Scottish Confidential Inquiry into Asthma Deaths

Each year 2000 people aged under 45 die in Britain as a result of asthma, about 50 of the deaths occurring in Scotland. Although several retrospective studies suggested that patients and doctors reacted inappropriately in the fatal attack, there is little evidence that practice is changing. A confidential inquiry into asthma deaths has now been established in Scotland to review the circumstances surrounding the care of asthma patients during fatal attacks. Funded initially by the National Asthma Campaign, the inquiry will be supported for the next two years by the Clinical Resource and Audit Group (CRAG) of the Scottish Home and Health Department. Its aims are to identify good practice and problem areas by exploring the background in cases of deaths of patients with asthma.

The inquiry will combine information gathering with local discussion of cases using a critical incident technique. Regional panels of general practitioners and respiratory physicians will review the information gathered and comments will be fed back to the clinical teams concerned. The findings will also be aggregated to identify any common themes. The results will be circulated widely to try to influence the management of other patients with asthma.

The inquiry represents a single strand in the process of reviewing and updating practice. By emphasising local consideration of the circumstances, combined with timely feedback from a regional panel, it offers theoretically a better process of improving the care of other patients than, for example, publication of audit findings in medical journals. Also, by monitoring the circumstances of asthma deaths for several years it will be possible to judge whether practice is changing and whether this inquiry and other audit activities are having any impact.

Readers wishing further information should contact the area clinical audit coordinator (tel 041-248 7644 ext 2230).

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BOOK REVIEW

Children, Teenagers, and Health. Caroline Woodroffe, Myer Glickman, Maggie Barker, Chris Power (pp 193; £16.99). Buckingham: Open University Press, 1993. ISBN 0 335 19125 8 (pb). To read a collection of statistics from cover to cover is a rather odd experience likely to be confined to reviewers and other minority groups. It does, nevertheless, initiate interesting trains of thought. Between the age of 1 and 14 children from social class 5 are twice as likely to die as children from social class 1; their risk of death as a pedestrian in a road accident is four times higher, and their risk of death in a fire nine times higher. If poverty is defined as being household with under half the average income, the percentage of children in Great Britain living in poverty rose from 12% in 1979 to 26% in 1987. Despite this, infant mortality and child mortality have continued their gradual downward trend over the past decade. Something must be very wrong with society from the far heavier with a far more serious health consequences of the relative increase in child poverty. Will be seeing increases in infant mortality and child mortality in due course? We should not be complacent.

The health and wellbeing of children, enormously important in itself, is becoming the object of increasingly close scrutiny as we learn more of the ways in which adult morbidity and mortality may be related to factors operating in fetal life and in early childhood. Among these factors, socio-economic status and maternal smoking are two of the most important. Although infant mortality and child mortality continue to fall, some forms of chronic ill health in childhood are becoming more common. Advances in the treatment of acute life-threatening conditions, from extreme prematurity to cystic fibrosis, leave a growing number of survivors in need of continuing care, while environmental changes are probably responsible for the rising prevalence of asthma.

By collecting together data on child health from the Departments of Health, Social Security, Transport and Environment, as well as from health surveys, cohort studies and from morbidity surveys the authors of this book have provided a valuable service to anyone wishing to scan the evidence relating to major child health problems, in advising to know where to look for more detailed information. Separate sections cover overall population statistics, morbidity and mortality, and factors in the socioeconomic, physical and cultural environment of children that relate to health. Most of the data are presented in graphical form with accompanying discussion. The writing is clear and the book is well referenced. Libraries in medicine and health centres should get a copy, and someone should send one to the Treasury.

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An important book that should be essential reading for medical directors, hospital chief executives, deans, and all those concerned with education in the health service. Medical Accidents examines the research on accidents and puts accidents in the context of operational health care. Medical accidents have the characteristics of accidents occurring in industry or transport but have not, until now, been given serious study and analytical thought. In medicine accidents are seen by doctors overwhelmingly in terms of litigation and financial settlements. There is also the feeling that someone is to blame. This book shows that accidents are the result of faults, failures, and omission in the way care is organised and delivered rather than a single person’s responsibility. Blaming a clinician is too easy and can absolve the rest of the organisation from taking corrective action. Persistence in this way of thinking will not help to prevent accidents nor help professionals to understand and change the conditions that lead to medical accidents. Clinicians should think seriously about medical accidents as an opportunity for ensuring reflective learning and as an aid to improving practice.