Fees for Cremation Certificates

SIR,—The disquiet expressed by Dr. D. A. Spencer (24 February, p. 491) concerning cremation certificate fees is widely shared and raises an important issue.

Before the arrival of the N.H.S. practitioners may have been justified in pointing out to querulous patients that the fee for a brief consultation represented payment for what a physician knew and thought, as well as for what he visibly did. One assumes that similar ideas guide those who compile the B.M.A. booklet on "Fees for Part-time Medical Services." At a time when practitioners are assured of a fairly generous income, and many are working shorter hours, can this attitude be justly preserved regarding routine certificates which require minimal time, thought, and effort?

The suggested fee for completion of the relevant part of a heavy goods vehicle licence application (15 minutes' work at most) is £4.75. For "incapacity certificates . . . for presentation to an employer, school, etc." (one minute's writing, covering facts and findings ordinarily discovered in the course of a normal consultation) it is 35p. Especially debatable is the suggested fee of 70p for "private prescriptions for oral contraceptives," when increasing numbers of doctors are either not charging any fee or prescribing the pill on EC10.

These are three examples, there are many more which can be quoted. Are these fees the ones most doctors charge? How can we defend them?—I am, etc.,

NOEL THOMAS

Maesteg, Glam

SIR,—Dr. D. A. Spencer (24 February, p. 491) may not have to worry much longer about doctors receiving cremation fees. If the Brodrick Report is accepted (and it seems very likely it will be) then all existing cremation certificates will be swept aside and the relatives will merely have to ask the registrar for a burial certificate or a cremation certificate as they please and he will issue it. A possible indication of the value of the present system!

Incidentally, most doctors know cremation forms A, B, C, D, E, and F and some doctors know cremation form H (issued when a body used for anatomical purposes is finally cremated). But whatever happened to form G? Do any of your correspondents know what it is?—I am, etc.,

IVOR E. DONEY

Bristol

Applying for Junior Hospital Posts

SIR,—While welcoming the well-intentioned article by Dr. E. D. Sever and others (17 February, p. 410) I am compelled to state that the points raised therein, though useful to British graduates, may have little relevance to the foreign medical graduates who form the bulk of the applicants.

It may not be obvious to the authors that the acts of omission mentioned may have been largely deliberate. Most of the overseas candidates are older (as shown by the chart in the article) as they have had to save to find the passage money, or because they find it difficult to leave their countries without serving a definite number of years. They have also spent their earlier years in hos-

pitals whose standards are either indifferent or at best unknown over here. Hence they feel that by omitting these unfavourable details they have a better chance of being short-listed and thus gaining an opportunity to explain these facts at the interview. Again, a considerable proportion of the married overseas graduates are away from their families in Britain and are not in need of married quarters, while to ask for married quarters before selection may only be to lose a desirable appointment.

As for using a standard typed application form and inserting the post applied for in ink, the reason of course is that it can take up to 25 applications (and sometimes more) before one is successful. Thanks to the existing system (the rationale of which I could never understand) the process needs to be repeated every six or twelve months.

As the authors readily admit, "no amount of good advice can increase the number of successful candidates." However, this is a rat race, and individuals are well advised to follow the tips.—I am, etc.,

S. VAMADEVAN

Western Hospital,
London S.W.6

SIR,—Dr. E. D. Sever and others (17 February, p. 410) have made some very interesting comments about the quality of candidates applications for medical posts and emphasized their failure to provide sufficient information, especially about career intentions, previous experience, and other accomplishments.

A major factor accounting for this is the considerable inadequacies and inaccuracies of the advertisements to which the applicants are responding.¹ Candidates are seldom able to obtain accurate or detailed information about what experience and prospects the post will provide or what previous experience or talents the responsible consultants desire. Some of this information may be gained at the interview, but this is too late and too incomplete to be fully useful.

The situation could be quite easily improved if, in addition to the routine use of application forms for all grades of post, all applicants were sent a memorandum describing the experience, facilities, and opportunities the post offered, and amplifying the selectors' view of the sort of candidate who would be best suited by it. To improve a selection process it is important to increase the amount of relevant information exchanged in both directions, for the benefit of all parties concerned.

It might be argued that it would be difficult for the selectors to define the sort of candidate they want. However, if they are not able to do so, then perhaps the selection procedure is a much more random process than is usually acknowledged; as I have demonstrated to be the case as regards the selection of medical students.²—I am, etc.,

MICHAEL A. SIMPSON

Guy's Hospital Medical School
London S.E.1

¹ Simpson, M. A., *World Medicine*, 1971, 7, No. 2, 69.

² Simpson, M. A., *Medical Education: A Critical Approach*. London, Butterworths, 1972.

