

fierce enough at the time, are of largely historical interest. But over the years the B.M.A., through the General Medical Services and the Compensation and Superannuation Committees, has regularly battled with every Government to get all the compensation paid or at least to persuade the Treasury to raise the interest rate on outstanding money from its original 2½%—a paltry level in this inflationary age. Occasionally there were small successes: the age for payment was dropped from 70 to 65, improved terms for hardship cases were obtained, and more recently there was an agreement to pay doctors out at a progressively early age.

The recent letter to Sir Keith Joseph from Dr. J. C. Cameron and Mr. R. D. Rowlands (page 66) reminded the Secretary of State of a meeting in 1964 when Mr. Anthony Barber, then Minister of Health, while discussing practice compensation with the B.M.A. linked its possible repayment to that of post-war credits. So the announcement last year that post-war credits would be repaid prompted Dr. Cameron and the two committees concerned to press for similar treatment for general practitioners' compensation, and they deserve full credit for negotiating a just case to a successful conclusion.

<sup>1</sup> *British Medical Journal*, 1945, 2, 770.

<sup>2</sup> *Health Services Financing*. London, B.M.A., 1970.

## Mentally Disturbed Doctors

Like the patients they care for, doctors fall victim to mental illness, but two features of it are particularly frequent in the medical profession. These are drug addiction and suicide.<sup>1</sup> The availability of drugs, the temptation to a doctor to treat his own affliction, and perhaps the exacting demands of his work combine to lead him on occasionally to a course that ends in disaster. Some evidence suggests that doctors, and especially psychiatrists, are more prone than the general population to commit suicide,<sup>2-4</sup> but no special personality weakness leading on to drug taking was found when looked for.<sup>5</sup> But it is not surprising that the General Medical Council, in a report issued last week,<sup>6</sup> records that in 1966-70 one in six of the doctors appearing before the Penal Cases Committee was suffering from psychiatric illness.

The danger that such doctors may present to their patients is obvious. What is less well known is the anguish, embarrassment, and anxiety they sometimes inflict on their colleagues. Like doctors with organic disease—and they may feel with greater reason—they are apt to conceal their condition until it becomes too obvious for anyone to ignore. Thus a patient's health may be endangered or the doctor's career jeopardized. The G.M.C. was right to look at this problem, for we are all of us nowadays aware that a certain proportion of misconduct is due not so much to villiany as to illness. Consequently the council appointed a special committee in May 1971 to study the question, and its report has now been put forward as a basis for discussion with professional organizations and Government departments. Legislation would be needed to carry out its proposals.

The committees' main recommendation is that: "Where evidence has reached the Council which suggests that a doctor is suffering from psychiatric illness, then it should be open to the President, or some other member of the

Council appointed for the purpose, after making such inquiries as he thinks fit, to invite the doctor to submit if necessary to medical examination." A panel of doctors who are not members of the G.M.C. would be drawn upon to carry out the examination, and the doctor being examined could also nominate another psychiatrist, physician, or neurologist to examine and report on him. The panel would be asked to report only on the doctor's fitness to practise, not on whether his registration should be suspended.

No difficulty arises if the doctor accedes to this procedure, but if he objects to it or refuses to follow a recommendation—for instance, to cease practising while he undergoes treatment—some further action must follow. Here the report suggests that a committee composed of members of the G.M.C., referred to as the Mental Health Committee and entirely distinct from the Penal Cases Committee, should have the power to examine the doctor's case and if necessary direct that his registration should be suspended wholly or in specified branches of practice.

The report wisely emphasizes that the power to remove a doctor's name from the *Register*, and even the ability to recommend that course, must remain with the G.M.C. itself. In all the criticism that is at present being heaped on the G.M.C. its central position as a safeguard of professional standards as well as of public safety must not be forgotten. Years of campaigning by the profession brought it into existence, and through it the nation trusts the profession to uphold the best in professional education and practice. Thus the decision whether a doctor is to remain registered must never be relinquished to a government body. But what must cause some anxiety is whether the proposed machinery could lead to further interference with doctor's professional lives in an age that is in danger of becoming dangerously inquisitorial. The report's intention seems to be excellent in that it reflects the view that if illness is recognized and treated early a disaster may be averted. What needs careful scrutiny is the character of a scheme proposed by a council whose disciplinary functions are an indissoluble part of its constitution and which discusses so much of its business, including the preparation of this report, in private.

<sup>1</sup> *British Medical Journal*, 1969, 4, 448.

<sup>2</sup> Pond, D. A., *New Zealand Medical Journal*, 1969, 69, 131.

<sup>3</sup> Dublin, L. I., and Bunzel, B., *To Be or Not to Be—a Study of Suicide*. New York, H. Smith and R. Haas, 1933.

<sup>4</sup> Blachly, P. H., Osterud, H., and Josselin, R., *New England Journal of Medicine*, 1963, 268, 1278.

<sup>5</sup> Hill, H. E., Haerten, C. A., and Yamahiro, R. S., in *The Addictive States*, ed. A. Wikler. Baltimore, Williams and Wilkins, 1968.

<sup>6</sup> General Medical Council, Special Committee on the Registration of Doctors Suffering from Mental Disorder, *Interim Report*, February 1972.

## Vagaries of Parenthood

The publication last week of the statistics for abortions carried out in England and Wales during 1970 prompt the question increasingly being asked: What more can be done to encourage a responsible attitude to procreation? Though part of the answer is to ensure that contraceptive methods and knowledge of how to use them are fully available, even this is not enough. Impulse, passion, desire, deceit, and daring can all combine to obliterate mere knowledge. The ever mounting numbers of abortions being carried out des-