

CORRESPONDENCE

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Aspirin and Myocardial Infarction

SIR,—Might it be the case that the apparently lower rates, reported by the Boston Collaborative Drug Surveillance Group (9 March, p. 440), of aspirin-taking in patients with acute myocardial infarction compared with controls could be due partly to the choice of control cases?

These controls were patients admitted for a miscellany of conditions to medical and surgical wards of 24 hospitals in the Boston area and the inference is that the majority were subacute or elective admissions. Myocardial infarction is usually an unexpected event requiring abrupt admission to hospital. Since it cannot be predicted, it would be surprising if many subjects were to take aspirin during the onset. At least, it is unlikely that they would conform to the definition given in this study of "regular" aspirin-taking, which is daily use in the month before admission.

It is difficult to conceive of a truly comparable group, though middle-aged men admitted after road accidents might be acceptable. If the rate of aspirin-taking in such a group is as low as in those patients admitted as emergencies with myocardial infarction, the deduction that "the data are consistent with the hypothesis that aspirin protects" against non-fatal myocardial infarction would carry much more conviction.

With the equivocal results reported from Cardiff (9 March, p. 436) aspirin becomes yet one more treatment of possible benefit to patients with myocardial infarction and requires, as you say in your editorial,

arduous and prolonged controlled investigation.—I am, etc.,

M. F. OLIVER

Department of Cardiology,
Royal Infirmary,
Edinburgh

Aims of Specialist Training

SIR,—I have been asked recently by a German medical association to prepare an account of how one becomes a specialist in Great Britain. While doing my homework, which includes studying the training programmes for many specialties prepared by several royal colleges, it appears to me that the fundamental questions have never been asked—namely, "What are we training these doctors to do? What is the job specification?" Most of the programmes appear to be excellent for training professors in the various specialties, including general practice. This is what I would expect from a study of the formation of the groups set up to draw up training requirements. Unfortunately, there are not enough professorial chairs to go round.

Lack of certainty as to the functions of the "final product" may, to some extent, excuse an inappropriately oriented undergraduate course, the purpose here being to produce an educated doctor who can continue to learn for the rest of his life. However, there is much less room for lack of certainty as to the functions of the "final product" of specialist training.

This question is intimately related to the question of the relative value to society of those who practice medicine in Britain today. This is a question the profession must study closely. It is now feasible to carry out job evaluation, and I feel that such a study would show that the profession is grossly underpaid. The danger is that, though it is immoral, the reverse process is also feasible and may indeed have been carried out already—that is, to name a salary and then work back to the job specification. Such a process would, of course, have a very dangerous effect on the standards of medical practice.—I am, etc.,

PAUL R. J. VICKERS

Newcastle upon Tyne

Hospital Complaints Procedure

SIR,—While welcoming the consideration given to the customers' suggestions and complaints in the report of the Committee on Hospital Complaints Procedure under the chairmanship of Sir Michael Davies,¹ may I say that some of the recommended procedures are less than suitable to the needs of the patient or the hospital staff?

Most suggestions and less disturbing complaints are already dealt with by the wise ward sister and the intelligent doctor without recourse to documentation. Obviously serious deficiencies and "things that go wrong" must be quickly passed to administrative authority because of legal implications. This leaves what could be a relatively large intermediate area of suggestion and