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COMMENT

An MP not to be trusted

It is surely a question of when – not if – Simon Danczuk has to relinquish his privileged position as an MP following his admission that he sent lewd texts to a 17-year-old girl.

There is a momentum behind this scandal which shows no sign of slowing down, and when that happens, there is generally only one outcome.

The foremost quality constituents demand from their Members of Parliament is sound judgement. They need to know that they are represented by someone who can be trusted with difficult decisions.

But how can the people of Rochdale now trust a man whose moral compass failed to tell him that sending sexually explicit messages to a girl of 17 was wrong?

The fact that Mr Danczuk insists there is no need to resign is merely another example of his lack of judgement.

Anyone with an ounce of decency would know that resignation was the honourable thing to do.

Instead, he expects a “drink problem” to be accepted by the public as his mitigation. Would a teacher be able to use that excuse to keep their job? A social worker? A police officer?

Labour will surely expel him once it has completed its investigation – not because of his relentless attacks on Jeremy Corbyn and Ed Miliband, but because what he did is simply not acceptable.

With a reputation as a political scrapper, Mr Danczuk would most likely attempt to continue as an independent MP.

It would then come down to local support and his reputation as a constituency MP.

The people of Rochdale would need to ask themselves: “Can we really trust this man to make the right calls on our behalf?”

And the answer, of course, has to be “no”. He has thrown their trust in the gutter.

 **What do you think?**
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QUALITY

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GPs' dilemma on antibiotics



CRISIS: A GP writes a prescription. As many as 10 million prescriptions for antibiotics are being dished out unnecessarily every year with many patients purposely seeking out doctors who are a 'soft touch' in order to get hold of them, health officials have said

Picture: ANTHONY DEVLIN/PA WIRE

A RECENT survey by the Royal College of General Practitioners of the United Kingdom reported that GP surgeries which prescribed fewer antibiotics in an attempt to prevent the spread of super-resistant bacteria may see their patient satisfaction scores drop.

Whilst this is not only upsetting for hard working GPs and may put stress on a good doctor-patient relationship, it also highlights the complexities of managing patients appropriately and safely, as well as meeting their expectations.

This is particularly pertinent at this time of the year, when family doctors see a surge in requests for antibiotics, mostly associated with coughs, colds and chest symptoms. It is estimated that antibiotic prescriptions increase by up to 50 per cent over the winter months, yet this figure does not correlate with a similar increase in the number of infections requiring such treatment.

Figures suggest there may be many as 10 million inappropriate antibiotic prescriptions per year in the UK, with the number rapidly rising.

Antibiotic resistance can be explained as the evolution of bacteria to a point where an antibiotic that would have previously successfully treated infection by those micro-organisms no longer works.

Because bacteria multiply at a phenomenal rate, this can occur very rapidly, with those organisms developing resistance becoming so-called “superbugs” as the weaker ones are killed by the antibiotic.

This is not a new phenomenon. Even at the moment of discovery of penicillin, one of the greatest highlights of 20th-century medicine, the late Sir Alexander Fleming observed that if bacteria were repeatedly exposed to antibiotics at low dose, resistance soon developed.

And while these superbugs – including the much-publicised MRSA – were a rarity even only five years ago, a leading doctor and academic from Leeds teaching hospitals, Professor Mark Wilcox, has said that his hospital is now dealing with organisms on an almost monthly basis for which almost all currently available antibiotics are ineffective.

The most important point to stress is that

With an ever-increasing rise in bacteria resistant to multiple if not almost all antibiotics – so-called superbugs – **Dr Zak Uddin** examines the link between antibiotic prescribing and this worrying phenomenon

It is bacteria, not individuals, which develop antibiotic resistance. Antibiotics are a vital part of modern medicine and used appropriately, can be life-saving. Without antibiotics, the risk posed by opening body cavities, even under sterile conditions, would render most major operations potentially lethal.

Cancer patients, whose immune system is depleted by the unwanted side-effects of chemotherapy, often require antibiotic treatment. Infections which have long been easily curable could become death sentences, with no treatment whatsoever. Dame Professor Sally Davies, chief medical officer for England, has suggested that we may be on the brink of an “apocalypse”, where antibiotics may simply cease to work altogether.

This all sounds extremely frightening, but by working together, doctors and patients can prevent this nightmare becoming a reality and ensure that antibiotics are prescribed appropriately, in a way that improves rather than compromises good patient care.

The reasons behind patients requesting antibiotics are complex. It may be the perceived efficacy of a certain treatment which prompts a request, or because an illness has exceeded the expected duration. Sometimes a relative or friend has suggested the individual consult a doctor.

However with the average sore throat lasting up to 10 days and the common cold taking up to three weeks to resolve, it may take longer than a few days for symptoms to settle. The vast majority of these are caused by a viral infection, for which simple regular paracetamol is often adequate.

Although any worrying symptom should prompt consultation with your GP, if antibiotics are not prescribed, this should not be seen as dismissing your symptoms. In fact, antibiotics also have side effects which may range from rashes, diarrhoea and in rare cases life-threatening anaphylactic reactions, so it is even more important for them to be prescribed correctly.

The reasons doctors prescribe antibiotics incorrectly are multiple. Some patients may have very fixed health beliefs and it can be difficult and time consuming to challenge these beliefs, even in a constructive manner, leaving the doctor in a state of angst and with less time for other patients.

Ultimately most doctors want to help patients and it can be difficult to sit back and allow an illness to take its natural course.

In summary the World Health Organisation has advised that “antibiotics should only be used when needed, and only when prescribed by health professionals”, so that the correct drug is prescribed for the correct patient at the correct dose and for the correct amount of time.

Figures suggest there may be many as 10 million inappropriate antibiotic prescriptions per year in the UK, with the number rapidly rising

Dr Zak Uddin