Editorial

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Over 50 and Uremic = Death

The Failure of the British National Health Service to Provide Adequate Dialysis Facilities

A doctor has to provide care for patients of all ages. Life is as precious at the age of 65 as it is at the age of 25. This is one of those self-evident truths which should not need reiteration. It is, therefore, bizarre to recognize that the British National Health Service has set an apparent limit on life for end-stage renal failure patients of 50 years of age. This is clear from their dialysis/transplant policy which says that 'chronic dialysis patients under the age of 50 shall be given dialysis and transplantation facilities and over the age of 50, there is no requirement'. Where did this strange and evil idea come from? It is even more strange when one looks at the ages of those on the committees which deal with these matters in England. They are invariably close to or older than the age of 50. Have they lost the will to live, or is this for patients only? What Act of Parliament gave the British National Health Service a mandate to keep renal failure patients alive up to the age of 50 only? Does the British government not derive its income from taxes paid by people who are also over the age of 50 and do they not have rights, including the right to vote? Winston Churchill was in his 70's when he saved Britain and the Free World from Hitler. But he would have been thrown out onto the 'over 50 scrap heap' by this arbitrary NHS age cutoff had he been living today and developed renal failure. We must strongly support, therefore, the courageous leading article in the *British Medical Journal*, 25th of July, 1981, on 'Audit in Renal Failure, The Wrong Target' in which the editorial writer takes to task in a mild, effective and thoroughly British manner the report of the study group of the Royal College of Physicians on deaths from chronic renal failure under the age of 50 in which the authors conclude that everything is fine and dandy. England has, however, failed in its task of providing the possibility of continuing in life for those over 50 with renal failure. The 30 per million target end-stage renal failure group is the under 50 new case referral rate. It apparently excludes many patients with diseases such as lupus and diabetes in which satisfactory life can be prolonged for years with dialysis. If one takes the entire population – and there is no reason why the entire population of Britain should not benefit by the National Health Service – then it is likely that between 100 and 150 patients per million population enter end-stage renal failure every year; even assuming that only two thirds of these are suitable for regular dialysis therapy, this would give somewhere between 70 and 100 patients per million population; with a population of over 50 million, this would be at least 3,500 new patients per year. Where do they go? The answer is simple. Straight to the grave. This is confirmed by Table III of the study group in which several patients with diabetes were denied dialysis for various unacceptable reasons such as 'visual impairment' or 'orphan' age 23! Three patients were listed as rejected because they spoke no English and this in a multiracial society! If the money spent on much cancer therapy were able to give results as good as those of dialysis, then we would applaude the evening out of the distribution of funds but as it is, dialysis gets far too little of the health care available funds in England. This is a serious failure of the National Health Service to provide necessary health services for the *entire* population of the United Kingdom. The population of the United Kingdom apparently gets about one fourth of the dialysis that people in more enlightened countries get. This is all the more remarkable because the lofty aims of the health service in the days of Aneurin Bevan were to provide an adequate standard of medical care. This has had some excellent results on dental care. However, not in renal failure if you are over 50. It is painful for me as a native of Britain, to see that the capitalistic societies of both the United States and Japan easily provide far better services for the endstage renal failure patient than the National Health Service. The failure of provision of adequate end-stage renal failure service is presumably a symptom of an underlying malaise. When will it be decided that it is too

expensive to have geriatric services, or maybe geriatric services should be restricted to those under 70 to save money? The failure of the National Health Service to provide adequate end-stage renal failure services for the over 50 age group is a scandal with which the National Health Service bureaucrats in their lonely corridors of power should occupy themselves, rather than spend their time dreaming about supposed rewards in the Honours Lists as a result of their skinflint approach to patient care in renal failure. Are human beings to be consigned to the scrap heap because of cynical unimaginative and cruel bureaucrats? How is it that the Royal College of Physicians has so far failed to provide necessary leadership and has accepted the mandatory death sentence for the over 50-year-old patient with renal failure? But there is no doubt about the necessity of the British nephrologists to speak out now and demand rights for their patients in the over 50-year-old age group. This is long overdue and we wait to hear the still small voice crying out in Britain. The leading article in the *British Medical Journal* seems to be just that voice. Let us look forward to a new look at the problem by the NHS authorities.

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