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Because we receive many more letters than we have room to publish we may shorten those that we do publish to allow readers as wide a selection as possible. In particular, when we receive several letters on the same topic we reserve the right to abridge individual letters. Our usual policy is to reserve our correspondence columns for letters commenting on issues discussed recently (within six weeks) in the BMJ.

Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue. We may also forward letters that we decide not to publish to the authors of the paper on which they comment.

Letters should not exceed 400 words and should be typed double spaced and signed by all authors, who should include their main degree.

Privatisation: a therapeutic loss

SIR,—By government edict health authorities are being compelled to put out to tender and privatise whenever possible certain support services in the NHS. In respect of domestic and portering services in the psychiatric sector this policy will damage what the NHS is and what it stands for. Other sectors may be similarly affected. Not only is the policy misguided but it is a matter for concern that health authorities are having to abrogate their natural responsibility to staff who have given good service to the NHS and who would want to continue in that role.

There may be an economic case for privatising catering and laundry services. In terms of contribution to hospital life, however, domestic and portering services are qualitatively different: economics alone should not be the determining factor in their provision. A hospital, particularly a psychiatric hospital, is only as good as the staff who work in it. Domestic and porters are visible, accessible members of staff. On the wards patients confide in the domestic staff and are comforted and supported by them. Along with the porters, their pride in the hospital and their loyalty to it are therapeutic, and do much for the good reputation of the hospital. To a significant extent domestics and porters maintain the culture of a ward or day centre; they provide continuity when the professional staff have

responsibilities in different clinical areas and are subject to rotation or transfer. I doubt that an externally provided domestic or portering service will make the same, and necessary, contribution of loyalty, continuity, and comforting. The financial gain will be a therapeutic loss.

I have no objection to services being run efficiently and economically. It is, however, a poor state of affairs when health authorities are compelled to behave towards their staff in a way that contradicts the intended purpose of caring for the sick and the disadvantaged. External agencies are specifically not required to compete on the basis of a "fair wage" and consequently in house services are at a 20% to 30% cost disadvantage in tendering for the

contracts. Staff who have the good fortune or, as I suspect, the misfortune of being taken on by the new outside contractors will be paid at lower hourly rates and will lose their entitlement to sick pay and holiday pay. Is this the way to repay loyal staff who are already on low wages? Let us at least maintain proper standards for our staff as well as our patients. If there is to be competition let it be fair and proper.

Let us not allow the government to equate financial economy with quality of care.

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Can preliminary screening of dyspeptic patients allow more effective use of investigational techniques?

SIR,—The paper from Ms P M Davenport and others (19 January, p 217) is a welcome attempt to rationalise the growing demand for endoscopy and x ray services. Their analysis entails comparison of the computer diagnosis with the objectively verified "final" diagnosis; this poses problems.

Assigning a final diagnosis may be difficult when histological or operative confirmation

is unavailable. The "functional" or non-specific label is especially fraught since it will depend on the length and methods of follow up, which should therefore be described.

As the authors' example shows, their program displays percentage probabilities for certain common causes of dyspepsia, rather than risk groups. Almost all previous studies have taken the cause assigned the highest probability as the computer