

Letters to the Editor



Hospices' funding

Sir, There is a certain irony that you published a report (Sept 11) on high salaries in hospices on the day that the House of Commons debated the Assisted Dying Bill. One of the reasons that the bill gained support is the lack of provision of expert end-of-life care. With no prospect of the demand being met through the NHS, it is left to the charitable sector, principally the hospice movement, to demonstrate that the process of dying need not be feared.

As a trustee (unpaid) of St Gemma's Hospice in Leeds, I recognise the need to pay our consultants an equivalent salary to other medical specialists if we are to attract a fair share of the most talented doctors into the field of palliative care. I also recognise the reality that no amount of altruistic endeavour will achieve anything in an organisation that is not maintained on a sustainable footing by effective managers. The St Gemma's leadership team provide excellent value and have been instrumental in maintaining the highest quality of end-of-life services and care in financially challenging times.

PHIL HOPKINS

Professor of anaesthesia, University of Leeds, and trustee, St Gemma's Hospice, Leeds

Sir, Sir Thomas Hughes-Hallett (letter, Sept 7) is being somewhat unrealistic in suggesting that "philanthropic social entrepreneurs and communities need to take back the lead on end-of-life care".

We run a Hospice at Home service looking after some 3,000 families a year, of whom more than 95 per cent die in their place of choice and 85 per cent of these die at home — a more satisfactory and cheaper outcome for many compared with an in-hospital death. Yet we receive just 13 per cent of the £7.1m per year needed to run our service from the NHS. Our community raises the rest, which is a huge effort from very many people.

It is the same for all hospice organisations. We want to do more, and all hospices are coming under increasing pressure as more and more elderly individuals pass through society. I believe there is a limit as to what we can expect our philanthropists and communities to raise year on year, and unless the end-of-life services get proper, measured additional funding, which will in turn reduce in-patient hospital admissions and costs, we will be unable to continue to meet our increasing day-to-day demands.

PROFESSOR STEPHEN SPIRO

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