Inside Europe

Prospects for European Medicine

FROM A SPECIAL CORRESPONDENT

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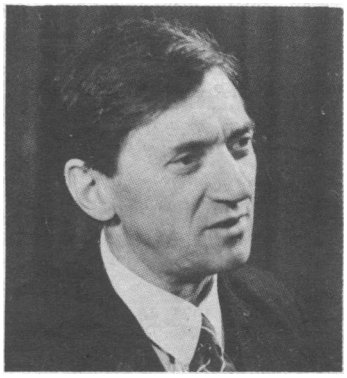


Dr. Alan Rowe, Chairman of the B.M.A.'s Committee on the E.E.C.

Perhaps no one should be surprised that Dr. Alan Rowe can see no medical disadvantages to a "Yes" vote in the referendum on 5 June; he is, after all, chairman of the B.M.A. Committee on the E.E.C., and has been working for several years towards the objective of free movement of doctors within the European Community.

"But in any case," he told me, "medicine in Britain has been moving closer to Europe for some time; our horizons are no longer limited to links with North America. British membership of European specialist groups and associations has been growing rapidly in recent years, and the younger graduates are very much concerned with the goings on on our own doorstep."

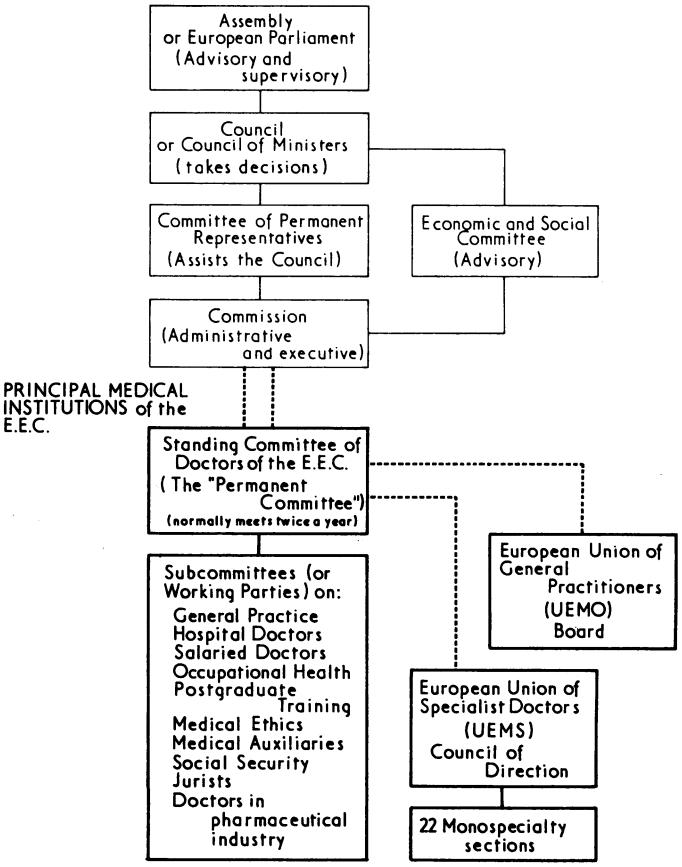
Backwoodsmen Fears

Some doctors—and others—still feared the consequences of the lifting of legal restrictions on movement of doctors across the channel, I suggested. Might not hordes of foreign practitioners come over here and take over the N.H.S.?

These fears were nonsensical, Dr. Rowe explained. While the directives would prevent discrimination based on nationality, a European doctor who wanted to get a job in the N.H.S. would be no better or worse placed than a British graduate. If he wanted a hospital job he would have to apply through the usual channels; and for a general practice vacancy again he would apply through the family practitioner committee in the usual way. True, in an open area he could just come and set up practice; but that applied to any doctor at present registered by the G.M.C.

"One of the articles under the treaty," Dr. Rowe went on, "requires member states 'to see to it that, where appropriate, the persons concerned acquire in their own interests and in that of their patients, linguistic knowledge necessary for the exercise of their profession.' We are currently looking into the interpretation of that clause."

Another fear sometimes expressed, I suggested, was that European patients who had to pay 15-25% of the cost of their treatment might flock to Britain for their artificial hips and heart valve replacements. Again Dr. Rowe saw no cause for anxiety. In European countries with systems of reimbursement of fees, almost without exception payment for the treatment of serious illness was reimbursed at 100%; and in any case it seemed that even in those cases where the rate was less than 100% the financial incentive was not big enough to encourage patients to travel long distances.



The B.M.A. appoints the United Kingdom's representatives to the Standing Committee and is acting as the Secretariat for 1974-6 during which time meetings are taking place in London. The B.M.A. also appoints representatives to UEMS and UEMO which meet in different cities of Europe.

Relation of Standing Committee of Doctors of the E.E.C. to other Community Institutions.

