Over 50 and Uremic

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Sir,

Ever since the days of stringencies in Manchester, England, and even more from the time that you correctly forecast the cause of Newcastle bone disease [1], I have had great respect for your opinion and prophesy. However, your current Editorial [2], which burns the lamp so fiercely, suggests only that you have been out of Britain too long to know exactly what is happening. Patients over 50 are dia-lysed in Britain, if they merit it, but financial restrictions should ensure that they are not chosen for a 'living death'. Coincidentally an article in the British Medical Journal [3] on re-use of dialysis equipment has highlighted the difference in cost-effectiveness between the UK and the USA.

The people who make the decisions here are only too aware that every time a problem patient goes on dialysis it means that 5 or 10 geriatric sick, and even those simply in need of loving care, are left to gay abandon.

However, you are right in showing that there are two sides to every view point. It pains me as a native of Britain

to see the money that is spent on hypertension research, a condition that we can all treat easily today, when there are many more pressing problems within nephrology that are simply ignored.

References

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