selection for long-term haemodialysis will be required until very large sums of money become available for equipment and services.

Who is to implement the selection? In my opinion it must ultimately be the responsibility of the consultants in charge of the renal units that are established, or are to be established, up and down the country. For when a patient is referred by a doctor to such a unit, and there is a vacancy on their long-term haemodialysis programme, it is to be expected that those doctors who have had special experience or training in such units would be better able to rationalize a decision, one way or the other, than those less aware of the specific medical, surgical, and administrative problems involved. Moreover, they could reasonably be expected to know the place of alternatives such as kidney transplantation. Referral of patients is traditional in British medicine, and a second opinion in a difficult case is well

understood and generally appreciated by all concerned. There should be no reason why such well-accepted methods should not work in the difficult case of selection of patients for long-term haemodialysis. Profound domestic and social problems are apt to be produced by any serious illness, and the experienced doctor is dealing with them virtually every day of his professional life. Selection of patients for long-term haemodialysis is just another challenge for him, and if he is worth his salt he is less likely than most to be influenced by emotional circumstances. I can see no justification for delegating this responsibility to lay persons. Surely the latter would be better employed if they could be persuaded rather to devote their time and energy to raise more and more money for us to spend on our patients.

RALPH SHACKMAN.

Doctor's Duty to His Patient

From Dr. M. A. Wilson, General Practitioner, Huntingdon, York

Haemodialysis is now established as a valuable adjunct in the treatment of renal failure, yet haemodialysis units are not generally available, and where they are provided they are not large enough to cope with all the patients who might benefit from haemodialysis. The Minister of Health is under pressure to provide units throughout the country, for he is charged by the community to provide a comprehensive health service. Nevertheless, the Minister, as agent for the community, has the responsibility to deploy the available resources to the best advantage, and has always to be concerned with the general consequences of individual decisions. Hence the decision to provide further dialysis units must be made in the light of the other needs of the National Health Service. A doctor's prime responsibility, on the other hand, is to his patient, so that the patient may be restored to the highest standard of physical and mental health he can attain. If a doctor believes his patient will benefit from haemodialysis he must do his utmost to provide the necessary treatment.

In the period before units are generally available decisions have to be reached on the suitability of patients for dialysis and which of those suitable shall be dialysed. It would seem reasonable that patients with any potentially reversible condition should be treated first. The main difficulty lies in selecting the next patients to be treated. A doctor faced with choosing which individuals to dialyse from a group of patients with chronic renal failure has a collective responsibility to the group to do his utmost to provide haemodialysis for all who would benefit. Hence it is essential that haemodialysis is seen to be a successful form of treatment for chronic renal failure, and the individuals chosen should be those who will benefit most,

thereby also achieving the greatest good. I think this is a clinical decision to be taken by the doctor in charge in consultation with his colleagues.

The suggestion has been made that lay panels should select individuals for dialysis from among a group who are medically suitable. Though this would relieve the doctor-in-charge of a heavy load of responsibility, it would place the burden on those who have no personal knowledge of the patients and have to base their judgement on medical and social reports. I do not believe this would result in better decisions for the group or improve the doctor-patient relationship in individual cases. If the doctor advises dialysis and the lay panel refuses the patient will regard this as a death sentence passed by an anonymous court from which he has no right of appeal; this will create great difficulties in the patient's future management. If cases are considered by the panel without the patient's permission or knowledge uncertainty would be engendered in the minds of all patients under the doctor's care about whether they had been referred to the panel, or referred and refused. For the individual patient treatment does not begin or end with the decision to advise dialysis. This is an adjunct to the treatment of renal failure which may prolong life for a considerable time, but if dialysis is not used treatment will continue along the usual lines.

I believe it is our duty to attain the best possible state of health for our patients, and that this must always be taken into account when making decisions which determine the advice we give to our patients. The final decision will be made by the patient.

M. A. WILSON.