SIR,—It was extremely useful to read "Applying for Junior Hospital Posts" by Dr. E. D. Sever and others (17 February,

p. 410). The authors expressed their concern over the fact that 45% of the group of applicants they studied had been qualified five years or more. The chart clearly shows that the majority of these over-qualified candidates qualified abroad. We feel that it is important, for more than one reason, to analyse this situation.

In the first place, most of the foreign graduates who arrive in this country have already been qualified for three or more years. There is much competition for posts in general medicine and general surgery, and most consultants will be unwilling to appoint a candidate who has had no experience in Britain. These candidates, therefore, have to start with specialties such as geriatrics, psychiatry, casualty, or orthopaedics, in which they may have no interest. By the time they feel ready to apply for the more popular specialties they will have been qualified five years or more.

Secondly, many of them never get a post in general medicine or general surgery in a good hospital, simply because U.K. graduates are also candidates for the same post—and still they go on applying, year after year. It is in this last situation especially where a fair-minded consultant can—at least occasionally—help some of these unfortunate overseas doctors, to whom the National Health Service should be so thankful.—We are, etc.,

M. YUNUS

Glasgow

N. A. JABBAR

Stirling

Anopheles Eggs on Offer

SIR,—The Department of Health and Social Security's Malaria Reference Laboratory at Horton Hospital, Epsom, is closing at the end of March. Its activities are being transferred to the London School of Hygiene and Tropical Medicine.

For many years past two colonies of anopheles have been maintained. One, *Anopheles labranchiae atroparvus* was started in 1934 from the eggs of a single specimen and is still functioning. The other species, *Anopheles stephensi*, was started in 1947 from eggs sent from Delhi, India, and is still active.

If any worker who is interested would like either or both of these species before they are abandoned, viable eggs will be sent on wet filter paper on request.—I am, etc.,

P. G. SHUTE

Malaria Reference Laboratory and W.H.O. Regional
Malaria Reference Centre for Europe,
Horton Hospital,
Epsom, Surrey

Hyperactive Children

SIR,—It is extraordinary to find at a time when general practitioners and others are trying to limit the prescribing of amphetamines that you should advocate in a leading article (10 February, p. 305) the prescribing of stimulant drugs (methyl phenidate and dexamphetamine) which may have to continue for "months or even years" without even a warning on the dangers of dependence and addiction.

Hyperkinesis and hypokinesis form some continuum about a norm for all children (and adults also for that matter). Postulating

minimal brain damage (that is, undetectable brain damage) seems a particularly fruitless approach, but if there really is brain damage (that is detectable) then some form of prescribing needs to be considered. The task of the doctor and his allies is to teach the child to manage its hyperkinesis (excitement, happiness, joy, or whatever word you use) from its own resources and for the parent to adapt to this.

There are great dangers for the child psychiatrist embarking on the treatment with dexamphetamine or other stimulants of hyperkinetic children—one report gives 10% of the children at a school in the United States as being treated by this means. Apparently, according to your article, they get better anyway, so this would seem to be a case of treating what gets better and we shall therefore have a series of successes.—I am, etc.,

P. A. L. CHAPPLE

National Addiction and Research Institute,
London S.W.10.

Call for Compromise

SIR,—We write to you as old friends and collaborators who find ourselves, for once, on opposite sides. We disagree about the B.M.A.'s constitutional crisis and the recommendations of Sir Paul Chambers. Nevertheless, we are fully in agreement that the situation which has arisen poses a grave threat for all of us. Some change must now be inevitable, but it is a disaster that the energies of our leaders should be occupied in wrestling with this problem at a time when business of greater moment and urgency confronts us. We can make our own timetable for constitutional changes within our own organization, but the impending changes in the N.H.S. and local government will not await our convenience.

If the Association gets itself bogged down in this Chambers controversy, less time and energy will be available for dealing with these wider issues of reorganization. Most of us are aware that as tension mounts and problems multiply efficiency falls off. The same leaders who are already at full stretch must concern themselves with all these present difficulties; if they allow themselves to be occupied to the point of frustration and irritation by the Association's constitutional dilemma, as seems to be happening, then N.H.S. reorganization is bound to suffer for lack of concentration and of time.

Is it too late to suggest that the Associations' own domestic problem should now be set on one side until after April 1974? If this were done then our leaders could concentrate on the more urgent problems. At the same time they could appoint a working party of able but less heavily committed members to study the Chambers Report, the report of Council which was before the Special Representative Meeting but never got considered, and the various reactions which have now been provoked. The working party would consider all the relevant material and make recommendations in due course, preferably with a choice of alternatives.

