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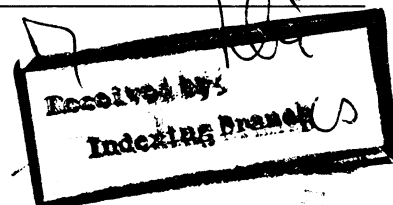


BRITISH MEDICAL JOURNAL NO 6894 VOLUME 306

INTERNATIONAL

Editorials

- 1703 **The future of health care in the United Kingdom**
Allyson M Pollock
- 1704 **Sex selection**
T M Marteau
- 1765 **Biochemical screening for Down's syndrome**
Michael Connor
- 1706 **Trials and errors**
Paul Knipschild
- 1707 **How can doctors diagnose colorectal cancer earlier?**
Ian MacLennan, James Hill
- 1708 **London specialty reviews**
Jane Smith



News

- 1709-1714 **London's specialist centres halved · Whistle blowers · Doctors' health and suicide · NHS complaints · US defines mental illness · High Court raps health authorities · Ontario doctors' trouble · Complementary medicine controls · GPs and fundholding · Ripping off the NHS · Mrs Clinton's olive branch**

Papers

- 1715 **Functional abilities at age 4 years of children born before 29 weeks of gestation**
Ann Johnson, Pat Townshend, Patricia Yudkin, Diana Bull, Andrew R Wilkinson
- 1718 **Can paternal preconceptional radiation account for the increase of leukaemia and non-Hodgkin's lymphoma in Seascale?**
L J Kinlen
- 1722 **Is screening and intervention for microalbuminuria worthwhile in patients with insulin dependent diabetes?**
K Borch-Johnsen, H Wenzel, G C Viberti, C E Mogensen
- 1726 **Site of principal metabolic defect in idiopathic haemochromatosis: insights from transplantation of an affected organ**
Paul L Dabkowski, Peter W Angus, Richard A Smallwood, John Ireton, Robert M Jones
- 1726 **Increased concentrations of serum lipoprotein (a) in response to growth hormone treatment**
Hans Olivecrona, Sverker Ericsson, Lars Berglund, Bo Angelin

General Practice

- 1728 **Do clinical guidelines improve general practice management and referral of infertile couples?**
Carolyn Emslie, Jeremy Grimshaw, Allan Templeton
- 1731 **Explaining variations in prescribing costs across England**
Tony Morton-Jones, Mike Pringle

Education & Debate

- 1735 **Contraceptives, counselling, and pregnancy in women with sickle cell disease**
Richard J Howard, Catherine Lillis, Susan M Tuck
- 1737 **Why have child pedestrian death rates fallen?**
Ian Roberts
- 1740 **How to leave practice**
David Snadden
- 1742 **Lesson of the Week: The first 15 cm are important in upper gastrointestinal endoscopy**
A S Rai, H Steer
- 1743 **ABC of One to Seven: Febrile convulsions**
H B Valman
- 1739 **Correction:**
How can we best prolong life? Benefits of coronary risk factor reduction in non-diabetic and diabetic subjects Yudkin

1746-1768 **Obituary · Letters · Medicopolitical Digest · Soundings · Personal View · Medicine and the Media · Medicine and Books · Minerva · (in detail overleaf)**

CONTENTS pages 1746-1768

1746 Obituary

G L Montgomery, J Hirst, E A Wood, S L Wright, I L Chesham, S M Sangster, D J Anderson, T M Andrews, R S Carpenter

1748 Letters

- | | |
|---|--|
| 1748 Dispensing in general practice
T McCormack; D Roberts; P Thomas;
G Emrys-Jones; J D Collinge; D Smith;
M Pringle and T Morton-Jones | 1753 Chickenpox in pregnancy T Stephenson |
| 1749 Teenage pregnancy
M Simms; L Jacobsen and others | 1753 Updating FHSA registers L Roe and others |
| 1750 Open access gastroscopy
P A Cann and others; A Zermansky; P N Malcolm
and others | 1754 Do we need more hospices? C F B Regnard |
| 1751 Accident and emergency in London
C W I Owens and others; N Murphy;
D J Harborne and J Worrell | 1754 Infection control in dentistry
C Scully and others |
| 1752 Treating hyperhidrosis
A Gordon and J Collin; A C Quinn and others | 1754 Department without daylight S M Hewitt |
| 1752 Child health surveillance J Gregg and others | 1754 Coroners' role in children's deaths T Solomon |
| 1753 Antenatal HIV testing may put pressure on
women H Massiah | 1755 The new NHS P Mott; J Gaffin; S Ramaiah |
| 1753 Reduction in infant mortality probably due to fall
in cot deaths R R Gordon | 1755 Guidance for negotiating consultants' contracts
J Chawner |
| | 1755 Specialist training
L Mascarenhas; P C May; J Grant; C D Collins;
B Thalayasingam; S Brearley; A J Crisp |
| | 1757 Medical Research Council defends peer review
D A Rees |
| | 1757 Correction Screening for ovarian cancer: other
chronic diseases affect serum marker (Tambyah
and others) |

1758 Medicopolitical Digest

From the LMC conference · From the junior staffs conference · Implementing the Calman report · Intimidation of junior staff

1763 Soundings Confidentiality Duncan Curr; Thatcherism: the health audit Bernard Dixon

1764 Personal view Counselling or cancelled? Robert Jones; They do it to get a council flat Anonymous

1765 Medicine and the Media Terrible transatlantic telemedicine Carl Elliott

1766 Medicine and Books

- 1766 Angela Coulter: *Social Support and Motherhood* (Ann Oakley)
1766 Peter Jones: *Infections in Immunocompromised Infants and Children* (Ed Christian C Patrick)
1767 Best books on tropical medicine: a personal choice C J Ellis

1768 Minerva

Instructions to authors appeared in the issue of 2 January 1993, p 55

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Gloom over the NHS

As BMA representatives gather at Torquay this weekend for their annual meeting—among other things, to defend the NHS—Allyson Pollock gives them a worrying picture of how the health service might go (p 1703). Her analysis of current thinking among health service managers augurs badly for the core values of the NHS—equity, equality, and comprehensiveness. Just how deeply ingrained those core values are in British medical thinking is illustrated by this week's comments by Hart, from America (p 1714). It is hard to imagine the BMA resisting government proposals for health care reform on the grounds that they violate property rights. But that is the line the American Medical Association is taking against President Clinton's likely proposals for global health care budgets and price controls.

British doctors have long been familiar with tight budgets, and Londoners for longer than many. The recommendations of the reviews of tertiary services in London (p 1709) will profoundly affect many working in London. But, as Jane Smith points out in her editorial (p 1708), the model of hubs and spokes and of

integration that underlies the reviews' recommendations may in time affect clinical practice well beyond London and these six specialties.

Whether general practitioners should have access to "specialist" procedures like gastroscopy is the subject of a vigorous correspondence, with Arnold Zermansky arguing that general practitioners are more discriminating in their use of investigations than hospital doctors (p 1750). Meanwhile the arguments about whether dispensing doctors are costly prescribers continues; Mike Pringle and Tony Morton-Jones, authors of a study suggesting that dispensing doctors were high cost prescribers, concede that product liability (but not value added tax) complicates the picture (p 1749).

The *BMJ* devotes more space to how to cope with infertility (with some evidence of the effectiveness of guidelines in this week's issue, p 1728) than to how to avoid an unwanted baby. Our anonymous personal view writer argues (p 1764) that the NHS shows the same bias; if the staff of family planning clinics treated clients like midwives treat expectant mothers the teenage pregnancy rates might fall, she suggests.