

**23 March 2015**

## **FLOATING ON THE STOCK MARKET?**

The BBC News website tells us that “US researchers are investigating ways to extract the gold and precious metals from human faeces. The group identified gold in waste from American sewage treatment plants at levels which if found in rock could be worth mining.” Times may be hard, but I won't be panning for gold just yet!

## **WEARABLE TECHNOLOGY**

Many of us seem to be incapable of working out what is a sensible 'healthy diet' and sticking to it - so the pounds keep piling on. A new bit of technology - a 'necklace' - may hold the answer. The makers say: "WearSens is developing an innovative wearable nutrition monitoring system. With transparent, simple operation, this technology offers unprecedented visibility into individual nutritional wellness." The device seems to be able to distinguish between, for example, solids and liquids - and to tell you if you've eaten more or less than you did the day before. If you like the idea, keep an eye out for it - it should be available soon.

## **WASTE NOT WANT NOT**

We like the idea of recycling ... well, some of us do ... and hate the thought of waste, of the landfill sites that are crammed with the detritus of our 'throwaway society.' So keeping old toys for our kids seems like a good idea – and there is the additional sentimental appeal of seeing the next generation getting pleasure from the toys that amused their parents. There's always a catch – and Roger Dobson and Ian Johnston sound a note of caution in *The Independent*. They say “A study found lead, cadmium and even arsenic in an alarmingly high number of plastic toys made in the 1970s and 1980s. One in four toys contained more than 10 times current safety limits for lead; a third of non-vinyl toys violated standards for both lead and cadmium; and a fifth contained arsenic. The highest concentrations of both cadmium and lead were found in yellow toy parts, some of which had up to 70 times the current limit for lead.”

The trouble is kids come into close contact with their toys – they may, for example, put their heads on the floor and bring the toys close to them. Why? Well the young Steven Spielberg realised the importance of perspective when he recorded his toy trains smashing into each other. He said: “When I got the film back, I would be amazed at how my little trains looked like multi-ton locomotives.” Kids instinctively do much the same. Sadly, when the budding film-maker in them gets bored, they may even put the toys in their mouths.

So is this just another scare story? It comes with a fairly good pedigree – its based on research carried out at St Ambrose University, Iowa. Time will tell – but, in the interim I'll be getting out those good old wooden toys I used to play with as a child. A bit of lead paint never did me any harm! Now, where did I leave my car keys???

## **BAD NEWS**

In some ways we've made giant strides forward in the treatment of disease in recent years. One example of a 'could do better' area was reported in The Telegraph this week: "Cancer survival rates in UK are a 'shameful' decade behind Europe ." Laura Donnelly goes on: "Macmillan Cancer Support said survival rates in Britain were 'shameful' with many other countries doing better in the 1990s than the UK has managed recently. The new analysis examined survival rates for breast cancer, bowel cancer, stomach cancer and lung cancer."

## **THE BIG SLEEP**

Last week I mentioned the inadequacy of the funding for healthcare in Mid-Essex. Why has this continued for so long? It's one of those tedious subjects that makes most of us glaze over within seconds ... me included, I'm afraid, and I so must accept a share of the blame. My lethargy apart, what other factors are there? Some say that, whilst the politicians representing the area have raised the matter again and again, they are told that too much of a fuss would be made by the areas that currently benefit from this discriminatory state of affairs ... so nothing much can be done. The best that we can hope for is that, when reviews take place, we will do slightly better in the allocation of monies and those currently enjoying a more generous provision will do slightly worse ... so, over a lengthy period of time, we will start to catch up with our more fortunate neighbours. Another problem has been that the people running the Health Service in this area have not appeared inclined to make too much of a fuss in public. During the PCT era, those in charge appeared to be far more concerned with their own personal financial situation than the quality of the service on offer to the patients (whom they were supposedly there to serve.) Making too many waves reduces one's chances promotion and, indeed, makes it more likely that an administrator will face the sack ... so they, by and large, have tended to keep quiet and talk instead about the imaginative ways in which we can best make our diminutive budget cover the essentials.

So what can WE do? Is it time for patients to take steps to bring about improvements? The NHS is supposed to take more heed of what patients think than hitherto so why not put healthcare in the spotlight? Why not, for example, ask candidates standing at the General Election to put this at the top of their agenda for the 'new term'? And if, having done that, we are told yet again by the NHS that we cannot have our fair share of the monies available, perhaps ask if the locals in mid-Essex could have the right to top-up the NHS funding from their own pockets? This may seem an outlandish idea (and an unattractive one at that) but let me explain. At the present time there is a choice between what is in many respects an inferior service or paying for private treatment ... and I know the vast majority of my patients can't afford to use the private system exclusively and so are heavily reliant on the NHS ... so they are, in many instances, forced to put up with standards that leave something to be desired. We therefore have a situation whereby the very rich can afford a good standard of care, whereas the middle and lower income families are penalised. One of the reasons we are told we are underfunded in this part of the world is because we are all so young, fit and wealthy that we have little need of the Health Service. Those of us at the coal-face – the clinicians - know that this is a load of b\*\*\*\*\*s. You do too. The joy of being allowed to top-up the funding is that it would bring it home to us all on a day to day basis exactly how much patients in this area are denied – and how much better off neighbouring areas are. No political party would, dream of accepting the suggestion for this reason ...

and because they all like to repeat the 'free at the point of access' mantra which, in very many areas, does as much harm as it does good.

The obvious criticism of this proposal is that it would enable the 'middle income' people to enjoy the same level of care as patients elsewhere but, whilst raising awareness of the situation here, it would do nothing in the short term for those without the means to 'top up' the funding available in order to ensure a reasonable standard of care across the board. There are others who, no doubt, have alternative (and better) suggestions ... the important thing is that patients in Mid-Essex make their voices heard in the run-up to the election. They will certainly have the support of the medical and nursing professions which are currently caught in the crossfire ... people have high-expectations of the Health Service and we tend to be held to blame when the system lets them down.

So, where does all this leave us? NHS funds are allocated in the most complex, inequitable and daft manner imaginable. It's not an accident that the formulae used for determining how the various bits of the service are funded are the most complex and obscure in the history of mankind. It's a system which leaves those in control of the purse strings to do as they please. The NHS is fond of talking about initiatives such as a 'Fair's Fair' policy ... and, whilst the theory is all very well, in practice, the system is alarmingly discriminatory and unethical. Everybody should be entitled to an equal standard of care within the health service - but we are as far from achieving that goal as we have ever been. The upsurge in Patient Participation Groups recently, however, gives a glimmer of hope for the future – 'patient power' is here to stay – but patients must stand up and be counted if they are to get the health service they deserve.

So the bottom line is – make every vote count - prevail upon the candidates in our neck of the woods to make the NHS a major issue in the next five years. And don't let it end there ... don't be content with the crumbs that fall from the table, continue to campaign for your fair share of the 'NHS cake.'

**Dr John Cormack**