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# BRITISH MEDICAL JOURNAL

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## The pay-bed issue

SIR,—As I am probably the only surviving member of those who took part in the early negotiations concerning pay-beds within NHS hospitals I feel that certain facts should be put on record. I was a member of the Joint Consultants Committee from 1948 to 1972 and was its chairman for over eight years.

It is generally recognised that the profession's entry was facilitated, or even made possible, by Aneurin Bevan's undertaking to allow private pay-beds within some NHS hospitals. This was confirmed personally by him, and every subsequent Minister of Health was specifically asked if he endorsed this principle. In each case he agreed. There was no doubt that the profession was led to understand that the Government would act in good faith and honour the agreement.

Early on in the Service I had detailed discussions with Sir Wilson Jamieson and other officers of the Department regarding the siting of private beds and such issues as the charging of fees. Most of the beds were in private blocks or wings donated by benefactors to the hospitals concerned and initially it was felt that the question of fees could, as in the pre-Act days, be left to the good sense of the consultants. However, this matter, in departmental phraseology, was "taken away" for further discussions and emerged many months later with a whole host of complicated schedules which applied to the majority of pay-beds. The number of "open" fee (section 5A) beds

was very restricted. These schedules occasioned a great deal of confusion and dissatisfaction and were only removed years later by the then Minister of Health, Kenneth Robinson, as part of a package deal.

I am convinced history will prove that the initial success of the NHS was basically due to the unstinted efforts of medical, nursing, and ancillary staffs. The Ministry of Health at the outset was nowhere near geared to handle the enterprise and there seemed to be little or no conception of the material or financial commitments that would be involved. While the central administration expanded from Whitehall to Savile Row and finally to the Elephant and Castle and regional boards were struggling with more local problems, doctors in their surgeries and hospitals were spending far more than their contractual hours and accepting many inconsistencies. Resources in manpower, material, and money never matched demand and probably never will, but over those years the profession assuredly fulfilled its side of the bargain and in its turn had and has every right to expect the principle of pay-beds to be honoured.

From the outset of the Health Service individuals, committees, working parties, and reports have stressed the danger of a learned profession becoming subject to a monopoly employer who might override the wishes of that profession or even callously dishonour its original undertakings. The danger now is not

only the loss of pay-beds; it is the real possibility that Government can dictate the future of medicine. In spite of statements to the contrary the freedom of the profession is at risk.

When I retired (or, more correctly, was retired) from my NHS hospitals understanding between the profession and the Department was reasonably good and its acts constructive. Also morale was high. How is it that within a few years there should be such complete loss of confidence and such a catastrophic fall in morale? The tragedy is that at a time when the Service urgently needs support it is faced by political action that is bound to be disruptive and ultimately harmful to the community for whom the Health Service was created.

T HOLMES SELLORS

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## Oestrogens as a cause of endometrial carcinoma

SIR,—Your leading article on this subject (3 April, p 791) drew an alarmist conclusion based upon so many suspect data that as one responsible for starting the first NHS menopause clinic in Britain I would welcome the opportunity to reply. Thankfully, it is true that the considerable positive benefits of hormone replacement therapy for those who need it are now beyond dispute, and our concern about possible side effects is reflected in the study of coagulation factors, endometrial biopsy specimens, carbohydrate metabolism, and mammography in our clinic patients.

The two American articles,<sup>1 2</sup> purporting to