

The ten day rule

Dr ELLA PREISKEL (Elizabeth Garrett Anderson Hospital, London NW1) writes: Your description of the safe period for abdominal radiology (6 December, p 543) is unfortunately imprecise, ambiguous, and could be misleading; it is not clear whether the beginning or the end of menstruation is intended. The circular from the Royal College of Radiologists admits of no ambiguity. It states that the safe period is "within the 10 days following the *first* day of the menstrual cycle" (my italics). Future periods are not mentioned.

Playground injuries

Dr GUDRUN AGNARSDOTTIR (Royal Postgraduate Medical School, London W12) writes: . . . A salient point in the issue raised by Dr Cynthia M Illingworth and her colleagues (8 November, p 332) is the need for safer structure and planning of playgrounds and their equipment. This is far from satisfactory at present. Standard models for equipment seem to be in general use, without much evidence of revision or change. The foundation holding the supports of a piece of equipment is usually made of concrete. What seems unnecessary is to cover the whole area surrounding such equipment with a concrete surface. A more resilient surface such as grass, sand, or soft synthetic material is more suitable. . . .

Private practice and the NHS

Lt-Col H C M WALTON (Swansea) writes: . . . Some years ago I joined a private patients' scheme because if I go into hospital I want to be able to sleep. I do not want special food. I do not want to jump the queue. I simply know that if I am ill I shall get better quicker if I can drop off to sleep at any time, morning, noon, or night. I cannot even sleep in the presence of three or four other people and certainly not with the coming and going of a busy ward. I am not alone in this. Many, many times patients have said to me, "They were all so kind to me in hospital, but it will be lovely to get home and have some rest."

Profession or trade?

Dr J P LEWIN (Pilling, Preston, Lancs) writes: . . . The writing is on the wall and has been for some time. Our socially levelling society will not tolerate those within it who come and go as they please and receive above-average incomes merely because they belong to the medical profession. Clocking in and out, patient quotas per hour, medical audits, and rates of pay per hour will no doubt be demanded on the grounds of social accountability. If we sit back and allow political interference to obstruct the practice of medicine as we wish it, will we continue to work under such conditions? Will junior doctors continue to aspire to become consultants if the trend continues? I believe the answers are obvious to all. The future of the NHS, if it is to provide a satisfactory standard, is dependent upon there being

enough people, from consultant to cleaner, remaining to work it. At present levels of morale the likelihood of this seems remote. If using trade union tactics, however unacceptable, is the only remaining means of having any say in the future of the medical profession, and therefore the Health Service, then this is unavoidable. Without changes, the NHS will not continue to be manned by underpaid, overworked dispirited souls who find that the advantages of being vocationally orientated professionals do not much offset the financial and social realities of daily life.

Professional freedom

Dr J B A HEALY (Glengearry, Co Dublin) writes: In the profession's present battle with the Government of the United Kingdom it seems to me worth condensing our view into a principle (which would hold equally well in Ireland, where I live, and, I should imagine, would apply everywhere else). The independence of our profession is vital. The principle is that no registered practitioner can be in the whole-time employment of any one person or organisation. He or she must, irrespective of personal convenience or advantage, maintain the right to practise outside of any agreement he or she makes with any person or organisation. Let this apply to all, junior and senior. It is dishonourable to have private or outside practice as a "perk" of success. Let it be open to all. No one can have eleven-elevenths of day sessions from the NHS alone, since that would imply that he or she is its whole-time employee. . . .

Mr J J SHIPMAN (London W1) writes: The profession at the moment is closer to unity than at any time since the inception of the Health Service. It would be a major step forward if we all united when any part of the profession was threatened. The attempt of Government to interfere with the liberty of the patient and doctor is the problem we all have to face and if it becomes a resignation issue it would be appropriate for the entire profession, rather than a part of it, to hand in their resignations on an agreed date. By this means we can maintain the freedom of British medicine.

Industrial action

Mr M POOLE (East Grinstead, Sussex) writes: The present industrial action by doctors can only damage the image the public has of the profession. Now that the press has reported death as being possibly due to the doctors' action it is time for those taking part to consider very carefully the future balance of the possibly good and the undoubtedly bad consequences of their action. It needs to be pointed out that support for strike action by hospital doctors is by no means as strong as it may appear to be. There are many doctors who are having to limit patients' care to emergencies only contrary to their personal feelings, but out of necessity imposed by others. If, for instance, anaesthetic facilities are only of an emergency nature, then all surgical activity must be similarly limited. Some consultants, out of such necessity, are falling in with

strike action because of sanctions primarily imposed by junior staff and conversely some junior staff cannot, if they wish to, continue to work normally while consultants in the same hospital are taking strike action.

Dr J S CARSLAW (Argyll and Bute Hospital, Lochgilphead, Argyll) writes: . . . Surely the only logical solution to the present deadlock is that all parties in this unedifying dispute should swallow their pride and that the concept of overtime should be totally abandoned in return for a realistically priced salary. It is never too late to ask Government to change its mind and only thus can we hope for understanding by the Review Body, admittedly presumed to be independent.

Dr B C CAMPBELL (Stobhill General Hospital, Glasgow) writes: . . . Many of us feel that to cast aside, even temporarily, our professional standards is a course which no expediency permits, that the cost of the present limited success is far too high. There is no ducking the issue: the present action by consultants and juniors is an utter abrogation of that solemn covenant which we made with ourselves and with mankind in general. Not being a charity, we do not need the nebulous concept of public support, but we do desire public esteem and self respect. Both are being rapidly eroded. There is, however, an alternative. We have solemnly declared that we shall do all in our power to save life and relieve suffering; but we have not engaged ourselves to do this gratis or for returns or in circumstances which are unacceptable to us. Therefore let the consultants as independent professionals offer their services to all who seek them on an item-of-service or any other basis that they think appropriate. Let the juniors, whose independence of action is properly restricted by their trainee status, combine by division, hospital, or region to offer their services to hospitals on an agency basis. . . .

Future of the NHS

Dr J B WRATHALL ROWE (Tunbridge Wells, Kent) writes: It is to be hoped the profession will note a significant observation made by Mrs Castle when addressing the Oxford University Labour Club on 3 December. She is reported in the press to have said, "The real cause of the present malaise in the NHS is that the Service is having to adjust itself to economic stringencies and new social attitudes." Mrs Castle should understand she herself played a major part in causing these stringencies by failing to denounce the industrial disruption fomented by the left in unions during 1972-4 which wrecked the country's foreign currency earnings by which alone the social services can be financed, as Denis Healey stated in his latest broadcast.

She followed that quotation by saying, "The most powerful men in the medical profession have not been trained or conditioned to make this adjustment." . . . So Labour politicians still wish to "condition" the doctors like a lot of cattle! What sort of people do they think we are?