

alities recorded by pathologists carrying out necropsies at the coroner's command, which are not invariably the cause of death. Another important factor is the reluctance of coroners to mention abuse of or addiction to alcohol or to acknowledge suicide or the depression from which it stems.

Death certificates not given by a coroner are usually completed by the most junior and least experienced member of the hospital team responsible for the patient's care. Understandably therefore inaccurate impressions are sometimes conveyed. The smallest discrepancy between death certificates and case notes was in the group where no necropsies were performed. In cases where the cause of death is not in doubt efforts to persuade relatives to agree to permit a necropsy may be less persistent, and because no necropsy is performed a wrong clinical diagnosis may remain undisclosed.

Although there were several discrepancies between certificates and case notes in names and dates of birth, such errors are not very important except in cases where the patient's name is all that is available, when difficulties in tracing the relevant death certificate may arise.

The present certificate, in which the last diagnosis under section I is the real cause of death, might usefully be revised. Today a high proportion of entries under Ia are "cardiac arrest," which is how all of us will leave this world whatever the real cause of our death. The next most frequent entry is "bronchopneumonia"—the final curtain of so many chronic diseases.<sup>5</sup> Section II, "Other significant conditions contributing to the death, but not relating to the disease or condition causing

it," is not always capable of completion in a manner that may not mislead the epidemiological research worker.

Death certificates are not primarily intended for epidemiological research—they are an important legal and social requirement. Nevertheless, they are often used by research workers because they form a concise<sup>6</sup> and convenient record. As we have shown, however, they are sometimes materially inaccurate and research based on them alone may not be secure, despite what Rose and Barker have recently said.<sup>7</sup>

The purpose of this paper is to try to improve the accuracy of the information which the OPCS receives. Thus coroners' certificates might be more accurate if the coroners more often consulted the clinician in charge, and other certificates would more closely reflect the cause of death if supplied by senior hospital staff.

## References

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- <sup>3</sup> Heasman, M A, and Lipworth, L, *Accuracy of Certification of Cause of Death*. London, HMSO, 1966.
- <sup>4</sup> Waldron, H A, and Vickerstaff, L, *Intimations of Quality*. London, Nuffield Provincial Hospitals Trust, 1977.
- <sup>5</sup> Paton, A, *British Medical Journal*, 1972, **3**, 287.
- <sup>6</sup> Adelstein, A M, *Health Trends*, 1977, **9**, 78.
- <sup>7</sup> Rose, G, and Barker, D J P, *British Medical Journal*, 1978, **2**, 803.

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# How to do it

## Raise funds

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"Can anyone remember when the times were not hard, and money not scarce?"

Ralph Waldo Emerson

The above quotation steeled my own resolve when attempting to raise funds for a major project, and lesson one about fund raising is—if you are convinced that the cause is worthy and the project viable, don't let anyone put you off, and don't be disheartened because the country is bankrupt. It is never the right time to raise money, so go ahead and do it anyway.

Lesson two is that if you think fundraising is merely a matter of saying to yourself: "there are 300 000 people in this county, so if everyone gives 50p we will be home and dry"—forget it, go home, and tend your roses instead. Nobody is interested in handing over their hard-earned cash unless you can convince them that the whole scheme is sound, necessary, and appealing to them. After all, why should they? Fundraising is grinding

hard work. You must be prepared to kiss your wife and the baby goodbye for many evenings, because you will need to address any number of lay meetings. You will spend many hours at the kitchen table with your spouse signing letters and putting them in envelopes. You will go through agonies of self-doubt and many crises of morale in your organisation. You will learn to endure the hunted look of your friends as they see you approach, hot with the news of your latest disaster/triumph. Fascinating for you; boring for them. If all this appears too much for you, with the seemingly endless hours of repetitive, slogging work, then don't go fundraising, not at any price—it is not for the faint-hearted.

### Basic organisation

If you have lasted this far, and are still convinced of the rightness of your cause and the glamour of your appeal, then the next step is to set up your basic organisation. First of all, you will need a small but select band of trusted (voluntary) and dedicated hard-working helpers. You *must* have a very good secretary/typist, because you are going to need to send out a great many letters: thousands will be needed for a major appeal. Next, you need to gather together a small committee you can trust. The members will need to be long-suffering, industrious but

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enthusiastic, and, if possible, experienced in this sort of thing. They should, if possible, be well known and respected in the community, with many contacts in the business and professional worlds. Do not have a big committee—it is much too hard to reach decisions if you do. I suggest about ten as the maximum. You will need a good solicitor, because he will set up your trust and do the legal work—for nothing, if you're lucky. You must have a good, painstaking treasurer, used to handling large amounts of money without getting nightmares, and able to keep proper accounts. Above all, you must have a good, decent chairman, well known in the area at large, and carrying with him/her the aura of trust.

