

be many differences between Scottish and English legislation after devolution; surely that is an important part of the concept and abortion is only one of many issues. If there are fears of unilateral traffic flow for abortion let the legislators ensure that the laws are the same in both countries; that is the more logical way to try to ensure that similar services exist throughout what I hope will still be the United Kingdom.

R M MILNE

Dechmont, W Lothian

*The Scottish Secretary writes: "The Scottish Council of the BMA has considered the Bill not on political but on practical grounds only. It is not expected that devolution as such will advantage the Health Service in Scotland and the Council has urged that remuneration and conditions of service together with standards of health (schedule 10, group 1) should be the same in both England and Scotland. North Sea oil has no relevance."—ED, *BMJ*.

SIR,—You report (7 January, p 60) that the Devolution Group of the BMA Scottish Council hopes to amend the Scotland Bill so as "to ensure that the funding of the . . . treatment of . . . mental disorder . . . continues as at present." If this amendment is carried it would seem necessary to bring the hospital provisions for the mentally handicapped in Scotland more into line with those for England if the rest of the Health Service in Scotland is not to suffer.

It has recently been proposed that proportionately 50% more hospital beds than in England should be provided, serviced by the appropriate number of general psychiatrists, nurses, etc, thus exacerbating the present inequality in reliance upon the Health Service.^{1,2} On the assumption that a disproportionate burden is not to continue on the rest of the UK an alternative arrangement would be to provide these extra Health Service provisions through local taxation in Scotland only; it is significant that in your leading article in the same issue (p 1) you point out that "in Scotland local authorities have avoided making any provision at all" in the similar grey area of senile dementia.

T L PILKINGTON

Mental Handicap Project
(Cleveland),
Stockton-on-Tees,
Cleveland

¹ Scottish Home and Health Department and Scottish Education Department, *Services for the Mentally Handicapped*. Edinburgh, SHHD and SED, 1972.
² Department of Health and Social Security, *Better Services for the Mentally Handicapped*, Cmnd 4683. London, HMSO, 1971.

Is your treatment really necessary?

SIR,—In the present state of antagonism between the medical profession and the Government there is more need than ever before to demonstrate our professional responsibilities and concern over national problems.

Because of the national need to control inflation and keep expenses down all over the country there are regional, area, and district committees that include doctors striving and scraping to cut their expenditure. Building programmes are being scrapped, staff is being reduced, and administrative economies are

being made. Doctors' clinical actions and behaviour appear to be sacrosanct and have not been interfered with and clinical freedom still reigns. Surely it is time for the medical profession to examine what is going on clinically within the NHS to arrive at priorities on what is necessary, what is useful, and what is useless and unnecessary.

For example, with prescribing costs by general practitioners in 1977 at about £500m or £20 000 per GP it is only right that a critical evaluation be made of the true needs and benefits of such expensive medication. The number of persons attending our hospitals is increasing annually; 11% of our population are admitted, 16% are referred to outpatient departments for the first time (probably as many are reattending), and 20% attend accident and emergency departments each year. Are all their admissions and visits really necessary? The use of diagnostic radiology and pathology is going up, up, and up annually, to what real purpose?

Some of the intensive and extensive care received in our hospitals today is truly amazing. It is by no means unusual for old persons (and they are a growing proportion of inpatients) to be referred back to their GPs with no fewer than six different sets of pills for conditions which scarcely need treatment at their age, let alone exposing them to confusion over taking them and risking unpleasant side effects. Are all reattendances at outpatient departments really necessary? Particularly when the patient is seen by a different junior doctor each time.

Sooner or later someone is going to question what we do. Surely it is better that we do the questioning and correcting than leave it to outsiders.

JOHN FRY

Beckenham, Kent

Wasted women doctors

SIR,—Although Dr Peter Richards (14 January, p 95) and Dr Anne Grüneberg (28 January, p 239) are to be congratulated for their well-justified plea to rearrange NHS careers structure in order to avoid the senseless and costly wastage of medical womanpower, there is one important omission in their arguments. The need to create part-time posts and training facilities arises largely from the fact that child-rearing is both regarded and designated as an entirely female task. Yet there are many fathers who would wish to participate further in the upbringing of their children and who would also benefit from a more humanely organised career structure that would enable both fathers and mothers to take time off to be with their family. This applies in particular to the majority of hospital doctors, who, because of long working hours, miss so much of their children's early development. It is right to press for part-time posts, but if we continue to regard them as the sole preserve of women doctors we could well be creating a new generation of second-class doctors who will always be regarded as less equal than others.

One of the simplest and most important means of generating equality of job opportunity in the Health Service is to provide child care facilities in all hospitals and health centres. This would enable both men and women working in the Health Service to spend a full working day if they wished without the inevitable feeling of guilt over "abandoning" their children at home. It is incongruous

at the very least that the Health Service, which is ostensibly devoted to the preservation of the health of the British family, should be among the slowest to respond to the fundamental need for child care provisions. We of the Middlesex Hospital Women and Health Group are campaigning for such facilities to be made available to all NHS employees on the hospital premises. We would be pleased to receive information from any hospital that already provides such a service.

BOBBIE JACOBSON

Convener,

Middlesex Hospital WHG

Middlesex Hospital Medical School
London W1

Redundant doctors

SIR,—Your leading article under this heading (21 January, p 131) prompts me to ask what the profession intends to do about clarifying the matter of when a doctor's training is complete.

As it is the senior members of our profession who are responsible for appointments to consultant grade, presumably they are the people who decide when training is complete. The Department of Health and Social Security is not involved in this decision. My observations on Merseyside over the years lead me to believe that this decision is entirely arbitrary. There are consultants with no experience at senior registrar level, while senior registrars with over five years' experience are passed over for the same appointments.

Surely it is time for the profession to put its house in order and institute a proper career structure with security of tenure for senior registrars. Obviously such changes would take time to implement and could not assist Dr Baksi in his present predicament. As a colleague of Dr Baksi I would make the comment that, as he has had the courage to put the Employment Protection Act to the test on behalf of the profession, surely it would be opportune for the profession to recognise his contribution by ensuring that justice is seen to be done.

B A B THURLOW

Aughton,
nr Ormskirk, Lancs

Appointments in Iran

SIR,—We have received disquieting reports about the conditions of employment of some doctors who have been recruited to work in Iran. The purpose of this letter is to alert any other doctors who may be contemplating going to work in that country in the near future.

Before accepting any appointments with the Government of Iran medical practitioners are advised to communicate with me. I cannot stress too strongly the importance of obtaining a clear statement of terms and conditions of service in writing before accepting overseas appointments, and members should seek the advice of the Association before they depart from this country. They should also register with the British Consulate on arrival.

E GREY-TURNER

Secretary, BMA

BMA House,
London WC1