## BRITISH MEDICAL JOURNAL

SATURDAY 9 FEBRUARY 1980

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We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

## Medicine and the humane society

SIR,—In his review of my book Getting Doctored Dr Julian Tudor Hart (17 November, p 1285) characterises me as a "radical pessimist." He agrees with me that the solutions to the problems of medicine are not easy, but he insists that "there are some difficult ones, and it will require tenacity, optimism, and ultimate faith in our science and our profession to work them through."

In my book I contend that some important problems of medicine, including the authoritarianism of many physicians, alienated social relations among health workers, and the often destructive and exploitative relationships between the providers and recipients of care are, in fact, problems of society as a whole that are manifest in many other institutions and professions. Authoritarianism, inhumanity, and greed are products of the socially mediated consciousness of our citizens and of the socioeconomic organisation of society. As such, these problems cannot be willed away, although many individuals do act in exceptional and commendable ways.

For humane, non-exploitative medical practice to be widely realised, I believe that we need to develop a humane and non-exploitative society. In this sense, then, I am a radical; but

am I a pessimist? Dr Hart does not deny the accuracy of my criticisms of medicine, but he feels that there are too many of them. Can there be too many? Horkheimer has said that "the denunciation of everything that mutilates its free development rests on confidence in man." It is as an optimist that I insist that a decent society be achieved.

Yet I reject neither reforms to the existing health system nor efforts to function humanely within it. In my book I indicate that I prefer a health service such as Britain's to present arrangements in North America, where many people do not have access to regular primary care. A major reason for writing my book was to exhort those who work in medicine to try to avoid some of the unfortunate behaviour patterns into which so many slip.

It is realistic, not pessimistic, to acknowledge that such efforts are only half measures. It is optimistic, not pessimistic, to strive for the best possible medicine in the best possible society. Dr Hart, on the other hand, suggests that we seek solutions to medical problems apart from efforts to change society, and that we have faith in our science and our profession rather than in humanity's ability to transform society and to sustain all that is good in

science and medical practice while so doing. Thus is Dr Hart the true pessimist—the one who is willing to settle for less than what can and should be.

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<sup>1</sup> Horkheimer M. The eclipse of reason. New York: Oxford University Press, 1947:187.

## Hypertension and general practice

SIR,—Results of the US Hypertension Detection and Follow-up Program on effects of controlling hypertension in the diastolic range 90-104 mm Hg¹ make this discussion three times more important, urgent, and difficult than appeared when this correspondence began; 70% of all hypertensives are in this range. However achieved, reductions in mortality of 20% for all causes, 46% for stroke, and 47% for myocardial infarction in a five-year study with about 7000 screened and randomised subjects suggests a major effect from properly organised treatment. The concentration of effect in black Americans