

Dupuytren's disease and occupation: still a debate?

Sir,

Since 1831, when Dupuytren described contracture of the palmar fascia associated with chronic local trauma in coachmen (Gudmundsson et al, 2003), the link between manual work and Dupuytren's disease has been debated. A year after Baron Dupuytren's lecture, Goyrand refuted an association, citing the case of his hospital manager with bilateral disease who had 'never put the day of hard work' (Thurston, 2003). Since the 1950s many studies have been performed with contradictory results, depending on definition of exposure, sample size and population studied.

However, the link between manual work and Dupuytren's disease has been clarified: very high cumulative exposure to vibrations transmitted to the upper limbs or forceful work was consistently associated with Dupuytren's disease (Liss and Stock, 1996; Descatha et al, 2011) based on large samples including confounders, and longitudinal studies with biological plausibility (Eaton et al, 2011). Dupuytren's disease should be considered an occupational disorder, given the lack of excess risk relating to social group (Khan et al, 2004), the dose response relationship (Descatha et al, 2011) and the high prevalence in sports (where social factors are low) like rock climbing (Logan et al, 2005).

Whether there is a causal relationship or accelerated onset of the disorder in certain groups is still unclear. However, there is consensus for reducing repetitive strain and vibration at work, and treatment should include ending exposure to improve prognosis (Townley et al, 2006). Compensation might be awarded in a very few cases with documented high levels of exposure and other risk factors – the attributable fraction of risk is around 50% but lower than other personal factors (Eaton et al, 2011).

There should be no further debate about this link considering the impact and consequences for affected patients.

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Competition in the NHS: do we really need it?

Sir,

Competition is often prescribed as an efficiency-enhancing tonic for ailing health systems (Cookson et al, 2010). Of doctors responding to a MORI survey on behalf of the British Medical Association (2011), 89% agreed that increased competition in the NHS will lead to fragmentation of services and 65% agreed that increased competition will reduce the quality of patient care.

Competition in health care differs from that in other industries where it may be desirable to increase responsiveness and efficiency, as other markets mostly rely on consumer demand to drive competition.

One of the key advantages of competition should be better quality and safety within the NHS. Under the current modernization agenda, patients should be able to choose services that provide excellent quality care also driven by the choice agenda. This gives other providers an incentive to improve the level of care to be able to or to continue providing care within the NHS. This should lead to greater public confidence in the NHS, reduced inequalities in outcomes and added value to the taxpayer.

Competition even at the 'right level' may be disadvantaged by trying to achieve the wrong objective. For example the government envisages the NHS making £20 bil-

lion of efficiency savings. The worry is that individual NHS trusts trying to reduce costs might impinge on the quality of care being provided. This means that competition might rely on cost savings alone, causing the wrong type of competition.

While competition can lead to greater efficiency, it makes cutting costs imperative which may lead to the shedding of staff, harming patient care. The expansion of patient choice and introduction of 'competition' may create further instability in a system which is already going through tough economic times and radical changes imposed by the government. Privatization may be considered as something which does not go with the ethics of the NHS but the white paper *Equity and Excellence: Liberating the NHS* (Department of Health, 2010) does mention 'any willing provider' to promote choice and competition.

Competition will be an important driver of reform in the future. The Health and Social Care Bill 2011 proposals to promote competition in the health-care sector may lead to significant changes in the NHS and, perhaps for the first time, the NHS will be subject to the rules of the market economy in the form of competition law. There is a fair degree of disagreement over the role and relevance of competition in the NHS. Whether the success of competition in other sectors is transferable to the health-care sector is still questionable.

The NHS has undergone several reforms in the past two decades but none long enough to determine whether each system actually works. Hopefully the current changes will stay in place long enough to be properly tried, tested and changes made to the future of a successfully run NHS.

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British Medical Association (2011) Doctors think

NHS reforms bring more risks than benefits, with high levels of concern about increased competition, shows Ipsos MORI survey for BMA. web2.bma.org.uk/pressrel.nsf/wlu/STRE-8EKDTE?OpenDocument (accessed 14 September 2011)

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