You ought to be the secretary yourself, and be prepared to do the dog work of arranging the committee business. You will need a bank account, and all cheques must be signed by the treasurer and yourself. Next you must get your solicitor to set your organisation up as a charitable trust. The procedure is tedious, but not particularly difficult, and be prepared for the Charity Commissioners to ask some searching and highly pertinent questions. When drawing up the articles of the trust, be sure you look ahead, so that you can continue to raise funds by way of the organisation in the future and can, within the articles, pursue whatever long-term projects you wish. Your solicitor will advise you. If you are successful, you will be given a number, and you must quote this in all your correspondence. If you don't, some charitable trusts may not be prepared to give you money.

### Where to start

It is a good idea to start with a meeting to which you invite all the heads of the known fundraising organisations in your area, that is, the Women's Institute, Rotary Clubs, Lions, and so on. You will be surprised how many there are; you must find out who they are from your committee and local contacts, then draw up a list. Have your meeting in the early evening and provide sherry and whatnots to eat, but don't be too lavish. They will be looking for evidence that the money you raise goes to the appeal, not towards wasteful window dressing. Try not to be mean, however—the balance is important. Make up a brochure setting out your aims and objectives. Not glossy and expensively produced, but workmanlike and readable. A small book on the subject is unnecessary and will not be read. It needs to be short, informative, and to the point. Most of all, when someone asks you to go and give a talk on your project, then go, however inconvenient, and go at their time and convenience. Be prepared to answer questions and, above all, be honest and frank. If you feel your project needs a million pounds, then say so. The dissembler is soon mercilessly exposed and rightly so. Never underestimate your audience or talk down to them. They are probably more experienced at the game than you are. They are usually hard-headed but great-hearted people, and they need to be convinced of the essential worthiness and practicality of what you are doing.

A further step is to get from the public library the published list of registered charities (there may be a waiting list to get it), then go through the three or four thousand listed there and see which ones may be interested in your cause. Write them a short letter setting out the facts and enclosing your brochure. About 95% of them will throw your application in the wastepaper basket. The other 5% may give you some money. If you can, and they will let you, offer to go and see their trustees in person.

Some recommend trying to raise money from the top thousand companies, but I have found this a waste of time. Only local industry seems to be interested in contributing to local causes, and this is all that one can expect. If there is a large industrial combine or combines near you, write to the managing director and go and see him. He will usually be courteous and give you a fair hearing. Just possibly, he may even advise his company to give you some money. Local businesses may be reached by looking them up in the yellow pages of the

telephone directory; then write them a letter. The letters themselves are important. They can be printed, using your appeal's logo at the head, but you must personally enter the name of the person you are writing to, and sign it personally.

This will mean signing many hundreds of letters, possibly thousands. If you are not prepared to give the personal touch, then don't expect to get much money. Nothing is worse than the cold, printed impersonal letter. It looks as if you are not prepared to take trouble, and, if you don't sign it yourself, this is probably true.

You must be prepared to go to endless donkey derbys, band festivals, sponsored walks, fêtes, and whatever. After all, if they are prepared to go to that much trouble to raise money for you, the least you can do is turn up, and make a short speech of thanks. Anyway, it is all enormous fun for most of the time.

### Publicity and costs

The local press will probably be interested and, in my experience, helpful, but they like to be kept informed of how things are going. In return, they will give you a few column inches of publicity at intervals. Be careful, however, about self-advertisement. It is a good idea to check with the Medical Defence Union about how far you can go. Almost any publicity is valuable, unless your treasurer makes off with the funds. It is worth asking to have a stand at the local county show—they will probably give you a site at cheap rates.

Costs should be kept to less than 1% of the money you raise, so spend as little as you can on your organisation. Your worst expense will be on postage—the costs of printing should be relatively trivial (use the office roneo). Car stickers are worthwhile and cheap—if you can persuade people to display them. The Charity Commissioners will expect you to have your accounts properly audited and these must be readily available. So keep good records; don't be like Samuel Johnson, who observed that he had two very cogent reasons for not printing any list of subscribers—one that he had lost all the names; the other that he had spent all the money.

When it is all over, invite your subscribers to see what their money has bought, and be generous in your thanks. The reward for you will be in the immense satisfaction of seeing your project completed. It will have been very hard going and at times discouraging, but the glow of satisfaction is very warm. Good luck.

Eventually this series will be collected into a book and hence no reprints will be available from the authors.

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*A 60-year-old woman is most distressed by copious sweating of the head and neck on the slightest exertion. This started some 10 years ago and has worsened since. The only abnormality is a familial hypercholesterolaemia. What might alleviate this condition?*

Put iontophoresis hyoscine butyl bromide on to a patch of skin that usually sweats before sweating takes place. Then exercise the patient. If the treated area remains dry her condition is likely to be improved by cervical sympathectomy. This could be preceded by local anaesthetic stelate block.

Fox, R H, *et al*, *British Medical Journal*, 1973, 2, 693.

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### Correction

#### Letter from . . . New Zealand

In Dr Richard Smith's article "Confusion about abortion" (10 June 1978, p 1534) the last sentence of all should have read as follows: "As I write, the circle of confusion is completed, as the medical superintendent in chief of the Auckland Hospital Board has announced that, after several weeks' painstaking deliberation, his opinion is that the new abortion law is in fact more liberal than the old."