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Green Paper and the Teaching Hospitals

SIR,—The teaching hospitals and their medical schools are the source and origin of all our medical manpower. Though uneven in their attainments they are at least staffed by concentrations of scientists and accomplished clinicians, all selected for their skills as teachers and investigators. Throughout their history they have set the highest standards, been responsible for the development of new advances and their influence has spread through the community and often the nation and the world.

The radical upheaval of organization of medical services now proposed will have the following consequences for the teaching hospitals:

- (1) Boards of governors (condemned as "undemocratic . . . self-perpetuating oligarchies") will be replaced by remote area boards under central political-bureaucratic direction by the Secretary of State.
- (2) They will no longer select their N.H.S. clinical staffs.
- (3) The university voice in their management will be a diluted minority in the area boards.
- (4) They will lose their endowments and thereby some of their freedom to embark on new progressive ventures.
- (5) Their rights to admit patients from outside their area boundaries who can be helped by their specially developed skills will be discouraged.
- (6) Their status will become that of a district hospital, and there is danger that new powers to redeploy staffs may impair their capacity to maintain and advance knowledge.
- (7) The extension of university influence into the periphery of their regions can only be sustained by encouragement of development of university influence in postgraduate education. This important function cannot be carried out by the regional councils alone.

All this is happening at a time when there

is a decline in recruitment of our best brains to our academic establishments. They find better opportunities overseas. Todd recommendations¹ of increasing academic influence and whole-time work in our teaching hospitals will be frustrated. The young graduate is now encouraged to think that he will automatically be channelled to specialist status after 8 years experience.² The stimulus to the young doctor to develop his talents to a maximum by the achievement of higher degrees and research accomplishments is being reduced.

Add to this the Green Paper's³ invitation to patients to complain via the ombudsman, and the trust, respect, and mutual rapport which should characterize doctor/patient understanding will be damaged. Working under suspicion can be destructive of the best effort and when tragic and irrecoverable illness is ascribed to medical incompetence, the doctors' work becomes impossible. Doctors and nurses carry and share enormous loads of anxiety. Without sympathy and understanding their burden could become intolerable. It is little wonder, then, that professional morale is low.

I fear that this suggested re-organization will end in even greater mass emigration of our best. Without strengthening the universities and a rapid development of ideal conditions of work in our medical schools, tragic damage could be done to a great science-based profession.—I am, etc.,

JOHN MCMICHAEL,
Director
British Postgraduate Medical
Federation.

London W.C.1.

REFERENCES

- 1 *Royal Commission on Medical Education*, 1965-68, Cmnd. 3569, London, H.M.S.O., 1968.
- 2 *Responsibilities of the Consultant Grade*, Department of Health and Social Security, Department of Health for Scotland, London, H.M.S.O., 1969.
- 3 *The Future Structure of the National Health Service*, Department of Health and Social Security, London, H.M.S.O., 1970.

Confidentiality of Records

SIR,—Recently there has been a habit for insurance companies, lawyers, etc., to ask for medical records and reports to be sent to them for perusal. This is becoming such a common practice that I feel some doctors must be acceding to these requests.

My own experience is chiefly with N.H.S. records, and I have consistently pointed out that these records, including reports, are the property of the Department of Health and not ours to relinquish even for perusal. I have taken the advice of my medical defence union and also of the clerk of our local executive council, who both advised that my action was perfectly correct.

I was recently subpoenaed by a firm of solicitors to appear at the High Court when I resisted their pressure to submit the records. They refused the offer of a full report. I made a complaint to the judge about the attitude, and although he was sympathetic he did not give a definite ruling about it. I feel that this attitude of demanding records, even with the patient's permission, should be resisted.—I am, etc.,

J. WATT.

Birmingham 31.

Pseudo Bruises on Coloured Babies

SIR,—Most practitioners must be aware of the "battered baby" syndrome, but may be less familiar with the vagaries of Mongolian blue spots in the coloured races which may closely mimic bruising, and the practitioner unaware of these may suspect that the baby is being ill-treated.

I have now had two children admitted to my beds for observation because of complaints made about foster mothers of negro babies, when in fact the child had several Mongolian blue spots. It may not be generally realized that up to 50% of negro babies may have Mongolian blue spots, neither may