

The Life Expectancy of Persons with Cerebral Palsy

SIR—Life expectancy is perhaps the most important single factor taken into account by the courts when assessing damages for children whose cerebral palsy is thought to have been caused by medical negligence. The paper by Crichton et al. (DMCN, 37, 567–576) will therefore be analysed with more than the usual critical care by lawyers as well as doctors. Since this paper suggests at first sight a more optimistic prognosis for survival for people with cerebral palsy than previous reports, it would be helpful if the authors could address the following points.

First, in their literature review, they omitted an important point from the paper by Evans et al.¹ This paper indicated that among a small subgroup—those with spastic quadriplegia who were both immobile and severely mentally subnormal—the cumulative death rate by age 18 years was nearly 43 per cent.

Second, the authors do not mention the study carried out by Hutton et al.², perhaps because this was published only recently. This study also identified a subgroup who were severely disabled in three areas (ambulation, manual dexterity and mental ability). In this group, 50 per cent of the birth cohort survived to age 20 years (95% CI 42%, 58%).

The studies of Eyman and colleagues³ have rightly been criticised on a number of counts, but these workers nevertheless did a useful service in emphasising a point which is already clear to clinicians namely, that while most people with cerebral palsy do indeed have a long life expectancy, there is a subgroup with profound and multiple disabilities whose life expectancy is severely curtailed.

It is disappointing that Crichton and colleagues were not able to identify the subgroup with such profound problems. They must undoubtedly exist within this cohort and it would indeed be surprising if their life expectancy was not very much shorter than that of the cohort taken as a whole. It would seem that the indicators used by Evans and colleagues and by Hutton and colleagues were sufficient to identify these children, and it is puzzling why a similar group has not emerged in this Canadian study.

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SIR—Professor Hall's main concern seems to be the possible effect on litigation of our findings in British

Columbia. These findings may, as he states, at first sight suggest a more optimistic prognosis for survival. But Evans et al.¹, to whose work he refers, comment on 'the high proportion of survivors ... [being] likely to come as a surprise to those (some doctors as well as lay people) who believe that most children severely affected by cerebral palsy die in the first few years of life'. As for the study by Hutton et al.² (which was published too late to be referred to in our paper), those authors also comment on this favorable aspect of the prognosis. Even in the studies of Eyman et al.³, the prognosis for life-span was relatively good except for the patients who were tube-fed and immobile.

I suspect that methods of data collection may have some influence on the findings. For example, because the Health Surveillance Registry has strict requirements for anonymity and confidentiality, we could not enquire into degrees of mobility, hand or arm use, or ambulation, all of which these other studies took into account. We could not contact any person in touch with the patient at the time of the study or identify the patient by name. That is why in our study mobility is looked at crudely, only as quadriplegia versus diplegia.

Any experienced clinician will agree with Professor Hall that there is a cohort of these children who are so severely affected that they have a greatly shortened life-span. It seems to me that such a clinician would not have much difficulty defending that position under cross-examination or in legal documentation, taking into account the longer-term studies in the literature. It seems that our data are perfectly compatible with those to which Professor Hall refers.

As I have suggested, any apparent discrepancy is almost certainly due to differences in data collection.

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