

448-8 B77 c2

BRITISH MEDICAL JOURNAL

SATURDAY 16 JANUARY 1988

LEADING ARTICLES

The need to make rugby safer	H C BURRY, C J CALCINAI	149
Tardive dyskinesia	THOMAS R E BARNES	150
Extracorporeal gas exchange in acute respiratory failure	KEITH L DORRINGTON	151
The private hospital and the surgical trainee	HAROLD ELLIS	152
Medical marriage: no bed of roses	ALYSON HALL	152
Spout or pouch? Alternatives for patients with ileostomies	NEIL MORTENSEN	153

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

Gastric exocrine "failure" in critically ill patients: incidence and associated features	V A STANNARD, A HUTCHINSON, D L MORRIS, A BYRNE	155
Prevalence of microalbuminuria, arterial hypertension, retinopathy, and neuropathy in patients with insulin dependent diabetes	HANS-HENRIK PARVING, EVA HOMMEL, ELISABETH MATHIESEN, PETER SKØTT, BERIT EDSBERG, MOGENS BAHNSEN, MOGENS LAURITZEN, PHILIP HOUGAARD, ERIK LAURITZEN	156
Successful non-invasive management of erectile impotence in diabetic men	P G WILES	161
Medical cost of curing childhood acute lymphoblastic leukaemia	KATE WHEELER, ALISON D LEIPER, LEILA JANNOUN, JUDITH M CHESSELLS	162
Should colonoscopy be the first investigation for colonic disease?	D C LINDSAY, J G FREEMAN, I COBDEN, C O RECORD	167
Apolipoprotein B polymorphism and altered apolipoprotein B and low density lipoprotein cholesterol concentrations in Finnish children	M J TIKKANEN, J VIKARI, H K ÅKERBLÖM, E PESONEN	169
Transporting critically ill patients by ambulance: audit by sickness scoring	J F BION, I H WILSON, P A TAYLOR	170
Is altered cardiac sensation responsible for chest pain in patients with normal coronary arteries? Clinical observation during cardiac catheterisation	LEONARD M SHAPIRO, TOM CRAKE, PHILIP A POOLE-WILSON	170
Hyperthyroidism after gonadotrophic ovarian stimulation	M NOPPEN, B VELKENIERS, P BUYDENS, P DEVROEY, A VAN STEIRTEGHEM, L VANHAELST	171
Importance of negative result of cervical biopsy directed by colposcopy	PAUL BYRNE, JOSEPH JORDAN, DENNIS WILLIAMS, CIARAN WOODMAN	172
Narrowing the health gap between a deprived and an endowed community	G N MARSH, D M CHANNING	173

MEDICAL PRACTICE

For Debate: Dermatologists should not be concerned in routine treatments of warts	M KEEFE, D C DICK	177
Witchdoctors in Africa	A B KOZIELL, I F LAURENSEN	179
Nursing Grievances: III: Conditions	TONY DELAMOTHE	182
Is research to be privatised?	RICHARD SMITH	185
ABC of Dermatology: Bacterial infection	P K BUXTON	189
Everyday Aids and Appliances: Communication aids	JAYNE EASTON	193
New Drugs: Peptic ulceration	DONALD G WEIR	195
Conversations with Consultants: Dr S the gastroenterologist	TONY SMITH	200
Medicine and the Media—Contributions from	CHRISTOPHER RUDGE; C P FREEMAN	202
Any Questions?		181
Medicine and Books		203
Personal View	R F BURY	206

CORRESPONDENCE—List of Contents 207

OBITUARY 218

NEWS AND NOTES

Views	215
Medical News	216
BMA Notices	217

SUPPLEMENT

The Week	220
Prime Minister's mind not closed on medical defence	
JOHN WARDEN	221
From the council: Opposition to optical and dental charges	222
Hospital medical staffing in Scotland: the Shaw report	
ANDREW VALLANCE-OWEN	224

CORRESPONDENCE

Retreat from openness Anonymous; G J Draper, DPHIL; Ann Cartwright, PhD; J S Metters; A Smith, FFCM; J Prosser; J Petrie; S Hagard, FFCM.....	207	Blood in Scotland J D Cash, FRCPED.....	211	QALY (K W James); District cancer physicians (J S Malpas and T J McElwain); The eyes closed sign (C Hawkins); London weighting allowance (N J H Davies); Important new treatments for acute ischaemic stroke? (N Qizilbash); Facial flushing after intra-articular injection of steroid (D N Golding); Convalescent beds (J Neasham); Leukaemia risks near nuclear sites (R H Taylor and others).....	213
New year message A K Thould, FRCP; Sonia D Alexander; D L Crosby, FRCS; J Peet.....	208	Communication of drug treatment to general practitioners J A Wilson, MRCP, and others.....	211	Style (R Cutler).....	214
Living wills and treatment refusal B Baldwin, MRCP.....	210	Fiddling while tobacco burns N Islam, FRCP.....	212	Drug points Chest pain after captopril (J B Davis); Near fatal auditory hallucinations after buprenorphine (E C Paraskevides); Neuroleptic malignant syndrome associated with metoclopramide (T Cassidy and S K Bansal); Erythromycin: a case of nightmares (Nerys R Williams).....	214
Deaths in children with inguinal hernia S J Harper, FFARCS, and G H Bush, FFARCS.....	210	Diagnosis of ophthalmia neonatorum P Rudd, MRCP; J Wincelous, MRCP, and others.....	212		
Penile cancer and smoking P N Lee, MA; D Hellberg, MD, and others.....	210	Death by inches Mary Wilson, FRCP, and B P M Wilson, FRCP.....	212		
Sensitive thyrotrophin assays E H McLaren, FRCP, and others.....	211	Points Photographs: a tool of discrimination? (T Cundy); Babies, bottles, and boobs (Cherrie A Coghlan); The morality of the			
Important new treatments for acute ischaemic stroke? G Frithz, MD.....	211				

