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BMA NOTICES

Resolutions passed by the annual representative meeting 1993

The BMA's 1991 annual representative meeting resolved that resolutions passed at the annual meeting should be published in the *BMJ*. Some resolutions were published on 28 August (facing p 537 (clinical research), facing p 527 (general practice), and facing p 560 (other editions)). Other resolutions were published on 11 September (facing p 669 (clinical research), facing p 666 (general practice), and facing p 681 (other editions)). The remaining resolutions are published here.

(107) *That the performance* of clinically inappropriate tasks imposed by NHS reforms causes undue stress in the profession.

(108) (As a reference:) *That this meeting* is disappointed at the conclusions of the board of science on the subject of the mortality and morbidity of doctors (annual report 1993, para 12.4) and instructs the council of the association to commission "limited" research projects into this subject, as a major priority objective to determine the health (or otherwise) of its members.

(109) *That this meeting* congratulates the BMA library on the acquisition of Medline database and strongly supports the development of access to the information services by members living outside London.

(110) *That this meeting* is dismayed that the chief officers of the BMA failed to consult local divisions on matters concerning regional affairs in advance of formulating new policy.

(111) *That this meeting* believes that the BMA must strengthen its regional office structure and staffing and improve support and training given to its local representatives.

(112) *That the loss* of ringfenced funds for drug addiction centres is to be deplored.

(113) *That this meeting* deplores the recent decision by the secretary of state for

health not to ban tobacco advertising at places other than the place of sale, as the aims laid out in *The Health of the Nation* are unlikely to succeed without a total ban.

(114) *That this meeting* deplores moves by multinational tobacco companies to increase sales in Third World countries.

(115) (As a reference:) *That council* should investigate the feasibility of setting up an independent tribunal, so that in cases of unresolved disputes between medical staff and their employers the final court of appeal should not be those same employers, but this independent tribunal.

(116) *That this meeting* condemns instances of racial discrimination in the NHS, directs the council to compile evidence and to take suitable action.

(117) *That this meeting* is perturbed by recent evidence of continuing and widespread racial discrimination in admittance into medical schools and employment, in spite of motion 135a (minutes 131 and 133) of ARM 1988, and requests more effective and visible action by council. (Minute 131 reads "That this meeting, in the light of recent cases of proven discrimination on grounds of race, requests council to take effective measures against any form of racial discrimination in the medical field.")

(118) *That council* should examine means of seeking restitution for doctors who are victims of unsubstantiated complaints.

(119) (As a reference:) *That this meeting* believes that figures for the outcome of all complaints should be made available in an annual report.

(120) *That this meeting* recognises the crucial importance of information technology for the future delivery of health care services and asks council to consider as a matter of urgency how best the association can develop a major role in this field.

(121) (As a reference:) *That this meeting* requests council to arrange in 1994 a major international conference on the development of information technology in patient care and healthcare systems.

(122) (As a reference:) *That this meeting* believes that the pharmaceutical price regulation should be abolished.

This week in BMJ

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Fall in Australian neural tube defects due to prenatal diagnosis

The number of children born with neural tube defects has fallen since the 1970s in countries that have introduced prenatal screening by maternal serum α fetoprotein concentration or ultrasonography. Some countries have also reported a spontaneous fall in prevalence. On p 703 Chan *et al* report data on neural tube defects in Southern Australia for 1966-91. They show that the number of pregnancies affected by these defects has not altered over the period. Nevertheless the prevalence of births of affected children has fallen by over four fifths because prenatal screening has increased the number of terminations. During 1986-91 the screening programme detected 85% of affected pregnancies.

Outcome in colorectal cancer was similar in the 1960s and 1980s

Two comparable studies of the management of colorectal adenocarcinoma in the late 1960s and early 1980s, in a total of 784 patients from the same area, show more similarities than differences. Gordon *et al* (p 707) found that overall incidence, and distribution of the primary tumour in the bowel, did not change. In both studies the proportion of patients who were potentially curable by resection was similar. Although the 1980-2 patients were older (56% were over 70), operative mortality had fallen from 9% to 5% for radical resection. The contribution that radical surgery can make to treatment is substantial, with three quarters of the survivors of such a resection showing no evidence of recurrence after seven years (50% alive, 25% dead from other causes). For the 25% of the survivors of radical operations who die from late recurrence, little improvement can be expected from extension of surgical methods; future studies need to concentrate on developments in adjuvant therapies.

Time to restructure general practice education

The organisation of medical education has been a unique blend of a university based undergraduate programme and postgraduate training monitored by the royal colleges. This separation of undergraduate and postgraduate systems seems to work well for most specialties, and in practice clinical medical schools and teaching hospitals are on the same campus. The organisation of medical education for general practice has developed along similar lines, with separate undergraduate and postgraduate organisations. Clinical practice and the career patterns of general practitioners are, however, different from those of specialists. On p 719 Allen *et al* consider the problems arising from separate undergraduate and postgraduate development in general practice education. They suggest ways of forming an integrated department of general practice and consider its advantages and disadvantages and the problems to be overcome.

Predictors of death in malnourished children in Africa

In developing countries a high prevalence of malnutrition and related illness or death are common among children in hospital. Careful nutritional assessment is essential to provide those children with good medical care. Dramaix *et al* (p 710) have analysed longitudinal data collected from 1986 to 1988, among 1129 children in hospital in Zaire. Two thirds were severely malnourished on the day of admission and 197 died before discharge. After multivariate analysis a low serum albumin concentration in combination with a low value of mid-upper arm circumference and presence of oedema seemed to be the best predictors of subsequent risk of dying. The authors conclude that in central Africa specifically recording of isolated clinical symptoms such as oedema cannot succeed in identifying children who are at risk of dying. For this purpose, additional collection of data such as the determination of mid-upper arm circumference and serum albumin concentration seems to be important.

Women prefer medical abortion to surgical intervention

Medical abortion using mifepristone (RU 486) has been available in Britain for over a year. Few women have yet had the option of selecting this alternative to surgical vacuum aspiration, although effectiveness and morbidity are similar. The process of care is very different, and clinicians have little information to guide women in selecting between these methods. Henshaw *et al* (p 714) used a patient centred, partially randomised method to compare women's preferences for, and the acceptability of, medical and surgical methods of abortion. The results suggest that there is considerable unmet demand for medical abortion, and that acceptability can be maximised by providing a choice of methods.

Very low pregnancy rates with natural family planning

At the "earth summit" in Rio de Janeiro the opposition of the Catholic Church to artificial contraception was cited as encouraging global overpopulation. On p 723 Ryder examines new data that have been accumulating on "natural family planning," the only method of birth control approved by the Catholic Church. The method relies on recognising the symptoms of ovulation to identify the fertile phase of the menstrual cycle and reportedly can yield pregnancy rates equivalent to those with artificial contraception. The symptoms of ovulation accurately identify the time of ovulation, and even poor and illiterate women can easily recognise them. Motivation is a key factor; in areas of poverty motivation may be particularly high, pregnancy rates with the method sometimes approaching zero. Ryder concludes that natural family planning can be as effective as any method of birth control and that the conviction that Catholicism means ineffective birth control is a fallacy.