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RESEARCH SECTION  
LIVERPOOL HOSPITALS

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## Working Hours of Junior Staff

SIR,—We are members of the consultant clinical staff of King's College Hospital. King's is one of the hospitals chosen by the Department of Health and Social Security for a preliminary study of the effect of the reduction in hours of duty of junior hospital staff which is due to come into effect on 1 July. A small team from the Department has been working at King's for some time and recently they put some of their tentative proposals to the physicians and surgeons.

As far as we can see, if duty hours are reduced one of the following must result:

- Junior doctors continue to work the same duty hours as at present but are paid more—that is, some duty which is now routine becomes "overtime".
- The efficiency of the junior hospital doctors' work is in some way improved so that they accomplish as much as they do now in a shorter time.
- More junior doctors are recruited to fill the gaps.
- Senior hospital doctors work harder than they do at present and cover their own juniors one night and one weekend in three.
- The standard of hospital service declines.

There are objections to all these points:

- There is, as far as we can gather, no intention that the Department will make more money available to hospitals to implement these new proposals. If junior doctors claim more overtime pay it would be at the expense of other hospital activities.
- Junior hospital doctors already claim overtime payment on occasions, which

suggests that they cannot always keep up with their work under the present duty periods. From our experience we do not see how more than marginal improvements in the efficiency of their methods of work can be achieved, nor do we know of any proposals to this end.

(c) There is already a shortage of junior hospital doctors; the Department, as far as we know, does not propose to provide money to employ more.

(d) The D.H.S.S. team at King's suggested that on some of the firms the consultants should act as their own juniors on one night in every three. The team was considering only one hospital, which perhaps explains why they did not think of the consequences of this proposal for the consultant who is on the staff of two or even three hospitals. We are no more willing to act as our own juniors than are the consultants of Cheltenham (9 March, p. 459). Furthermore, this proposal might have an effect on recruitment to the consultant ranks. The alternative appeal of general practice might appear even more attractive than it does at present. The junior doctors who have pressed for a reduction of hours may not have considered all the consequences which success would bring for themselves. After about six or seven years as registrars many of them will have 30 years as consultants.

(e) If junior doctors' working hours are reduced we cannot see how a decline of service to patients can be avoided. Not only will there inevitably be discontinuity of clinical care but the quality of that care is likely to suffer. The houseman who is called to a patient in the evening may

never have seen him before and know little about his disease or its treatment. For example, the D.H.S.S. team at King's proposed that specialist firms should be on duty for each other; thus the cardiac firm's house physician would be first on call for the liver unit. The management of the patient with bleeding oesophageal varices is not likely to be improved by this arrangement.

We find it difficult to understand how any representatives of hospital authorities could have agreed to the proposed reduction in the working hours of junior staff.—We are, etc.,

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## Naproxen (Naprosyn) and Gastrointestinal Haemorrhage

SIR,—One of the most difficult things in assessing the merits and demerits of any new drug, the therapeutic debit/credit balance as it were, is the frequency and severity of the side effects it may cause. The rightful place any new drug will take in current therapeutics is usually not apparent until it has been in general use for several or many months. Whatever the results of the initial clinical and pilot trials may have been, the frequency and severity of side effects become truly apparent only after the drug has been widely prescribed to the general