- All letters must be typed with double spacing and signed by all authors.
- No letter should be more than 400 words.
- For letters on scientific subjects we normally reserve our correspondence columns for those relating to issues discussed recently (within six weeks) in the *BMJ*.
- We do not routinely acknowledge letters. Please send a stamped addressed envelope if you would like an acknowledgment.

Retreat from openness

SIR,—As a child I was a target for bullies, and, although time heals, I still have bitter memories.

An unexpected telephone call telescopes the years. A measured voice threatens disciplinary measures for gross personal misconduct. What have I done? Neglected or harmed a patient? Breached confidentiality? I wait ("the victim invites"). The charge is, "If you speak for your colleagues at the public inquiry you will be in breach of contract. The master-servant relationship compels you to act in the interests of your employer, and, since you have failed to persuade the health authority to your point of view, you will face disciplinary action for publicising your opinion. You are clearly ignorant of the law, as you will find out when you ring your defence society."

But can't doctors speak out? Isn't there a clause somewhere which gives us the right to speak publicly on matters of clinical interest or patient services? How can opposition to a planned commercial development on a hospital site bring down this sort of wrath from on high? Am I unsophisticated and ignorant? Possibly. Unsupported? I won't know for some time. A target for bully boys?

That evening my wife and, on the morrow, my colleagues are outraged. Surely health service management should not be able to gag doctors. We are confused, angry, and in disarray. Management does not respond to my request (and my lawyer's) for consultation.

The defence society advises me that under paragraph 330 of the terms and conditions of service I am "free, without the prior consent of the employing authority, to deliver any lecture or speech; whether on matters arising out of my hospital service or not." I had expected my employers to know this but, on reflection, my childhood bullies never warned me that I was "fully entitled to go and tell my mum." My solicitor advises me to withdraw in my own interests, on the grounds that "they seem determined to get you." My colleagues reluctantly agree that we should back down.

Two days later I am home when I should have been giving evidence to the public inquiry on matters which affect patient services. A week later I am still trying to come to terms with it. The local newspaper rings to say it has heard I am to be suspended. No comment. The health authority spokesperson has given what the journalist calls, "Purple prose about the importance of widening the public debate on the NHS and their commitment to the policy of letting doctors have their say." According to the spokesperson I and my colleagues agree with the authority in this matter. Will I confirm this? No comment. "A pity," says the reporter "It's a good story, and Watergate arose from investigations of a similarly trivial incident." He may be a budding Woodward or Bernstein, but I don't want to end up like Nixon.

So, I have given in yet again—or have I? A wise medical statesman reminds me of John F Kennedy's advice: "Don't get angry, get even."

ANONYMOUS

SIR,—The articles by Sir Douglas Black and Dr Richard Smith (19-26 December, pp 1582, 1633) express the misgivings which many research workers feel about the proposed new contract for DHSS funded research and the requirement that departmental consent should be obtained before publication of the results of such work.

The assurances that have been offered have not succeeded in allaying these misgivings. The heart of the matter is, of course, the curtailment of academic freedom that is proposed. This is wrong in principle, and any proposal that leaves the present wording unchanged seems bound to be unsatisfactory whatever assurances are received concerning its likely application in practice.

Dr Smith mentions the possibility that papers critical of government policy may be censored. It is not only in areas of policy that such concern may arise. For instance, the DHSS supports research

concerned with the geographical distribution of disease, particularly with regard to cancer incidence around nuclear installations. It is, or should be, unthinkable that the results of this work will not be freely published. It is essential that the research workers concerned should be able to say that they will not be subject to any political pressures over publication—and that they should be believed. No gloss on the wording, no amount of reassurance from ministers or departmental officials will achieve this. One of the main reasons for carrying out this work is to determine whether there is any ground for public anxiety and, if there is not, to provide reassurance. If, as will certainly happen under the new proposals, such assurances are not believed the results are in this respect worthless.

Another problem is the potentially disastrous effect on collaborative work. Who will enter into collaborative studies with DHSS research units if there is some chance, however slight, that the results will not be published? Will other bodies agree to joint funding of work at DHSS units (as they do at present) under such constraints?

Will good research workers want to join DHSS units?

It is no exaggeration to say that much of the DHSS funded research programme is endangered by the new proposals. Are ministers and their officials aware of the mixture of anger and near despair which is currently being caused? Surely even at this stage they should consider the possibility of meeting not only the needs of government but also the deeply felt concerns of research workers.

GERALD DRAPER

Childhood Cancer Research Group,
University of Oxford, Oxford

SIR,—The logic of Sir Douglas Black (19-26 December, p 1582) asking why make a change that alters nothing and who judges what is "unreasonable" and the examples quoted by Dr Richard