

# BRITISH MEDICAL JOURNAL

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SATURDAY 1 NOVEMBER 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.*

## Advice to young doctors

SIR,—I read the Personal View by Dr Alan Lyell (18 October, p 1065), a retired consultant dermatologist, with great sorrow. He expected so much of the National Health Service and feels that he received so little—not even a decent letter from the Health Board on his retirement at the age of 62 years. He now advises all young doctors to excel at private practice.

My own career as a consultant anaesthetist, wholly devoted to the NHS, was so different. I was appointed as the sole anaesthetist to a small, ill-equipped hospital in a growing provincial town. In the intervening 31 years the anaesthetic department has grown to nine consultants and seven juniors and has given a superb service to the community. To see, among many other things, the new hospital built and opened, an intensive care ward developed and become good enough to warrant a postgraduate nurses' training course, pain clinics spreading out into the community, and an extradural analgesic service being given to women having babies was truly a delight. Above all, the keenness of all the consultants, including the dermatologists, was a great inspiration to me.

I retired this year at the age of 60 years because I thought that I was no longer good enough for the NHS. I had given up my four sessions a week at the cardiothoracic unit at the age of 50 years as I was no longer able to work for 18 hours at a time and remain at peak performance as was occasionally required. Now at 60 I found that although my opinion on a single patient for surgery and the giving of the anaesthetic was as good (or as bad) as ever, I was unable to keep up with the ever-

increasing number of medical journals and so my opinion in the intensive care ward was becoming old fashioned. I also noticed that I was being protected by my juniors when I was on duty for emergency anaesthetics. So I retired and received a wonderful and heart-warming goodbye from Peterborough area health authority, the district authority, the whole medical staff of my hospital, and the anaesthetic department.

I consider that the NHS has produced a very good general service throughout the country and that I have been lucky to have had a very small part in its development. My only sadness is that, owing to economic

circumstances, most doctors now seem to consider remuneration to be more important than the treatment of patients.

My advice to young doctors is also to devote themselves to patients—and as the vast majority of them are to be treated in the NHS they must learn how to get things done in that environment. Possibly to their surprise, they will find that administrators are very willing to help. I am indeed very grateful to them, both medical and lay, for the help that they gave to me.

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## Transplants—are the donors really dead?

SIR,—The biased and sensational investigation of brain death portrayed in the *Panorama* programme of 13 October was a disgrace; and your leading article (18 October, p 1028), together with Dr C Pallis's comment (p 1064), encompassed most of the many criticisms which must be levelled at the programme.

Reluctantly, I feel I must comment on one other aspect of the programme: I admitted that on a very few occasions I had been asked to go to see a potential cadaver kidney donor only to find that the complete brain death criteria had not been met. I was cut off in mid-sentence and was thus not allowed to describe in the film the complete follow-up of these cases. Several colleagues who saw the programme have since told me that they assumed that these patients recovered. This is not the case. Having been dissatisfied that the

patients were dead, I retired from the scene, returned after a few hours, and confirmed that the brain death criteria were completely fulfilled. On the two occasions when I recall this happening the body temperature was initially lower than that stipulated by the Conference of Colleges' criteria, and complete re-examination of the corpse at a temperature of more than 35°C was of course mandatory.

The editing of the programme in this manipulative way appeared to lend support to the allegation that the UK brain death criteria are unreliable. The programme should have been presented with the balance, justice, and indeed taste that such a momentous subject demands. I strongly recommend that all doctors approached by the BBC for comment on any serious medical topic should refuse to co-operate with any member of that organisation.