Evidence shows variations in the health of rich and poor

New evidence of differences in health between UK’s rich and poor has emerged in a government-commissioned report which also accuses ministers of failing to address the problem.

Shadow health secretary Harriet Harman challenged health secretary Stephen Dorrell to say how he plans to respond, but he said there were no easy explanations or solutions.

The report, by a working party of government health officials and experts, shows significant variations in life expectancy between social classes, as well as geographical and ethnic differences.

It says life expectancy is seven years more in the top social class than the bottom, while of the 60 major causes of death in men, 62 are more common in lower social groups. It urges health authorities to purchase treatments which reduce inequalities and says the health department must take a lead.

David Benton, nurse director at Northern and Yorkshire region and the nurse member of the working group, said it was crucial that interventions by nurses aimed at reducing inequalities were evaluated.

Other research proved nurses could have a positive impact, he said, but more work was needed to prove which interventions were most effective.

Variations in Health: What can the Department of Health and the NHS do? is published by the Department of Health.

Nurse who watched friend kill herself has ‘no regrets’

By Charlotte Alderman

A nurse who risked prosecution because she took no action to prevent a friend committing suicide says she has no regrets.

Cleone Gardner, who now works as a psychotherapist, told a Voluntary Euthanasia Society conference her friend was wheelchair bound and in great pain as a result of multiple sclerosis.

‘She wanted me to be the one to “find her”, not her family, but she would only allow me to stay if I did absolutely nothing,’ Ms Gardner said. The woman took a combination of sedatives and whisky and then asphyxiated herself with plastic bags.

‘The worst part was when her breathing became very noisy. I was worried the people upstairs would come down,’ she told the London conference.

Following the death, in September 1994, Ms Gardner was questioned by police on two occasions, after her friend’s GP said she would not have been able to take her life without assistance. Ms Gardner did not know she was liable to prosecution simply by being present.

The case was referred to the Crown Prosecution Service but no charges were brought.

Canadian researcher Russel Ogden told the conference assisted suicides are taking place in conditions like those of backstreet abortions.

‘Assistants find they are not relieving suffering but causing more,’ Mr Ogden said. For those helping it was like committing murder and they had to live with that.

Regulating euthanasia would respect choice, he argued. At present we have ‘no idea who is performing euthanasia. There is no accountability to the law, the public or individuals.’

Employers urged to protect healthcare workers from HIV/AIDS

Nurses and midwives need more protection against HIV and AIDS by reducing the incidence of needlestick injuries and other potential exposures, according to a statement issued recently by the International Council of Nurses.

‘The Council is concerned about nurses’ and midwives’ complacency in reporting exposures and urged employers and governments to provide adequate, protective equipment for all healthcare workers and monitor post-exposure follow-ups.

‘As front-line HIV/AIDS carers at risk of contracting HIV/AIDS, nurses and midwives must play a greater role in planning, organising and managing healthcare services and procuring supplies to assure a safe work environment and quality care,’ the statement says.

It adds that nurses and midwives who are HIV-positive should have confidential counselling, health care and continuing employment.