Hospital patients should be assessed for risk of thromboembolism

Susan Mayor

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US approves bird flu vaccine: The US Food and Drug Administration approved a human vaccine against the H5N1 influenza virus on 17 April, marking the first such approval in the United States. The vaccine, manufactured by Sanofi Pasteur, will only be available through public health officials for people who are at increased risk of exposure to H5N1.

Scottish charity offers funding for pain research: Medical Research Scotland is inviting applications for research projects on pain relief after it recently received an anonymous legacy of almost £500 000 (€740 000; $1m), which stipulated the money be used for research into pain relief. Grants for research projects will be to a maximum of £150 000. See www.medicalresearchscotland.org.uk.

Prosecutors drop appeal against man cleared of helping in suicide: Public prosecutors in the Netherlands have dropped their appeal against the acquittal of philosopher Ton Vink, of the suicide support group Horizon, who had been charged with helping a 53 year old woman commit suicide. Prosecutors could not prove his actions crossed the line between offering support and actively directing her actions (BMJ 2007;334:228-9).

Psychotic psychiatrists would prefer atypical antipsychotics: A survey of psychiatrists’ preferences for treatment should they become mentally ill shows that for psychosis atypical antipsychotics were generally favoured, with risperidone getting most votes. The survey, which had a response rate of 59% from 921 psychiatrists, shows that psychotherapy and antidepressants were both endorsed as treatments for mild to moderate depression, and citalopram, fluoxetine, and venlafaxine were the three preferred antidepressants. Electroconvulsive treatment received the backing of a large majority of psychiatrists (Scottish Medical Journal 2007;52:17-9).

Patients will top up inadequate services, group claims: NHS patients in the United Kingdom will turn to the private sector as a result of cuts and longer waiting times, according to a report for the campaign group Doctors for Reform. The authors include Karol Sikora, professor of cancer medicine at Imperial College School of Medicine. He says that patients are “topping up” NHS care with private treatments in places where services are patchy. Free at the Point of Delivery: Reality or Political Mirage is at www.doctorsforreform.com.

Inquiry will study removal of Sellafield workers’ body parts

Owen Dyer LONDON

An independent inquiry will look into claims that body parts were removed from deceased workers at Sellafield nuclear power plant in Cumbria without their families’ consent.

Michael Redfern QC, the barrister who led the inquiry into the retention of children’s organs at Liverpool’s Alder Hey Hospital, will examine what procedures were followed, whether consent was obtained, and what use was made of the tissues, said Alistair Darling, the trade and industry secretary, last week.

Sixty five cases in which tissue was taken from deceased former workers have been identified by British Nuclear Fuels, the company that today operates Sellafield. The workers all died between 1962 and 1991.

Mr Darling said that medical records indicated that 23 samples were taken after a coroner’s inquest and 33 after a coroner’s postmortem examination. Three requests for analysis arose from legal claims, while another was made by an individual before death. Yet another was carried out on what was described as a “legally correct basis.” In the four remaining cases there is no clear record of what prompted the request for tissue samples, he said.

Mr Darling stressed the limited nature of the records. He said, “They do not provide an audit trail which would show in every case who asked for such an examination under what authority and for what purpose. Nor do they disclose whether or not the appropriate consent from next of kin was received.”

Hospital patients should be assessed for

Susan Mayor LONDON

Every hospital patient should be assessed for their risk of developing venous thromboembolism (VTE), an expert working group has recommended to the Department of Health in England.

The latest figures show that about 30 000 people die from venous thromboembolism a year in English hospitals. The government set up the expert working group to explore how best practice and guidance could be promoted and implemented to reduce the risk of venous thromboembolism. The group recommends a mandatory documented assessment of the risk of the condition for every patient admitted to hospital and evidence based interventions according to their level of risk.

The Department of Health should set core standards for the NHS and the independent sector for assessing the risk, and hospitals’ compliance with these standards should be monitored by the Healthcare Commission, the group recommends.

