factors all contribute, and perhaps a more detailed comparative study of musicians who are not motivated towards compensation would throw light on the basic processes underlying these occupational health syndromes in general. The results of such a study would also benefit the musicians.

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Medical defence peace

Agreement needed on who gives advice on what

This week a new defence society—the Medical Practitioners Defence Society—is due to be launched. This follows the announcement that the NHS will take over financial responsibility for medical negligence by all doctors employed by the hospital and community services.^{1,2} General practitioners and doctors in private practice, including such activities as occupational health, will still need insurance, but even hospital doctors not doing private work would be wrong to think that the vexed issue of medical negligence is finished.

The number of actions against doctors and the sizes of the awards have both grown substantially in the past few years and may well continue to do so.³ Doctors will still have to appear in the courts, and one worry is that in the past health authorities have chosen to settle a case because it is cheaper than fighting—even though the doctor's reputation may not be vindicated. The defence societies, in contrast, have at least in theory chosen to fight or settle cases on their merits rather than on which is the cheapest option. The converse anxiety is that health authorities have often not paid up promptly when there is clear evidence of fault; rather they have conformed with the long and disgraceful tradition of Crown lawyers of delaying and prevaricating in the hope that the plaintiff will give up in despair. There are also questions about whether health authorities may use indemnity as a way of backing particular forms of patient management and about whether they have adequate numbers of legal advisers of sufficiently high quality.

From the patient's point of view little is gained by health authorities offering doctors indemnity. They will still have to

tackle a legal system that is slow, inefficient, adversarial, expensive, intimidating, and unfair. Doctors should continue to support no fault compensation for the sake of their patients; they should not lose interest now because their pockets are less threatened. Doctors also need to continue to examine complaints procedures because patients are commonly more interested in an explanation than in financial compensation.

Finally, the defence societies (both old and new) and the BMA must get together to delineate the boundaries of their interests. The public slanging match between the Medical Defence Union and the Medical Protection Society has been embarrassing and has not improved the image of either organisation, and has done no service to doctors. Traditionally the BMA has advised doctors on their terms and conditions of service, on their obligations to partners and colleagues, and on professional ethics. The medical defence organisations have advised on all medicolegal questions, including both the civil and criminal law. Agreement on the provision of professional advice should now be the priority for doctors and their organisations. Competition to provide similar services will have few advantages; conflicting advice benefits no one except the lawyers.

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