signs. I cannot determine whether the dizzy patient and the dysphonic patient mentioned by Dr Howard would have been classified as having been inappropriately referred according to the criteria of the study as details of the otolaryngologist's working diagnosis and the outcome of the consultation are not available.

It is not my intention that the term "inappropriate referral" should imply that such patients should not be seen by an otolaryngologist. The absence of inappropriate referrals as defined would suggest that general practitioners were pursuing a policy of referring only patients requiring hospital treatment and using a high threshold for referral, with the result that some patients requiring treatment were being denied access. This would be a policy of debatable merit. High referral rates are not necessarily an indication of less critical referral behaviour by general practitioners.

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The BMA in agony

SIR,—The chairman of any board, council, or executive body must be prepared to take the brickbats as well as the plaudits that stem from performance as judged by members, shareholders, or interested parties. It was no surprise, therefore, that Dr Jeremy Lee-Potter's standing as chairman of the BMA's council came under debate at the recent council meeting.[1] This reflects the visibly poor showing of the association in the past year in its dealings, or lack of dealings, with the government vis à vis the damaging parts of the legislation on the NHS now enacted.

As Dr Richard Smith says, the council heavyweights dutifully lined up behind the chairman.[1] Opponents of the association say that it has shown a reactionary style in its general opposition to the white paper and subsequent events. This performance made me wonder if we were really anxious as a body about NHS trusts and fundholding practices or whether we have slid into the comfortable pragmatism shown by so many political commentators who, now the bill has become law, think that perhaps it is not so bad after all. I hope not, and I expect that most doctors share this view. Because we are also being proactive in preparing a health manifesto, which none of us should gainsay, does not mean that the political campaign should not continue with vigour. The two are not mutually exclusive, and this government is more likely to listen now than in 13 months' time should it be re-elected. Perhaps this was the message being given to Dr Lee-Potter. The vote of confidence and the annual representative meeting's policies have given him the mandate to continue the campaign. Let us hope that we are not holding a similar debate this time next year.

The first sentence of the penultimate paragraph of Dr Smith's editorial trivialised the debate. Poor achievement can be related to poor performance; not always can it be blamed on the opposition. It was important that the debate was held and the best possible outcome achieved.

This whole episode underlines two truths about representation. Firstly, our method of electing governments is clearly in need of reform to avoid having a government with a majority of 100 representing 42% of the popular vote. This permits legislation without consultation shielded by an unrepresentative majority. Secondly, the method by which the BMA council elects its chairman is also in need of reform. The farce of alternating among crafts in the manner of Buggins's turn is clearly ridiculous. Dr Lee-Potter may be the best man for the job, but that will not be thanks to the electoral system. Any member of council should feel free to stand if proposed, and the election should be held by proportional representation with a single transferable vote. This would ensure that the successful candidate would start his or her term of office, be it one year or three (and that should be looked at), with the support of the majority of the council.

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1 Smith R. The BMA in agony. *BMJ* 1991;**303**:74. (13 July.)

SIR,—The BMA clearly is in agony.[1] Worse, its pain is largely self inflicted. The leadership was comparable with that of the first war generals; the membership allowed itself to be incited to frenzy, the more intense for being impotent.

It was obviously stupid (some of us said so at the time or tried to but were suppressed as being not "politically correct") for the association to hurl itself howling at the government, as it did in the late 1980s, demanding money with menaces. This was "steaming" if you like; Stephen Lock in his celebrated (ill conceived would be a better description) editorial was "pot calling kettle black."[2] No government could abdicate to such a ferociously partisan pressure group as the BMA had become, which was saying that all the government should negotiate was terms of surrender. Any government backed into that corner would have to take up the gauntlet.

Now the association's funds have been seriously depleted, wasted in misjudged and sometimes reprehensible propaganda. Attempts will be made to extract higher subscriptions from us, which are likely to be squandered as before. The whole atmosphere is tainted by rancour and distaste, and it is difficult to see an honourable way forward.

Even now there seems no disposition to face up to reality. If the BMA endorses a monopoly health service funded by the state it must accept the totality, not just the bits it likes. The NHS is but one of several government departments with a responsible minister. This minister carries out policies determined by the Cabinet of party politicians in power, who rotate their "big ideas" and priorities for expenditure. Whether the BMA likes it or not primacy is with elected politicians, consulting as little or as much as they judge necessary. Bevan showed that, as Kenneth Clarke and William Waldegrave have been doing and Robin Cook would, given the chance, which heaven forbid.

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1 Smith R. The BMA in agony. *BMJ* 1991;**303**:74. (13 July.)
2 Lock S. Steaming through the NHS. *BMJ* 1989;**298**:619-20.

SIR,—The BMA has only itself to blame for the poor image that it and the medical profession present to the public, even though good individual doctor-patient relationships persist. I think that the defective picture shown to the population is a direct result of the infiltration of the association by politically motivated doctors. These have availed themselves of the democratic nature of the organisation to challenge loudly all attempts by the government of the day to reform the NHS. Many have taken on key positions in the peripheral bodies of the BMA and others have assiduously attended meetings. Giving the media every opportunity to report what they say, they profess to want a well organised hospital and domiciliary service while frustrating cooperation between the profession and the government by fomenting suspicion on all sides.

I attended a meeting called to discuss the reforms of the NHS and to send suggestions for further consideration to "headquarters." Only seven members attended, of whom I and two others were retired from active practice. It does not matter what was decided, but I was surprised by remarks made by a few doctors during our deliberations. The remarks would have occasioned pleasure in a gathering of the Militant Tendency in Liverpool. I tendered the opinion that we were being too political for the health of the BMA to my neighbour, who held a specialist position in the hospital. Her response was that of course we were being political and that she and her friends were going to use whatever ammunition the proposed government reforms presented to do their utmost to get rid of "that woman" and all for which she stood. The difficulties that the NHS had daily to contend with offered excellent and frequent opportunities to embarrass the Thatcher government.

None of the many Tory and Labour administrations has been much different from any other in its dealings with the medical profession, as those of us who have worked in the NHS since its inception know only too well. The Militant infiltrators do much harm, and I suspect that they would be only too happy to cause difficulties for a government led by Mr Kinnock. It is time that the BMA clearly defined the limits of medical politics and curbed the activities of the Militants, otherwise the general public will continue to have a low regard for the profession and this could destroy the trust between doctor and patient. If the public once gets the opinion that what counts with doctors is money and leisure then a floodgate of litigation for malpractice will descend on us, as in the United States. The legal profession will reap a bonanza.

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1 Smith R. The BMA in agony. *BMJ* 1991;**303**:74. (13 July.)

SIR,—Dr Richard Smith is quite right in his editorial[1]: the BMA bull is in agony, though not simply because it charged the toreador and missed but because he then plunged in his sword, causing a haemorrhage of good will towards its political masters. But soon it will start losing its clinical acumen too, when fundholding general practitioners and hospital trusts will have to forget the question on which we were brought up—"Is this treatment or investigation in the best interests of the patient?"—and begin asking instead, where any doubt exists, "Can we afford it?"

If the government wishes to show its good will to the profession and public it should now state clearly that it will not approve the second wave of applications for fundholding and trust status until it has had sufficient time to assess the progress of the first (as indeed, unless I am very much mistaken, the secretary of state promised to do when he attended the meeting of the Central Consultants and Specialists Committee last December). After it has shown this mark of good faith we could sit down with the secretary of state and see how together we can prevent the NHS sinking into chaos, which would not serve the interests of the government, health workers, or, above all, our patients. Herein lies our dilemma.

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1 Smith R. The BMA in agony. *BMJ* 1991;**303**:74. (13 July.)