City centres and general practice

SIR,—Dr R Lefever's letter (4 March, p 907) raises many interesting points. I would suggest that the basic principle of primary health care —that of providing a caring, preventive, fully comprehensive service—is being stifled, not by the NHS as he has suggested, but by the entrenched, outdated attitudes of the bulk of the medical profession, the BMA, and the Royal Colleges of General Practitioners and Nursing. Why does he not question the morality of the medical profession?

As I have repeatedly stated, the present system of primary health care utilising the GP as the point of first contact is anachronistic, wasteful, non-caring, frustrating, and inefficient, whereas a system utilising suitably trained paramedics at the point of first contact, supported by GPs acting in their roles of specialist generalists, would greatly enhance the service provided to the patient. It is, after all, the patient who is at the centre of the system, not the members of the caring profession. However, mention the introduction of paramedics and there is an immediate outcry of "barefoot doctors" from the learned members of those august medical institutions the Royal College of General Practitioners and the Royal College of Nursing. What is wrong with a "barefoot doctor" providing a caring service which the shod, and well-heeled, GP is apparently unable to do? No one yet has refuted this challenge for the simple reason that they are unable to do so.

The NHS concept is correct; it is the practitioners within the NHS who are scared of change and of loss of status and financial gain. The writing is already on the wall. The will is there to destroy the NHS.

IAN F M SAINT-YVES
Menstrie, Clackmannanshire FK11 7HX

Oxfordshire AHA and making ends meet

SIR,—As a member of the Central Committee on Hospital Medical Services (CCHMS) I feel that I should comment on Mr M H Gough's letter (21 March, p 997). I was not at the last meeting of the Oxford Medical Staff Committee but was present at the CCHMS. There the point was made very strongly that the Holt Report, as an attempt to save money by Oxford doctors, was entirely praiseworthy. What caused the criticism and dispute was the unilateral breaking of national agreements by officials of the AHA(T), which happened separately and in advance of the Holt proposals and with immediate implementation. This mainly affected the juniors and was taken up by them, as reported in the *BMJ* (14 February, p 585). This resulted in a meeting between officials of the *BMA* and officials of the AHA(T). The area medical officer later issued, the day before the meeting of council, a letter "climbing down" from the position that had been taken. This happened only as a result of the very strong BMA pressure and the threat of the "black box."

I am the only Oxford consultant on the CCHMS but am there as representative of the Radiologists Group Committee, and not as a representative of the Oxford Regional Committee on Hospital Medical Services. I listened to the debate and later joined in. I thought it was very fair and was indeed very surprised at the sympathy shown for the plight of a very hard-working teaching group. Even those who tend to be against teaching hospitals were very sympathetic. Certainly the points made about under-funding for the John Radcliffe Hospital, RAWP, and the other difficulties which Mr Gough mentions, were made and the debate was also reported in the *BMJ*. There is no Oxford consultant on Council (which considered the matter the day before the CCHMS), but I understand that similar points were made there.

If any health authority breaks national agreements unilaterally, surely it is not surprising that the BMA feels in duty bound to take action.

F W WRIGHT
X-ray Department,
Churchill Hospital,
Headington, Oxford

Review of contract and terms of service needed?

SIR,—In these days of increasing public demand for medical services and the high expectations from these services, is it not time that a critical review was made of the contract and terms of service under which we work? I am aware that a review of the contract was made in the New Charter Working Group Report[1] and, while this is an excellent document so far as it goes, it offers no solution to the concept of total reponsibility at all times. It is unreasonable to expect any one person to be responsible for all aspects of his patients' care for 24 hours a day every day. However one organises off duty, the ultimate responsibility remains.

While, in theory, we have the right to occasionally say "No" to our patients' apparently unreasonable requests, it is a brave man who in actual practice does so with an easy conscience. Litigation is on the increase—often preceded by a free trial run of a service case procedure and all the long drawn-out worry that entails.

Some of our colleagues seem unaware that the defence societies are not in fact insurance societies and are not legally obligated to pay all expenses incurred in litigation. I believe that the day is approaching when, perhaps owing to a partner's absence or unusually high demand, I will be physically incapable of dealing satisfactorily with the work requested in a specified period of time. Under these circumstances I should have the right to say "Enough is enough" without the fear of the present-day consequences of such an action.

I am well aware of the advantages of our so-called independent contractor status, but cannot see why this would need to alter if we were allowed to contract to do the work we feel capable of coping with and thus maintain the high professional standards rightly expected of us.

R WANN
Westcotes Health Centre,
Leicester LE3 0LP

[1] Anonymous. *Br Med J* 1979;i:564-7, 572.

Attracting hospital junior staff to meetings

SIR,—As a medical representative I believe that the very poor attendance recently experienced by South Warwickshire Division of the BMA is neither unusual nor unexpected.

To attract a good audience careful attention must be paid to the "wants" of the proposed audience, just as a marketing executive carefully and deliberately considers the wants of potential customers. Today the only industries that are really successful are those which have applied modern marketing methods to discover the changing wants of a modern customer.

In my experience a modern junior doctor is more likely to respond to an invitation which is different from all the rest, to a new or unusual venue, especially if it is more comfortable than the traditional wooden seats of many lecture theatres. An enjoyable, interesting, and relevant lecture is far more likely to ensure that busy doctors make time to attend.

It all requires a great deal of effort on behalf of the organiser but I can assure you that a good attendance makes it all worthwhile.

GRAHAM PRESTWICH
Astra Pharmaceuticals Ltd,
Leeds 16

Protest against punishment by amputation

SIR,—As a Muslim doctor I have been following the correspondence concerning the punishment by stoning to death and amputation of hands with great interest. May I point out to Dr J Kelstrup (24 January, p 321) and to Dr J P R McCulloch (21 March, p 995) that there is not a single verse in the Koran that ordains the punishment by stoning to death. I challenge anyone who can point it out to me, quoting chapter and verse. It simply does not exist. The only punishment that is meted out for adultery is 100 strokes (ch 24 verse 3).

As for the verse prescribing the amputation of the hand of the thief, this is more of a figure of speech than real. It is related that a man once came to the Prophet Muhammad and told him to his face, "You have not been just in distributing the booty"; whereupon the Prophet said to his cousin Ali, "Cut off his tongue." Ali unsheathed his sword, but the Prophet stopped him immediately, saying, "Not this way. Give him some more of the booty to stop him protesting." The same applies to cutting off the hands of thieves. Give them enough to live on to stop them stealing. The Prophet repeatedly said, "There is no maiming or amputation in Islam"—*La muthalata fi' l-Islam.*

It is the great misfortune of Islam, one of the most tolerant and reasonable religions, that it is so grossly misunderstood. Its beauty is marred by brutal interpretations by men who fail to understand it, tend to apply their own primitive ethnic culture, and call it Islam.

S A AL-DABBAGH
Oxford OX1 2JQ

Correction

Secondary prevention in survivors of myocardial infarction
Breast cancer: a case for conservation

We regret a subeditorial error in the letters by Professor M F Oliver (4 April, p 1152) and Mr W P Greening (11 April, p 1232). In line 6 of the paragraph marked (2) in the former and in line 6 of the paragraph marked (1) in the latter, "Health Insurance Plan (HIP)" should be substituted for "Hospital Inpatient Study."