

SUPPLEMENT

The Week

When will doctors learn to stop attacking each other? The cynic might say, never, so long as human nature is as it is. But I live in hope and confess to having thought that intra-professional divisions had been softening of late. My illusion was rudely shattered recently when chatting to a group of consultants. I was taken aback at some of the bitter remarks made about their general-practitioner colleagues. But their stories of what medical outrages this or that GP had committed and how the local GP could never be contacted out of hours had a familiar ring. Familiar because with minimal changes in wording I've heard the same tales of horror related by GPs about consultants. Indeed, the occasion reminded me of the general practice doldrums of the early 'sixties when over a drink after their protest meetings GPs would swap tales of envy about the privileged consultants. Perhaps the consultants' outburst is a similar phenomenon: symptom of their economic discontent and professional frustration. But such remarks won't cure this: they merely breed more bitterness, bring solutions no nearer, and harm the profession. We have already seen the damage done when different groups within the NHS clash.

All sections of the profession contain good and less good practitioners—I remember one wily medicopolitician's adage: there's no such thing as a bad doctor—but ridiculing colleagues is a self-destructive exercise. So, let's make a New Year resolution to extend the season's good cheer to *all* our professional colleagues.

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Hansard is an endless source of informative entertainment. Can you tell me, for instance, what a twister is or a woolcomb hackle maker? I ask because on 2 December one MP asked the Secretary of State for Employment for information about registered trade unions. A dull enough subject you may say, but the answer gave intriguing hints of Britain's industrial past. The minister listed those organisations so far granted a certificate of independence—issued under section 8 of the Employment Protection Act 1975, in case you had forgotten. I noticed that the Northern Carpet Trades Union had the lowest membership (69) of unions affiliated to the TUC. Eleven up on that was the Cloth Pressers Society and neck and neck in front of them were the Society of Shuttlemakers with 135 and the Amalgamated Society of Journeymen, Felt Hatters, and Allied Workers with 138—all remnants of our once world-renowned textile empire? Then I found that the Huddersfield and District Healders' and Twisters' Trade and Friendly Society—surely some internal contradictions there—still has 211 members. Whoever and whatever all these woolly bodies represent, they must share a feeling of exclusiveness alongside the massive 1 856 165 membership of the Transport and General Workers' Union. But you can see why Jack Jones carries so much clout in the Labour movement.

What has all this to do with medicine? Well, only that among the 131 unions listed as affiliated to the TUC and the 66 unions outside its fraternal embrace just two bodies fail to provide membership figures: the Junior Hospital Doctors Association and the Association of Headmistresses. Perhaps they should get together and produce something. The BMA's listed membership of 67 000 is, incidentally, the second largest of the non-affiliated unions: only the National Association of Unions in the Textile Trade with 138 646 members is bigger. Even so, now that the RCN, with its 90 000 total membership (20 000 or so are student nurses), is to apply for a certificate of independence the BMA will presumably be pushed into third place. And which is the smallest union? The (non-affiliated) London Society of Tie Cutters, who boast just 66 members. That's sufficient nonsense for now: I must get on with my next copy of *Hansard*.

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Will 19 December really see hundreds of doctors dashing to Heathrow or Dover? Or will the medical directives produce just a trickle of medical emigrants to Europe? On Panorama on 29 November we saw one or two doctors who had already moved and were happy—not only with their enhanced pay but also with the medical atmosphere. We've heard the complaints about the NHS so often—lowering of morale, the effects of reorganisation, with administrators breeding like rabbits, and the fact that Great Britain is still near the bottom of the Western earnings table. The head of one medical recruiting agency reported that he had had 1000 inquiries from hospital staff in the last three months and that 500 doctors were registered with him and actively seeking employment in the continent. I've also heard that the GMC has had many inquiries about its £25 certificate of specialist training. What's more, language courses for doctors are on the increase. On the other hand, from what I hear of the over-production of doctors in most European countries, the 1980s are going to see too many doctors chasing too few jobs, everywhere.

Perhaps this is not the place to fly the BMA's flag, but I was surprised that, though the author of *Medical Doctors in the Nine Countries of the Common Market: Systems and Payment and Levels of Remuneration*, Professor D Deliège, was interviewed, Panorama failed to explain that the BMA had commissioned and financed this opus. Furthermore, for the last three years the BMA has run the secretariat of the Standing Committee of Doctors of the EEC and played a big part in the successful outcome of the protracted discussions on common basic qualifications, including launching the EEC Commission's Advisory Committee on Medical Training. Yet the Association didn't rate a mention in the 40-minute programme: strange, as I believe that several BMA stalwarts and its press department were asked for and gave help to the BBC.

SCRUTATOR