# CIRC. COPY ONLY **BRITISH MEDICAL** OURNAL

### SATURDAY 20 JULY 1968

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#### Prizes for Merit

SIR,—May I suggest an alternative way of distributing the money set aside each year for merit awards? My proposals are designed to get rid of the present secrecy of distribution, and to make money prizes available to the whole profession working in the N.H.S.: hospital staff, general practitioners, and public health workers. The proposals are as follows:

- (1) The merit award money would be used for the periodic award of money prizes to all doctors in the N.H.S.
- (2) National prizes would be awarded, say, every three or five years and be strictly limited in number. For medicine, they would carry the same kind of distinction as do the Nobel prizes.
- (3) Regional prizes would be more numerous, be awarded each year, and be

available for all doctors in the fourteen regions of the N.H.S.

- (4) All prizes would be once-for-all gifts of money.
- (5) Anyone gaining a regional prize would be eligible subsequently for one of the national prizes.

(6) The awards would be published, preferably in the medical press only

ably in the medical press only.

(7) If ever this idea caught on I should like to see them called the Wilson Jameson Prizes, in memory of a great man and a key figure in the history of the N.H.S.

I believe that some such scheme as this would stimulate achievement and foster pride in place of the somewhat shamefaced attitude to the present secret increases of salary for those working in the hospital service.— I am, etc.,

London N.W.11.

HUGH CLEGG.

#### Unprofessional Advertising

SIR,—Dr. J. M. Mungavin, in a letter (15 June, p. 703) under the heading Heart Transplant Publicity, suggested that it would be helpful if the Medical Defence Union was to give advice on the vexed question of the participation of registered medical practitioners in television and radio programmes and press interviews. Dr. Mungavin felt that there must have been a change in the attitude of the General Medical Council and that, if so, the profession should be told exactly what the new situation is. Other contributors to your correspondence columns have registered dismay at the "evidence of abandonment of the traditional code of professional conduct" (1 June, p. 558).

Medical practitioners are understandably perplexed, for they see and hear examples of what has been described by the writer of one letter (18 May, p. 433) as "blatant publicity"; at the same time they are aware of the guidance on advertising given by the G.M.C. in its pamphlet, Functions, Procedure, and Disciplinary Jurisdiction. This points out that the professional offence of

advertising can arise from the publication (in any form) of matter directing attention to a doctor's professional skill, knowledge, services, or qualifications, when the doctor concerned has instigated or sanctioned, even under pressure, such publication, either primarily or to a substantial extent for the purpose of obtaining patients or promoting his own professional advantage.

The word "advertising" must be interpreted in its widest sense, as applying to any means by which a person is made known to the public, either by himself or by others without objection from him, in such a manner that it can reasonably be said that his purpose is to obtain patients or promote his own professional advantage. Practitioners are aware of the B.M.A.'s view as set out in the Handbook<sup>2</sup>:

- "Anonymity should be observed by the medical profession as a general principle. Departure from this principle is permissible only when the objective of publicity for a doctor or group of doctors is apparent, paramount, and justifiable:
  - (a) in the interests of the general public; or

(b) in the interests of the medical profession;

(c) as an essential part of providing authoritative information when necessary for the general public.

"In these circumstances anything that could

"In these circumstances anything that could be construed as advertising of the doctor himself should be incidental and reasonably unavoidable for the attainment of the objective."

The Medical Defence Union has considerable difficulty in deciding how best to advise its members who seek guidance on this problem. On the one hand, there is the G.M.C.'s guidance in the pamphlet already referred to, the importance of which was emphasized by the President of the G.M.C. on the occasion of the G.M.C.'s meeting on 28 May 1968 (Supplement, 8 June, p. 193). On the other hand, time after time instances occur when the G.M.C.'s pronouncement is disregarded on television, radio, and in the press, apparently with impunity.

The G.M.C. can act only on receipt of information, but the informant is frequently its own solicitor. It is the apparent inconsistency in the occasions selected for the laying of information which creates difficulty and gives cause for concern. For example, the M.D.U. is aware of a case where a woman practitioner invited to appear on television was identified, contrary to assurances previously given to her (for which failure the B.B.C. later apologized). She was called on by the G.M.C. for an explanation, which of course she was well able to give. Yet other, perhaps more distinguished, members of the profession have been given as much or more publicity without any apparent reaction by the G.M.C.

My council hopes that the G.M.C. will agree that it would be in the best interests of both the profession and public to restate publicly its guidance on the subject of unprofessional advertising.—I am, etc.,

London W.C.1.

PHILIP H. ADDISON,
Secretary,
Medical Defence Union.

#### REFERENCES

Functions, Procedure, and Disciplinary Jurisdiction. General Medical Council, 1968.
 B.M.A. Members Handbook, 1965, p. 78. London.