The British Dialysis Tragedy Revisited

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Since we last wrote an editorial [5] on the failure of the British Government to provide an adequate, acceptable and humane solution to the problem of those of its population who had the misfortune to have both end-stage renal failure and be either over the age of 50 or to suffer from complicating illness, there have been some interesting developments. The CAPD program was expanded, and this undoubtedly provided some relief, as the funds for continuous expansion were clearly not forthcoming. Then some courageous British nephrologists have been agitating for a correction of this untenable situation [2]. Others, such as Wing [3], however, have denied that they have felt such shortage in their own dialysis facilities in the United Kingdom, suggesting that this is due to lack of referral of patients by general physicians who act as 'gatekeepers' because of a belief that either the facilities are not available or because of their ignorance of the possibilities of excellent rehabilitation in those over 50 and in those suffering from complicating diseases. Indeed, despite a formidable world experience, there is at the moment an interinstitutional working party in the UK looking into the problems associated with dialysis in diabetics! In addition, a British Kidney Patients Organisation has been formed, and has begun to make its voice heard, demanding the right of kidney patients to have a chance and be provided dialysis facilities which are adequate for their numbers. The article published by their president, Ms. Ward, in the British Medical Journal, should be read by all those who wish to appreciate what is going on in this field in Britain [1].

The EDTA annual data so helpfully provided by Dr. Wing and his colleagues, clearly indicate that the UK is backward when compared to other West European countries with regard to the absolute numbers of patients treated for end-stage renal disease expressed per million of population, and although the numbers of new patients have increased, there is a major problem which is not being solved adequately. Clearly, the problem is partly financial. Britain apparently spends too little of its GNP on health, when compared to other West European countries, and this problem can only be resolved by massive education of the public to the dangers to its health implicit in providing too little money to go round for health. Wing [3] expressed this in a meeting in Germany, where he described his conflicting loyalties to the patient and to the National Health Service. Modern medicine is to a certain degree high-tech medicine. The apparatus, whether it is CAT scanners, NMRs or dialysis apparatus, is all expensive to buy and to run, and it is unconscionable to expect the population to be denied those things that are clearly agreed by the rest of the world to be of major importance in diagnosis and treatment of the sick. The mobilisation of public opinion by the patients themselves seems to have had greater success in that two units are to be set up and run by entrepreneurs more cheaply than can be done by the National Health Service. This will have little impact, however, on the 3,000 end-stage renal failure patients who are said to die in Britain each year due to either lack of dialysis facilities or ignorance on the part of the non-nephrologically trained physicians who are said not to refer them! The latter problem was solved in one

university area in Southern France, according to Shaldon [4], by Prof. Charles Mion specifically tackling the problem by educating the referring physicians so they better understood what was available, who could benefit, etc. Whether the UK government agrees this year or next to specifically increase funds for dialysis, education of the referring physicians is essential so that the real numbers of patients needing help will be felt by the nephrologists, and the pressures on the government from the experts will presumably increase, with mobilisation of public opinion, and it is hoped,

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action by the government in this specific area of health care will result.

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