The report from the expert group comes in the same week as publication of evidence based guidance from the National Institute for Health and Clinical Excellence (NICE) about preventing venous thromboembolism in patients having surgery. The guidance recommends
Hospital patients should be assessed for the risk of thromboembolism. For people are at high risk of developing having orthopaedic surgery and should be given to all people weight heparin or fondaparinux, drugs, such as low molecular recommends that blood thinning “boots” in operations. People benefit from wearing inflatable to wear while in hospital and offered compression stockings that most surgical patients are tive for volunteers and would have reduced

The risk of significant numbers of them leaving. Once again the Department [of health] has embarked on structural reform with inadequate consideration of the disruption it causes,” says the report. MPs are also angry that the bill modifies section 11 of the Health and Social Care Act, 2001, which places a duty on health authorities and trusts to consult patients and the public when planning or changing the services that they provide. Under amendments, consultation is only needed for “significant” changes—a modification the report says is unnecessary and which will weaken the obligation for providers to consult patients about changes to services.

The report calls for greater clarity as to the functions and remit of LINks, their funding, and how they will be made accountable, something which is not made clear in the proposed bill, it says.

Sharon Grant, chairwoman of the Commission for Patient and Public Involvement in Health, said, “We concur with its [the report’s] substantial conclusion that the current proposals to reform the system for a public voice in health are flawed.” The Department of Health announced in July 2005 that the commission, which was set up to oversee the forums, is to close in July this year.

The report, *Patient and Public Involvement in the NHS*, is available at [www.parliament.uk](http://www.parliament.uk).

### Risk of thromboembolism

that most surgical patients are offered compression stockings to wear while in hospital and says that many patients will also benefit from wearing inflatable “boots” in operations.

The guidance also recommends that blood thinning drugs, such as low molecular weight heparin or fondaparinux, should be given to all people having orthopaedic surgery and to other surgical patients who are at high risk of developing thromboembolism. For people having surgery to mend a broken hip, this blood thinning drug should be continued for four weeks.


**Venous thromboembolism (above) is known as the silent killer**

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**Reform of patients’ forums unnecessary, MPs say**

Zosia Kmietowicz | LONDON
A bill going through the UK parliament that abolishes patients’ forums and replaces them with larger bodies has been criticised by MPs. They say evidence is lacking of any benefit and that the bill risks losing the patient volunteers who have brought about valuable changes in the health service over the past three years.

The Local Government and Public Involvement in Health Bill proposes establishing Local Involvement Networks (LINks) in the place of patients’ forums, 400 of which have been established in England since December 2003.

The new bodies will cover social care as well as health and are intended to attract a wider and more representa-
tive sample of the community to consult on the provision of services, including young people and ethnic minorities, something patients’ forums have failed to do.

However, in a report, MPs from the cross party health committee conclude that they are “not convinced that PPIFs [patient and public involvement forums] should be abolished.” They add that patients’ forums could have been allowed to evolve into the larger organisations envisioned by the government in its proposed bill by merging them.

“The merging of existing PPIFs to form LINks would have been much more disruptive for volunteers and would have reduced

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**More than 90% of US doctors receive drug company favours**

Bob Roehr | WASHINGTON, DC
Ties between American doctors and the drug and medical devices industries are ubiquitous, concludes a large national US survey of doctors.

An analysis of the 1662 responses to the survey, which was supported by the non-profit Institute on Medicine as a Profession, found that 94% of respondents reported some form of relationship with drug companies. The most common benefits of such relationships were receiving food in the workplace (reported by 83% of respondents) and receiving free drug samples (78%), while more than a third (35%) were reimbursed for attending professional meetings or training, and a quarter (28%) were compensated for consulting or enrolling patients in clinical trials that were beyond the cost of those trials.

The authors found differences between the six medical specialties studied—aanaesthesiolo-
y, cardiology, family practice, general surgery, internal medicine, and paediatrics—as well as by sex and place of employment.

They divided industry support into four categories: samples, gifts, reimbursements, and payments. They found that cardiologists were the greatest beneficiaries of industry largesse in three of the four categories.

The exception was reimbursements, where internists scored more highly.

Anaesthesiologists scored moderately highly only in terms of receiving gifts.