Centres of Excellence

However, he went on, possibly patients might want to travel across national frontiers to benefit from the treatment available in centres of excellence. One of the prospects for the future was planning on a European scale the optimum distribution of specialist units for treatment and investigation, bearing in mind the realistic limits imposed by geographical factors. Supranational co-operation was already a fact in certain areas, such as

Eurotransplant, and indeed sharing of computer facilities seemed one profitable avenue for exploration. Centrally stored data on drugs and their side effects, for example, could readily be made available throughout the whole community. Another worthwhile object of current study was the standardization of drug packaging and labelling, and before too long this might be extended to other areas of medicine.

If foreign doctors and patients would not be flocking into Britain, what about the reverse trend? Would our graduates be pouring across the Channel in search of better pay and living standards? This was a possibility, said Dr. Rowe; but there were current restraints on such an exodus. Many European countries were far from short of doctors; just as in Britain there was strong competition for the attractive jobs, while the less pleasant parts of the health system tended to be propped up by foreign graduates. Furthermore, there was a lot of anxiety about medical manpower prospects in Europe, especially in those countries which gave open entry to medical school to all school-leavers with the basic academic requirements. Even with failure rates approaching 80% at the end of the first year, excessive numbers of doctors were being produced. "One of the contributions made by the British delegation," said Dr. Rowe, "has been our recommendation of the value of qualitative criteria in the assessment of training standards. We emphasized the importance of student/teacher and student/bed ratios; for overloading of teaching resources can lead to a lowering of standards. And in general the Standing Committee's opinions are now respected by the Commission, so that doctors have a real voice in European affairs."

Raising Standards

Perhaps the most exciting prospect to come from free movement of doctors within Europe was the effect it could have in raising standards, Dr. Rowe went on. Inevitably governments would compare the costs and benefits of the various systems of delivery of health care, while academic units would also be sure to compare health statistics and correlate them with different attitudes to preventive medicine. This could only lead to a raising of standards throughout the community—the lowest would rise, rather than any process of levelling down. Of course each member state would retain its sovereignty to organize health care along the lines it chose; but there would be a lot of questions asked by people if the objective measures of health were much lower in their own country than its neighbours.

Cheaper Holidays

One ray of sunshine amid the economic gloom came from the effect on holiday travel of our closer links with Europe, Dr. Rowe concluded. As a result of the reciprocal health agreements British citizens (strictly employees and their families) travelling in Europe could in general expect before long to get medical treatment on the same terms as the nationals of the country they visit; this might mean paying cash for treatment, but the money would be recoverable. Though it will always be a wise precaution to check with the travel agent about medical facilities in the chosen locality, for most families holiday health insurance should no longer be the necessity it has been.

Any Questions?

We publish below a selection of questions and answers of general interest

Electromagnetic Vibrations

Are electronic watches which run off the very rapid vibration of a tuning fork safe?

There is no reason why there should be any danger. In theory damage to tissues from vibrations may be caused by both the frequency and the intensity of the waves. (There is a good review by Taylor and Dyson[1] of the problems involved with ultrasound.) Electromagnetic vibrations are produced by electronic watches and these are in the megaHertz (MHz) range —that is, greater than those of ultrasound but very much less than those of *x*-rays. In addition the amount of current used is measured in milliwatts and it would require over 50 years to reach the level generated by one diagnostic *x*-ray.

[1] Taylor, K. J. W., and Dyson, M., *British Journal of Hospital Medicine*, 1972, 8, 571.

Cardiac Murmurs, Dentistry, and Antibiotics

Recently several patients of mine (including both young and old people) have been told that they have clinically insignificant murmurs that do not require further investigation or treatment. Should such patients receive prophylactic antibiotics for dental treatment?

The label insignificant or innocent when applied to a heart murmur means that, whatever its cause, it will affect neither the life style nor the life expectancy of the patient. Such labels beg the question of aetiology. Any group of patients with this type of murmur will include those in whom no amount of investigation will reveal a cause; those with extra-cardiac causes, such as bony abnormalities of the thoracic cage; and those with congenital or acquired malformations so mild as to be judged inconsequential. In a few of them bacterial endocarditis, though a risk, is but a remote possibility; in all of them cardiac neurosis is by no means so.

Many whose hearts have come under suspicion because of a murmur are left with a nagging doubt, despite reassurance from specialists and family doctors. To tell the patients that there is nothing to worry about but add that whenever they have dental treatment they should have antibiotic cover as a precaution is likely to do more harm than good. Much of medical practice involves giving advice after carefully balancing alternative risks. In these circumstances the best additional advice is to tell the patient to go away and forget about the murmur.

Diesel Exhaust Fumes

What are the hazards of diesel exhaust fumes?

Diesel exhaust fumes are unpleasant because of the aldehydes which they contain but there is very little, if any, carbon-monoxide. The oxides of nitrogen and polycyclic hydrocarbons are both lower than the concentrations found in petrol exhaust fumes.[1]

[1] Commins, B. T., Waller, R. E., and Lawther, P. J., *Air Pollution in Diesel Bus Garages.*