

able, but this does not mean to say that hard work and responsibility should not be adequately rewarded. If we are to have a wage restraint, this should apply equally across the board and not only to people who have the misfortune to work for a State concern.

To those who say that doctors are paid too much, we would agree that there is a minority of doctors who are. High standards of practice and economy of prescribing should be rewarded financially, and this is something the profession should organise before the Government does it for us.

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"Time has run out"

SIR,—I have been a representative at only three Annual Representative Meetings but each year it has struck me forcibly that there must be something fundamentally wrong with the organisation when many motions which have been considered at length in the weeks beforehand in divisions and elsewhere, agonised over, polished, and repolished are simply not debated because "time has run out." And that is quite apart from the time and effort taken by many representatives in preparing their speeches to propose, support, or oppose a particular motion.

As a relative newcomer to the ARM circuit, I don't know the answer. Perhaps the Agenda Committee should be more ruthless in making composite motions and stating that similar ones will not be debated. Perhaps time-consuming amendments to motions on the printed agenda should not be allowed. Perhaps the allocation of time to the various subjects needs reassessing. Perhaps only three speakers should be allowed to speak to a motion when it is obvious that the timetable is slipping.

I ask for the courtesy of your columns for other representatives' views.

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Changes in MRCP (UK) examination

SIR,—We are recommending to our respective colleges that the following changes in the MRCP (UK) examination should apply from June 1981.

Part I—A greater proportion of the questions will be designed to test knowledge of the scientific basis of clinical practice, including physiology and biochemistry, pharmacology, pathology, and microbiology.

Part II—Entry will not be accepted until 30 months after qualification. This period must include at least 12 months in a post or posts involving the admission and inpatient care of acutely ill medical patients of any age. Candidates will be required to produce evidence from two sponsors (fellows, or members of eight years' standing) testifying to the adequacy of their training programme and experience, and in particular confirming that they have had experience in acute medicine for at least a year.

Because of the increasing numbers entering the examination, and in order to minimise for candidates the expense and inconvenience of submitting to a clinical examination, it has been

decided that those candidates who have irrevocably failed in the written section should not be permitted to take the clinical and oral sections of an examination which they could not pass. As at present, the written examination, the oral, and the clinical examination remain a single entity; if a candidate passes the written section and then fails the clinical section, he will have to take the written section again at his next attempt.

The clinical part of the examination will include both clinical and oral examinations, as at present. Ability to take a good history and to carry out a competent physical examination will remain the central requirement of the examination.

These changes are being recommended in order to confirm the status of the MRCP (UK) diploma as evidence of fitness to proceed to higher medical training in general internal medicine and its related specialties.

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The South African Medical and Dental Council and the "Biko doctors"

SIR,—The Faculty of Medicine of the University of the Witwatersrand has strongly attacked the decision of the South African Medical and Dental Council that there was no evidence of improper or disgraceful conduct on the part of the doctors who treated Mr Steve Biko before his death in detention. The Faculty Board has resolved unanimously to dissociate itself publicly from the council's decision, taken at a closed meeting on 17 June. At a meeting held on Friday, 27 June, the Board of the Witwatersrand University Medical Faculty unanimously adopted a resolution on the "Biko doctors." The resolution reads:

"The Faculty of Medicine of the University of the Witwatersrand, Johannesburg, has considered the decision of the South African Medical and Dental Council, taken at a closed meeting on 17 June 1980, that there was no evidence of improper or disgraceful conduct on the part of the doctors who treated Mr Steve Biko before his death, and that there was thus no need for a disciplinary hearing.

"Bearing in mind the revelations under cross-examination at the inquest, and the fact that the magistrate presiding at Mr Biko's inquest had considered that the matter of the Biko doctors should be referred to the SA Medical and Dental Council, the faculty expresses its deep concern and disquiet at the finding that there was no evidence of improper or disgraceful conduct and that the matter should be dropped. The Faculty feels that there was prima facie evidence of improper or disgraceful conduct, which should have been subjected to the careful scrutiny of a Medical Council Disciplinary Committee hearing.

"The Faculty is of the opinion, furthermore, that this decision of the Medical Council may seriously affect the good standing of the South African medical profession both at home and abroad and, therefore, publicly dissociates itself from this decision. Further, the Faculty endorses and supports the 'Guidelines for Medical Doctors concerning Detainees and Prisoners,' adopted by the 29th

World Medical Assembly of the World Medical Association in Tokyo, October 1975, known as the 'Declaration of Tokyo,' which states, *inter alia*, that 'A doctor must have complete clinical independence in deciding upon the care of a person for whom he or she is medically responsible' (Article 5), and 'The doctor shall in all circumstances be bound to alleviate the distress of his fellow men, and no motive—whether personal, collective or political—shall prevail against this higher purpose' (Article 8). The Executive of the Board of the Faculty of Medicine is requested to ensure that the views of the Board are communicated widely to the public and to the medical community, both in South Africa and abroad."

In accepting this resolution the Faculty stressed, "We are not saying that the doctors are guilty. We are saying that there is sufficient evidence for a Disciplinary Committee inquiry to be instituted and that a decision should be taken about the behaviour of the doctors on the basis of a full, fair, impartial, and thorough Disciplinary Committee hearing. The SA Medical and Dental Council is supposed to be the watch-dog of the ethics of our profession and it has been zealous—and some would suggest over-zealous—in the severity of the punishment that it has meted out, not only for major infringements but for what many would regard as minor infringements of the ethics of medical practice. Yet in the present case it is difficult to accept that the SA Medical and Dental Council has applied its collective mind to the problem of the Biko doctors in a purely objective and dispassionate way."

In moving the resolution, Professor Clive Rosendorff, head of the department of physiology at the medical school, said, "This is all a source of great embarrassment and distress to many doctors in South Africa who are proud of the high ethical standing of their profession, both within this country and abroad. I believe that we have a responsibility to indicate to the world that we disapprove of the decision of the Medical Council to drop the matter. We should like it to be known that we dissociate ourselves, as an institution and as a body of concerned citizens and doctors, from its decision. We do this because we feel that it is morally indefensible for a matter as important and serious as this to be dropped before it has reached the Disciplinary Committee stage. We do this because we feel that the ethical standards of our profession have been compromised; because as doctors we have a humane concern for our patients and their welfare; because we are worried about the possible effects of the decision of the Medical Council on the future treatment of prisoners and detainees by the authorities; and because we are worried about the repercussions of the Medical Council's decision abroad. Already there are signs of a campaign to cut ties with doctors from South Africa, both at international congress level and in the recognition of our degrees abroad. Countries with which we have most dealing and reciprocity agreements, Great Britain, Australia, New Zealand, the Netherlands, Belgium, the United States of America, and Canada have always been happy to accept the bona fides of the SA Medical and Dental Council. However, there are already indications that rethinking on this point has started. The British Medical Association Ethics Committee is to examine the Biko doctors' decision of the SA Medical and Dental Council. In Geneva, the World Health Assembly has called on member countries to review their medical ties with South African doctors."

My faculty believes that it is vitally important that we distance ourselves from the decision of the council. As a group of concerned doctors and medical school teachers, we are worried that the SA Medical and Dental Council, might by its decision, have called in question its own credibility as an objective and unbiased guardian of the high standards of the medical profession in South Africa.

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