Our suggestion may be seen as a faint-hearted retreat from a difficult position, but we feel that it is a reasonable approach to a situation which, if it continues to develop

in the way that it now threatens, may bring disaster upon the profession. The Association has managed to "muddle along" with its autonomous committees since the advent of the N.H.S. and even before. With the gift of hindsight it is easy to say that it should have put its house in order several years ago, but would it now harm us to accept the status quo for a year or so longer?—We are, etc.,

W. ERNEST BOWDEN
P. O. O'BRIEN

Warrington

SIR,—I am very distressed to learn from the newspapers that the Conference of Local Medical Committees—not a part of the B.M.A.—is attempting to dictate to the Association how it should arrange its affairs. I am equally distressed that a standing committee of the Association should so openly flout the policy of the Association as laid down by the Representative Body. This is a situation which Sir Paul Chambers foresaw but did not expect would occur so soon, and he did not spell it out in detail. I have no doubt that the privileges of membership of the Association must lie solely with those who accept the duties of membership—to pay their subscription. This does not mean that the Association is unable to represent the whole profession. But non-members must not expect to have any say in the decision-making processes. This is the normal state of affairs in any voluntary society or trade union.

If the general practitioners as a whole wish to support, and pay for, a continuation of the General Medical Services Committee, that is their prerogative. But it would have no connexion with the Association and would have to find all its costs. This might cost each general practitioner some £15 a year without counting the cost of the political functions of L.M.C.s. I personally would not pay this subscription.

However, if those members of the G.M.S. Committee who are also B.M.A. members are nominated by members of the Association to sit on the general practice committee of the reorganized B.M.A. then that is their privilege. It will be up to the general practitioner members of the Representative Body to elect this committee and I am sure that they would consider the claims of those doctors very carefully. Friends in the hospital service have said to me that they would be very happy to have such skilled negotiators working for their interests. But it will be essential for the new general practice committee to be elected by the Representative Body—or a section of it. There would be no doubt then where the loyalty of the committee lay. Nevertheless, it could still be in close but informal touch with the continuing forum of discussion of the G.M.S. Committee.

We are approaching the reorganization of the N.H.S. and important decisions will be taken at area level in the very near future. It is essential that we integrate the N.H.S. with an integrated profession. I pray that the Council, in its report at the end of March, will have this end in view.—I am, etc.,

M. J. ILLINGWORTH

Alva, Clackmannanshire

SIR,—It is axiomatic that the constitution of the B.M.A. was in need of reshaping—and especially so since the unfortunate fiasco at the A.R.M. at Eastbourne. There is now talk of the G.M.S. Committee splitting off from the B.M.A. in the cause of "autonomy"—a disease which has been a dangerous source of weakness since 1948—and those who talk thus do immense disservice to the whole profession. If unity goes we are lost—and that goes for the G.M.S.C. as well as for the Association.

This is no time for tantrums and displays of temperament. The issue is clearly before us, and we must settle it in the best interest of us all. Let us now, like reasonable people, sit down together and work out an acceptable *modus vivendi*. This is not beyond the wit of man to attain. A joint meeting of the Representative Body and the Conference of Representatives of Local Medical Committees should be held with a strictly limited agenda—and with the chief object of preserving unity in the profession. It is not for me to suggest how the agenda should be framed, but it might possibly be of use if Council's proposals, which were not debated at the S.R.M., were to be included. At all events, it is essential that we should save ourselves by our own endeavours, and that whatever else happens we should refuse to be fragmented.—I am, etc.,

VICTOR RUSSELL

Wolverhampton

SIR,—If the mood of the representatives at their Special Representative Meeting in November (*Supplement*, 25 November, p. 55) was for change, that at the Special Conference of Local Medical Committees in February (*Supplement*, 24 February, p. 51) was equally clear—"I have made up my mind; please do not confuse me with the facts." Certainly, when the Chairman of Council presented the facts at the Special Conference—including a reference to what I see as mistaken evidence in the General Medical Services Committee's report S.C.12—and when the chairman of that committee, Dr. J. C. Cameron, repeatedly asked the Conference to face up to facts few of those present paid attention. The fact is, of course, that the Representative Body has democratically decided that Chambers in principle shall be implemented.

Indeed there seems to be only one interpretation of the purpose of this meeting and that is, as one speaker phrased it, "to put a gun to the head of the Representative Body." The question for the R.B. to decide is whether the gun contains live ammunition or blanks.

The G.M.S. Committee made quite clear that it will continue independently of the B.M.A. if Chambers is introduced, but no one explained who will foot the bill. Land in central London costs £300,000 an acre, so where will the new G.M.S. Committee meet? Who will pay for staff and running costs? Who can say how many general practitioners will stay loyal to the B.M.A.? With whom will the Health Departments negotiate? From whom will the Review Body accept evidence? The most favourable outcome of this crisis will be fragmentation of G.P.s, and at worst there will be a split down the middle.

The tragedy of all this business is that the G.M.S. Committee is, in part, morally right.