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Occupational Health Service

SIR,—I was interested in your leading article about occupational health services (8 January, p. 65). One problem you did not mention should, I think, be aired. This essentially is the ethical dilemma of a doctor working in any such service.

In my experience, doctors working in industry have great problems regarding loyalty. They are employed by a company and expected to act as its servants; in fact, their promotion and career prospects depend largely upon the service they give to their employer. The medical advice offered by doctors frequently conflicts with the company's interests, and inevitably the doctors have the problem of whether they should fight their employer in the interest of occupational health, or bury the subject

under the carpet. Inevitably in some occupational health services, unfortunately, some doctors decide early in their careers that a quiet life as a company servant best suits their career.

If a national occupational health service is to be founded, then it is essential that it should act as an independent contractor to industry. The fortunate general practitioner, acting as an independent contractor to the State, is able to give his patients the best medical advice available even if it conflicts with the Department of Health's vested interests in matters of finance or politics.—I am, etc.,

P. R. RICHARDS

Marlow, Bucks

Death Certification and Coroners

SIR,—Basically the recent Brodrick Committee report¹ is a valuable document and its main proposals about improved medical certification are commendable but we would like to make the following observations.

Despite what the report states, we believe that medical referees play important and sometimes vital roles in ensuring greater accuracy in establishing the causes of death by medical practitioners. This important assisting function would disappear should the office of medical referee be abolished. For example, we have during 1971 in Nottingham referred back approximately 70 cremation papers to doctors who failed to fill in the documents correctly. In 10 cases, we have had to request that a postmortem be carried out because of doubt concerning cause of death. Every week there is some query or uncertainty arising in which one

of us has had to discuss the interpretation of factors leading to death. Many of these discussions occurred with immigrant Commonwealth doctors, for whom there were language difficulties resulting in obscure reporting or omissions on the forms.

This experience shows that there is a small but significant amount of inadvertence among doctors who fill in Forms B and C. It is also apparent that this is sometimes due to, or influenced by, unwillingness to offend the sensibilities of the relatives. We cannot believe that these susceptibilities will disappear even if improved certification (which we support) is introduced, and in the face of this the safeguards of a second certificate and a medical referee are still required. We would like to ask why the report does not suggest revising and improving the second certificate (Form C) and

the function of the medical referee? We would welcome this in view of the evidence adduced by the report about imperfections in these parts of the cremation procedure. While we note that the report took evidence from the Association of Crematorium Medical Referees, this apparently involved only two individual doctors and we are personally concerned that the individual views of a much larger number of practising medical referees were not sought (apart from the tabular statistics which were obtained countrywide). The statistics did not reveal the amount of inquiry and discussion about individual deaths that took place between the doctors involved in the cremation procedure and which was initiated by medical referees.

We doubt very much that doctors will take on further responsibilities for the accuracy of certificates as envisaged by the report even if the legal sanctions on them are strengthened.

If the reforms proposed by the Brodrick Committee are introduced, including the abolition of Form C and the post of medical referee, an intolerable burden of responsibility could fall upon the registrar. We think that his position could become unenviable. It is obvious that he will be compelled to seek medical advice from some quarter or other, short of reporting every case of doubt to the coroner. We believe that he ought to be relieved of this unnecessary burden, in the case of cremations, by the retention of a proper system of double certification and a medical referee.

Once a body is destroyed by cremation, there is no second opportunity to recheck its condition or to exhume remains and conduct a postmortem examination. We consider that this potential danger of cremation is dismissed too easily by the report. The