BRITISH MEDICAL JOURNAL

SATURDAY 10 JANUARY 1970

LEADING ARTICLES

PAPERS AND ORIGINALS

PRELIMINARY COMMUNICATIONS

MEDICAL MEMORANDA

MIDDLE ARTICLES

BOOK REVIEWS 99

NEWS AND NOTES

CURRENT PRACTICE

CORRESPONDENCE 108

OBITUARY NOTICES 118

SUPPLEMENT

No. 5688 British Medical Journal, 1970, Volume 1, 59-124 Weekly. Price 7s.
BRITISH MEDICAL ASSOCIATION, TAVISTOCK SQUARE, LONDON W.C.1 TEL: 01-387 4499

Correspondence

Letters to the Editor should not exceed 500 words.

Hospital Advisory Service

SIR,—The letter from Sir Hugh Rose (6 December, p. 620) on this topic cannot be allowed to pass unchallenged. The establishment of the Hospital Advisory Service represents a far more immediate threat to professional independence than does the G.M.C.'s annual retention fee, or even Mr. Crossman's vapourings about private practice. It is the means by which the Government will be able to intrude its ever-growing tentacles into the actual clinical situation—something no Government has hitherto dared to do. Let no one be fooled by publicity about the Service's autonomy. This body will be set up by the Government to fulfil the Government's political purposes. Its members may act honestly and conscientiously, but their findings will be accepted or rejected, acted on or pigeonholed, published or kept secret according to the needs of expediency and the political situation. The Ely Hospital report[1] provided the perfect opportunity. Has no one noticed the extraordinary alacrity with which the Ely and subsequent reports have been accepted, the fanning of (legitimate) public concern in comparison with the feeble attempts to defend the innocent majority from fall-out contamination?

The profession was placed in a weak position and the Hospital Advisory Service was accepted with little opposition or debate. The Royal Medico-Psychological Association, the professional body most directly concerned, is particularly culpable. In accepting the need for an inspectorate it condemns its own membership, a contemptible position for a body which hopes shortly to achieve the dignity of a royal college.

The vast majority of psychiatrists and nurses do not need an inspectorate to make sure they are doing their jobs properly. The few who do are not likely to be changed, or even identified by any system of inspection however detailed. This surely is the lesson we should have learned from the Board of Control. The dangers of the conscientious and the competent being unfairly criticized are considerable. Problems undoubtedly exist, but the only answer is to ensure the appointment of individuals of high calibre to the senior posts. If candidates of the desired quality are not forthcoming, posts should be left vacant.

Sir Hugh Rose believes that access to an "independent" body by patients and relatives can provide useful information and be a source of confidence. What information could such a body possibly supply that could not be more easily obtained from the medical, nursing, and administrative staff in direct contact with the patient? If the relatives of any patient have so little confidence in the doctors and nurses that they feel the need of "an impartial and independent body . . . to oversee this aspect" then surely they should take the patient elsewhere? No consultant or general practitioner will refuse a reasonable request for a further opinion, and a general practitioner is at liberty to ask any consultant of his choice to see the patient. This traditional freedom is the patient's re al defence (although I recognize that the operation of so-called "catchment areas" with unreasonable rigidity, as though they had some statutory force, may sometimes interfere with it).

Who is likely to join the Service? If only for financial reasons, it is unlikely to attract consultants of the highest calibre who have established themselves successfully in hospital and private practice. The danger is that such work may draw only those whose primary interest is not in clinical work (and therefore not in psychiatry), or who have personal axes to grind which attract them to the job of inspecting and criticizing the work of their colleagues. Such individuals are not likely to be the most objective or empathic of observers.

When Green Papers, Todd reports, Seebohm reports and the rest have been forgotten, we will still be regretting the day we accepted the Hospital Advisory Service.—I am, etc.,

I. G. BRONKS.

Kingsway Hospital,
Derby

REFERENCE
1 Department of Health and Social Security. *Report of the Committee of Enquiry into Allegations of Ill-Treatment of Patients and other irregularities of the Ely Hospital, Cardiff.* March 1969, Cmnd. 3975. H.M.S.O. London.

Care of Myocardial Infarction

SIR,—Dr. J. Fry (13 December, p. 690) rightly states the Belfast view that intensive care should be available at the victim's home. Unfortunately this is not as easy as it may sound. Its success depends on the geography of the catchment area and requires a lot of money and extra personnel, both in short supply.

He states "A selection of priorities and a rational system of care must be achieved." What priorities has he in mind? What rational system of care does he propose? He points out that it is impractical to admit 100,000 patients annually to coronary care units, but is it not equally impractical to supply intensive care in the patient's home for 12 hours or so as suggested by him? Most coronary units find difficulty in getting adequate staff to supervise four to six beds with a high rate of bed occupancy. Often the staff consists of only two nurses, one of whom may be junior. How is a unit like this expected to supply staff on a domici-