

13 July 2015

TAX SUGAR?

Back in November 2013, 'NHS Choices' told us: It's estimated that we consume an average of 123ml of sugar-sweetened drinks per person per day. Sugary drinks are high in calories and low in nutrients.

"A 20% tax on sugary drinks would reduce the number of obese adults in the UK by 180,000, say researchers," BBC News told us. The news was based on research published in the British Medical Journal (BMJ) which estimated that taxing drinks would reduce the number of obese adults by around 1%. This would mean some 180,000 fewer obese adults in the UK.

Moving forward in time to July 2015, Matt Dathan writes in The Independent: A "20 per cent tax should be imposed on sugary drinks to tackle Britain's obesity programme, according to doctors' leaders. The British Medical Association joined a growing campaign in favour of a 'pop tax', claiming the levy could reduce obesity in the UK by around 180,000 people, but Downing Street played down the calls.

It should be a "useful first step" towards a long-term goal of taxing a wide range of products, the BMA said and the money raised from the sugar tax should be used to cut the cost of fruit and vegetables."

James Gallagher writes for the BBC that the British Medical Association "estimates poor diets are causing around 70,000 premature deaths each year. There has been growing concern about the damaging impact of sugar on health - from the state of people's teeth to type 2 diabetes and obesity. In its 'Food for Thought' report, the BMA warns that a 330ml can of pop is likely to contain up to nine teaspoons of sugar that are simply "empty calories". The report said taxing specific food groups - such as the sugar drinks tax introduced in Mexico - were shown to cut consumption."

Dr Shree Datta, from the British Medical Association, told the BBC: "We're looking at 30% of the UK population being obese by the year 2030, a large extent of that is due to the amount of sugar we're actually consuming without realising. The biggest problem is a lot of us are unaware of the amount of sugar we are consuming on a day-to-day basis."

SUGAR AND TOOTH DECAY – WHAT'S NEW?

Obesity is always in the news ... but tooth decay has shared the limelight recently. A BBC report points out that: "Nearly 26,000 children, aged five to nine, were admitted to hospital in England in 2013-14, up 14% from 2011, with tooth decay. (The total number of children and young people under 19 admitted to hospital with tooth decay in 2013-14 was approximately 46,500!) The Royal College of Surgeons says many hospitals are reaching 'crisis point' managing the number of children."

Prof Nigel Hunt, dean of the Royal College of Surgeons' dental faculty, is quoted by the Beeb as follows: "It is absolutely intolerable that in this day and age, in a civilised country, children are having so many teeth out for decay, which is over 90% preventable."

A report by the Royal College of Surgeons (RCS) published earlier this year showed tooth decay was the most common reason five to nine-year-olds were admitted to hospital ... that

means more kids were admitted for that reason than for asthma or appendicitis or meningitis (or any other disease you care to name.) The worry is that these may be the people who go on to develop diabetes in adult life and have shorter lives during which they experience more ill health. Perhaps children admitted for this cause where there is no obvious reason (such as an enamel defect called amelogenesis imperfecta) should have 'lifestyle screening' and advice ... just as elderly people who are admitted with fractures are checked for bone thinning (to try to stop it happening again.)

Some say that allowing children's weight to balloon and/or not doing anything to prevent rampant tooth decay is a form of child abuse. It's easier to make that charge stick when kids are young and parents have a large measure of control over what they eat/drink and when they eat/drink it. (Those who are constantly eating sugary foods or drinking sugary drinks are at much greater risk of tooth decay than those who don't "eat sweets between meals" or constantly sip at sugary drinks.) Once kids start to have more control over their own diet that becomes more difficult ... and, by the time they are teenagers, it's verging on the impossible.

A DOG'S LIFE

Such is the affinity between mankind and dogs that it's often said that owners get to look like their pets and vice versa. This affinity now extends to the waistline. Veterinary Record reports that "One in four dogs competing in the world's largest canine show (Crufts) is overweight, despite the perception that entrants are supposed to represent ideal specimens of their breed. The widespread dissemination of show dog images online may be 'normalising' obesity in dogs, now recognised to be a common canine disorder, say the researchers. As in people, obesity in dogs has been linked to orthopaedic problems, diabetes, respiratory disease, and certain types of cancer. It also affects both the quality and length of a dog's life".

The researchers based their findings on 1120 online images of dogs from 28 breeds - half of which are prone to obesity - that had appeared at Crufts. This will intensify the argument about whether dogs are best exercised on or off the lead. Whilst there are, of course, arguments in favour of keeping dogs tightly controlled, a young dog of normal size will travel at least ten times as far as its owner if left to its own devices. A spokesman for dogs said: "Owners tend to forget that we have four legs to exercise ... so being allowed to do our own thing is enormously beneficial ... but our additional need to 'work out' is just part of the picture. Our owners (or, as we prefer to call them, 'providers' - as the former term harks back to slavery whereas the latter emphasises their subservient role in the relationship) also fail to remember that our sense of smell is a thousand times more sensitive than theirs, and the part of our brain that controls smell is some 40 times larger than it is in humans. So whilst they may be oblivious to the cornucopia of smells that a walk can provide, we aren't. They will, for example, walk straight past a lamppost that represents a diary of canine comings and goings in recent weeks, and pull us after them ... thereby denying us both what is both a pleasure and an educational experience. They will then spend a lot of money on smartphones and apps like Latitude when something as simple as a sniff can yield invaluable information about the movements of friends and family. This leads some of us to believe that the rest of our brain is 40 times larger than those of the humans who accompany us on our walks!"

MISSED APPOINTMENTS

A GP newspaper survey found that more than 60,000 GP appointments were wasted every day because patients failed to show up. These 'did-not-attends' are referred to as 'DNAs.' Speaking on BBC1's Question Time, Mr Hunt said: 'I don't have a problem in principle with charging people for missed appointments.'

The problem is huge. In all cases those who miss appointments and don't cancel in good time deny others the time and expertise of a clinician ... and clinicians are in short supply. In the case of hospital appointments there may be an expensive bit of kit operated by highly paid specialists in their field working in a costly suite of rooms ... so a great deal of NHS money is wasted ... and NHS money is in VERY short supply in this area.

There is also a problem, albeit a lesser one, with patients who turn up very late. Now we're all late for appointments from time to time, and all practices are sympathetic to the calls we get from patients saying e.g.: "I'm stuck in a traffic jam - it's not moving - so I may well be late for my appointment." If we know in advance we can sometimes move appointments around. The biggest problem we have is with those people who turn up very late without phoning in first and then demand to be seen ... which means, of course, that those who have booked appointments well in advance and arrive on time are kept waiting. Sometimes they become very irate if it's suggested that they rebook or wait until the end of the surgery so as not to disadvantage everybody else in the waiting room.

I'm not in a position to criticise latecomers to my surgeries as they tend to run late anyway ... you only need one patient who genuinely needs more than their allotted time to upset the schedule ... so it's not unreasonable for patients who've booked with me to make a guess at what time they will be seen and turn up then. For those who make a real effort to run to time, however, in order to make things easier for those with busy lives (patients these days often have to juggle several 'activities' – e.g. being a Mum, running the household, & keeping down a job) this is much more of a problem.

So, on the question of missed appointments, will Mr Hunt be as good as his word? I very much doubt it ... but, until he does something about the situation, nothing will change.

Dr John Cormack