

CORRESPONDENCE

SICK AND "UNSATISFACTORY" DOCTORS DEAR SIR,

The publication of the recommendations of the Special Committee on Sick Doctors (*Bulletin*, May p 92), has coincided with the circulation in this hospital of a petition condemning the abuse of Soviet psychiatry in detaining allegedly sick dissidents. While deploring the misuse of psychiatry in the Soviet Union, the College has rightly begun to concern itself with preparing proposals designed to remedy any defects in our own procedures.

In this difficult area not only are there differences of opinion concerning the presence or otherwise of psychiatric illnesses in individuals, but some psychiatrists would assert that they are working within a sick 'society', and they therefore assume a Messianic role involving social engineering or attempts to 're-educate the public'. Of more sinister implication is your reference to 'blacklisting' or the 'informal confidential system' whereby 'Regional or Area Medical Officers acquaint each other with details of unsatisfactory doctors', a deplorable and surreptitious practice rarely referred to in print.

Owing to the confidential nature of these reports, the procedure is liable to be grossly abused, as the doctor concerned remains unaware of any complaints or alleged shortcomings and is, therefore, prevented from offering any defence or explanation. Indeed, the whole system of confidential reports on doctors in the NHS is totally unsatisfactory and at variance

with the procedure in other occupations. Civil Servants and Officers of HM Forces do at least have the right to see their annual reports, and the same facility should unquestionably be granted to doctors working in NHS hospitals.

In effect, this potential abuse of confidentiality (though not yet tested in the Courts as far as NHS hospital doctors are concerned) would probably be judged to be an illegal procedure, aimed as it is at preventing a colleague from earning his living in his chosen specialty on the vague statement that he is 'unsatisfactory'. He may, of course, be so regarded by unidentified colleagues on the alleged grounds of ill health, but often quite unrelated and unsupported allegations may be used to keep a doctor's name off the shortlist in hospital appointments.

In psychiatric practice, for example, a doctor may be regarded as 'unsatisfactory' simply because he has been critical of the introduction of therapeutic community methods, or because he has voiced his contempt at appointments based on racial considerations rather than on objective criteria; or on account of his opposition to the use of ECT or any other current, controversial topics, or simply as a consequence of a colleague's dislike of his or her general opinions.

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NEWS ITEMS

Joint Announcement by the British Medical Association and the Secretaries of State for the Health Departments in England, Northern Ireland and Wales

The British Medical Association and the Health Departments share a growing anxiety about rising patient expectation and consumption of National Health Service facilities including pharmaceutical products and the implications these tendencies have for public health and Health Service resources. They recognize that the underlying causes of these phenomena are complex and attributable to diverse factors. Nevertheless they ask every doctor to consider how best to contribute towards arresting the trend; and they draw the following points to doctors' attention. It must be noted that this statement covers only one item in the rising cost of the NHS.

1. Both the Health Departments and the British Medical Association recognize that it is for the

doctor alone to decide what medicine to prescribe, or whether to prescribe a drug at all.

2. It will be in the patients' interests, both as users of the National Health Service and as taxpayers, if their attention is drawn to the Health Education Council's publicity intended to dissuade them from:

- (a) asking for patent medicines they can buy from a pharmacy;
- (b) expecting unnecessarily large quantities of medicines to be prescribed at any one time; and
- (c) demanding medicines which the doctor has explained they do not need.

3. There are dangers to patients and their families, particularly young children, inherent in the accumulation of unused drugs in the home, in view

(among other things) of the physical deterioration to which many drugs are subject, and it is advisable to consider accordingly the quantities prescribed at any one time. It would be helpful for doctors to indicate (whether by use of the 'box' on the prescription form or otherwise) the number of days' treatment envisaged.

4. The public are not generally aware that all drugs have side-effects and the reaction of individual patients is often variable. The British National Formulary and the Compendium of Data Sheets are useful and convenient reference works on drug actions and side-effects and the preparations listed meet the needs of most patients. The Health Departments are co-operating with the medical and pharmaceutical professions to develop an improved version of the Formulary which will be revised at more frequent intervals than at present.

5. Where alternative forms of treatment for a particular patient are likely to be equally effective the relative cost should be taken into account.

DAVID ENNALS,
Secretary of State for Social Services
Dr JAMES CAMERON, C.B.E., T.D.,
Chairman of Council of the
British Medical Association

also on behalf of the Secretaries of State for the
Health Departments in Northern Ireland and
Wales

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The Society for the Study of Gambling

Dr E. Moran, Chairman of the Society, writes as follows:

Although gambling is an extensive activity in our community, very little is known about its impact. This has been highlighted by the establishment of yet another Royal Commission on Gambling which has now presented its report.

While gambling can be a pleasurable activity which causes little harm in most cases, it has been realized for a long time that there are great dangers if it is carried to excess. Under these latter circumstances, states of dependence may occur which are similar to those seen with alcohol and other drugs. Indeed, attention was drawn to this by the Royal College of

Psychiatrists in its submission to the Royal Commission (*Bulletin*, May 1977).

For some years, a group of people who have a professional interest in various aspects of gambling have met on an informal basis in order to share their knowledge and experience. This group has now formed the nucleus of the Society for the Study of Gambling.

The aims of the Society are to provide a forum for those concerned with research into gambling, to promote its scientific study especially as far as the psychological, psychiatric, social and economic aspects are concerned and to inform and educate the public about these matters. The Society intends to collate and publish the results of this work in a systematic manner.

The membership of the Society is drawn from a wide circle of people who have an interest in various aspects of gambling. They range from psychiatrists who treat 'compulsive' gamblers, to members of the gambling industry who provide the facilities. It is a condition of the Society that there should be freedom of opinion and practice among its members so that the Society does not take any particular stance in relation to gambling.

The Society holds regular meetings for the presentation of papers and discussion. I shall be pleased to give further information concerning membership and the activities of the Society to anyone who is interested if they will write to me at the Department of Psychiatry, Enfield General Hospital, Chace Wing, Enfield, Middlesex.

The Society for Psychosomatic Research

The Society for Psychosomatic Research invites entries for the Kenneth Reeves Essay Prize. Essays should be not more than 5,000 words in length and on a psychosomatic subject. Open to applicants who have been qualified in their discipline for not more than 10 years. Preference will be given to original work. The prize is £50. It is expected that a lecture based on the prize essay will be given by the Society in April 1979. Application forms are obtainable from the Hon Secretary, Dr Jean Harrison, Department of Psychological Medicine, St. Bartholomew's Hospital, London EC1. *The closing date is 31 December 1978.*