It could also lead to the dismantling of the match system, which has been in place since 1952 and now matches students to more than 80% of first-year residency positions. Under the NRMP, residents cannot negotiate wages, length of the work week or other terms of employment.

Dr. Paul Jung, one of the plaintiffs, said hospitals use residents as cheap labour. Jung, 32, is a fellow in health policy at Johns Hopkins University who began investigating the possibility of a class-action suit 3 years ago. The suit includes everyone who has been a resident since May 7, 1998. Fifteen US law firms are acting on their behalf.

In addition to NRMP, the defendants include the Association of American Medical Colleges, the American Medical Association, the American Hospital Association, the American Board of Medical Specialties, the Council of Medical Specialty Societies and the Accreditation Council for Graduate Medical Education.

The president of the Canadian Association of Internes and Residents (CAIR) says Canadian residents don't face a similar problem with the Canadian Resident Matching Service. Dr. James Clarke, a radiology resident in Halifax, says provincial house-staff organizations set maximum working hours and on-call frequency. This varies somewhat among specialties and across the country. In the Maritimes, for example, a surgical resident works about 55 hours a week and has a 1-in-4 on-call schedule. The average work week across Canada is about 80 hours, and salaries range from $32 000 for a first-year resident to a maximum of about $65 000 annually for some final-year residents.

Physician well-being remains a key issue at CAIR, says Clarke. "We want a more reasonable call schedule and fewer hours if possible. We don't want people to burn out."

The US lawsuit could have serious implications for that match system, says Clarke, and the ripples may be felt in Canada, too. For instance, elimination of that system could make the matching process more complicated for Canadians applying for positions in the US. — *Barbara Sibbald*, CMAJ