

## 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