

# BRITISH MEDICAL JOURNAL

SATURDAY 16 OCTOBER 1982

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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 should be typed with double spacing between lines and must be signed personally by all their authors, who should include their degrees. 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.

## Admission of children to GP hospitals

SIR,—While welcoming concern for the welfare of children in hospital the British Paediatric Association has serious reservations about the policy statement of the Association of General Practitioner Hospitals on the admission of children to GP hospitals—an extract from which was published in the *BMJ* (10 July, p 144).

It is the view of the British Paediatric Association that if circumstances justify admission of children to hospital then these should be serious enough to require it to be a children's hospital or a district hospital children's ward under the general oversight of a paediatrician. Fragmentation of children's hospital services has been deplored by paediatricians, and the British Paediatric Association welcomes the recent reduction in small isolated children's wards.

We regard some of the examples chosen by the Association of General Practitioner Hospitals as unfortunate and others as potentially disastrous.

(1) Social admissions: When domestic crises occur local social services departments should accept responsibility for medically fit children and arrange short-term fostering rather than their admission to hospital.

(2) Observation: The Association of General Practitioner Hospitals suggests observation after head injury or overdose. If children need admission it should be for observation and action after deterioration. Although most

children run an uncomplicated course a few do not and deteriorate quickly. There should be no doubt that these children should be admitted to a paediatric department under the care of a consultant.

(3) Minor elective surgery: We consider that the safest place for children's surgery to be undertaken is from a children's department with resident paediatric staff. We do not see why children should be denied this care on the grounds that the procedure is "minor" or "elective." Equally we believe that anaesthesia in children needs particular skills, and these are more likely to exist in a children's hospital or department along with recovery and intensive care facilities.

(4) Convalescence: Happily the need for really prolonged hospital stay is now unusual, and exceptional circumstances might justify the admission of a child to a GP hospital. We doubt, however, whether such a hospital could compete with a children's unit with its specially trained nurses, facilities for school and play, specialist social work, and paediatric medical staffing.

The policy statement of the Association of General Practitioner Hospitals ends with the following sentence: "Within the stricture of reasonable safety, wherever possible, the wishes of the consumer should be respected." Those of us who have day-to-day responsibility for children in hospital know that the primary concern of their parents is for safety,

and we would be surprised if the fully informed consumer would wish to compromise on this point.

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## Ethics and in-vitro fertilisation

SIR,—The article by Dr A Trounson and Dr A Conti (24 July, p 244) distresses me in that they barely touch on the overwhelming moral and ethical aspects of this highly contentious procedure, and then only in their brief conclusion almost as an afterthought. Excellence of technological expertise by no means allows humans to act unrestrainedly with the *laissez faire* demanded by Edwards and Sharpe,<sup>1</sup> widely quoted in the authors' text, who inform us that: "Some (scientists) have not shrunk from secret work with damaging implications to Mankind such as germ warfare and nuclear weaponry."<sup>2</sup> We should at least be warned by the father of in-vitro fertilisation, Dr Patrick Steptoe, who cautions that: "Many physicians will jump on the bandwagon when they don't know how to control the horses in front."<sup>3</sup> Should Edwards *et al* pursue their work with *laissez faire* are we not in danger of the denial