

the act finally confirms the European Commission's long term aim of complete economic and political union; our unique National Health Service is unlikely to survive a common policy for health and social services throughout Europe, she believes.

Madame G Lalis, a member of the European Cabinet for Health, Employment, and Social Affairs, reassured the conference that the act would not allow unfair competition from poorer countries: European workers in Britain must be paid British wages. But they and their dependent relatives (children and elderly parents) will be entitled to welfare benefits in Britain, and until economic and social standards equalise throughout Europe this enticement could overload our health and social services. Dr Ghada Karmi, organiser of the conference and newly appointed regional consultant in the care of ethnic minorities, warned that the well recognised link between migration and ill health could compound the problem.

The new freedoms may be welcomed by some professional health workers, who until now have been limited to working only in certain hospitals in Europe. Since December last year there has been full mutual recognition in Europe of professional qualifications for doctors, nurses, and pharmacists, and the commission is now negotiating similar recognition of paramedical staff such as physiotherapists. No one seems able to predict whether Britain will gain or lose in the expected reshuffling of labour. —TRISH GROVES

Self help groups

Self help groups have proliferated dramatically in the past few years. Often they have been initiated by sufferers or carers concerned simply to provide emotional support for one another, but many have expanded into large organisations with local branches producing information and literature; training counsellors and other experts; supporting research; publicising their patch; and pressing politicians, doctors, local authorities, and manufacturers for money and services. "If you really want to know the latest treatment ask a self help group."

Yet fewer than 10% of the people who suffer or who may need to care for them contact an appropriate group. Not everyone is a "joiner," and the increasing development of telephone networks through which people can ask for help (anonymously if they wish) is a recognition of this. Apathy among health professionals undoubtedly plays a part; most groups welcome close contacts with the nurses and doctors who treat patients. The Self Help Alliance, a loose association of 18 local projects that are being evaluated with a grant from the Department of Health, aimed the second of two recent conferences on self help at the Birmingham Medical Institute specifically at doctors.

Three self help groups were chosen to illustrate the range of activities: the Alzheimer's Disease Society, the Ileostomy Association, and Cancerlink.

Each session was devoted to talks by an

official of the group, a member, and a medical specialist. The most telling advocacy came from the members' descriptions of their suffering and the way in which emotional and practical support, sharing, reducing the stigma and mystery, and honest explanation helped to overcome the shock of ill health and to re-establish hope for the future. The message was clear: doctors who care about their patients need to know about self help groups and what they have to offer. —ALEX PATON

The proceedings of the first conference, *Supporting Self Help*, are available from the Volunteer Centre UK, 29 Lower King's Road, Berkhamsted, Hertfordshire HP4 2AB (tel 0442 873311). A video, *Self Help—OK!*, is obtainable from NACAB Vision, 115-123 Pentonville Road, London N1 9LZ, price £15 plus VAT.

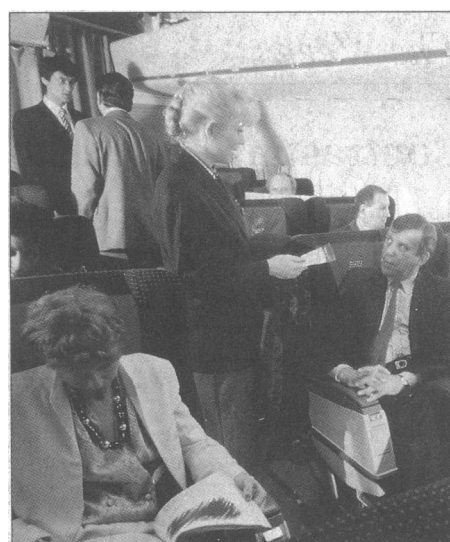
The National Self Help Support Centre, c/o National Council for Voluntary Organisations, 26 Bedford Square, London WC1B 3HU (tel 01 636 4066), will provide information about local self help groups.

New recommendations on ionising radiation

The Health and Safety Commission has just released the 1987-8 report of its Working Group on Ionising Radiations, an admirably brief document that covers several major topics of concern to both the public and professional staff dealing with ionising radiation. These include occupational dose limitation, the need for a standing advisory committee on ionising radiation, practical experience of dose containment and of current standards of internal dosimetry, and, perhaps of greatest interest in the light of the recent accident at the Royal Devon and Exeter Hospital, the question of calibration methods for radiotherapy equipment.

The commission regards current British law on ionising radiation as a reflection of the best and most widely accepted scientific advice, which comes largely from the International Commission on Radiological Protection, an independent scientific body. The regulations provide legal limits for individual occupational exposure, at present 50 millisieverts (mSv) in a year, and recommends that dose levels should be brought "as low as reasonably practical." In 1990, however, the commission is expected to reduce the limit of acceptable radiation exposure still further, and in Britain the National Radiological Protection Board has already advised that individual exposures should be reduced still further to a level of 15 mSv, a figure which fortunately is already achieved in almost all exposed radiation workers.

Few people have any idea what these figures actually mean, and more should be done to reassure the public in this respect. The sievert is the unit of radiation dose, and 1 mSv is about half the average annual dose from natural radiation of anyone in the United Kingdom. This is about 50 times the dose received during a single chest x ray



BRITISH AIRWAYS

The dose incurred on a flight to Spain represents one percent of the average annual exposure to radiation

examination or 100 times the dose that would be incurred by flying to Spain in a jet aircraft.

With regard to the recommendations of the Working Group on Ionising Radiations for calibrating radiotherapy equipment, the report is clearly not intended to make comprehensive comment. It notes that the present directive, introduced in January 1986, contains only one regulation directly concerned with the exposure of patients—namely, that equipment used for this purpose should be installed and maintained so that patients are not exposed to more radiation than is consistent with the clinical treatment. The working group's document concludes that guidance on calibration procedures and inspection by the Health and Safety Executive would be both welcome and appropriate. Another noteworthy recommendation is that an offer from the Institute of Physical Sciences in Medicine to share its experience in this field should be pursued by the Health and Safety Executive: a mandatory step, one would think, as it was this group's insistence on pursuing an interdepartmental calibration exercise (without any central funding from the Department of Health) that eventually led to the disclosure of the radiation accident in Exeter. —JEFFREY TOBIAS, consultant in radiotherapy and oncology, University College Hospital, London WC1E 6AU

Working Group on Ionising Radiations. *Report 1987-8*. London: Health and Safety Commission, 1989. Available from the Health and Safety Executive, Sales Point, Room 414, St Hugh's House, Stanley Precinct, Trinity Road, Bootle, Merseyside L20 3QY, price £4.00.

Correction

Juniors' hours: latest round to Johnstone

An editorial error occurred in this piece by Clare Dyer (30 September, p 817). The second sentence should have read: "In the High Court in London deputy judge Harold Burnett QC ruled that he should be allowed to go ahead with his claim for a declaration that he should not be required to work more than 72 hours a week and an injunction stopping the health authority from requiring him to work longer hours."