The BMA in agony

Look forwards, not backwards, and lead

The BMA suffered agonies last week. And the chairman of its council, Dr Jeremy Lee-Potter, suffered even more. Why the agony and will anything be learnt?

Even before the annual representative meeting (the supreme policy making body of the association) had opened in Inverness last week a whispering campaign had begun. It said that Dr Lee-Potter (attending his first such meeting as chairman of council) was being too "conciliatory" with the government over the NHS reforms. His speech to the meeting on the opening morning (p 127)—the occasion over the past few years for some inspirational tubthumping—was deemed lacklustre by some, and the whispering continued. Inevitably, the national press got wind of a no confidence motion that was rumoured for the council meeting that immediately follows the representative meeting.

A no confidence motion was not tabled at the council meeting, but there was a three hour debate—much of which was devoted to the performance of Dr Lee-Potter. Almost every member of council spoke, and it was some consolation that the debate was of unusually high quality and included more humour than rancour (p 76). The political heavyweights all lined up behind Dr Lee-Potter, and those who had led the whispering backed off fast when they sensed that the council was not with them. In the end Dr Lee-Potter was given a unanimous vote of confidence and a standing ovation, but not before he had had to listen to many speakers talking of his poor presentational skills and lack of charisma. And he—like any politician—will know that standing ovations can be followed within days by successful votes of no confidence.

On the surface this was a debate about Dr Lee-Potter's ability to put across the BMA's policy on the NHS reforms. In reality, as several speakers recognised, it was about something much deeper. It grew out of intense frustration and the profound difficulty the BMA is having in forming clear policy now that the NHS reforms have become law. Leadership was comparatively straightforward in the days when the BMA's aim was to stop the reforms, but now it is much more complex. The BMA has been compared to a bull that has charged the toreador, missed, and now doesn't know what to do. It needs to.

The frustration of many members of the council reflects that of many of the representatives at the annual meeting and of many—probably most—doctors. They were not listened to when the NHS reforms were hatched. And little attention was paid to the profession's opposition to many of the reforms after they were announced. Everything was rushed through in a manner more political than managerial, and Stephen Lock, the recently retired editor of the *BMJ*, caught well the anger that this rush produced in doctors in his celebrated editorial entitled "Steaming through the NHS."¹ Doctors are finding that managers in at least some hospitals and health authorities are not listening to them, and their ability to do the best by their individual patients is obstructed by lack of resources. Furthermore, doctors are losing influence nationally and locally, and managers are gaining influence. Those of us who attend meetings of doctors and managers know that the doctors' meetings are usually despondent and the managers' meetings upbeat.

Dr Lee-Potter was the whipping boy for this frustration, and so earlier in the week had been another member of the council—Dr David Pickersgill, chairman of the private

practice and professional fees committee. He had faced a vote of no confidence because he was a partner in a fundholding practice and because he had spoken on the radio (in a personal capacity) in favour of fundholding (p 131). This motion, which was described in the debate as mean minded and a witch hunt, was convincingly thrown out—but not before some very nasty things had been said.

It doesn't make sense for the profession to turn on its own. Doctors and other health professionals have undoubtedly been treated high handedly in the reforming of the health service, but they are unlikely to regain their influence by tearing each other apart, spending further large sums on a campaign against the changes, or fighting to the last man or woman. The way to begin to regain influence is well caught in the main motion on the reforms passed by the representative meeting (p 128): it calls for monitoring the effects, publishing the flaws, increasing criticism, and seeking constructive dialogue rather than confrontation. The government knows that the reforms are an experiment, and it is aware that electoral disaster might follow if it ignores substantial problems presented to it by doctors. And the doctors will increase their influence if they not only expose problems but also present solutions—and the solution probably needs to be something more subtle than more money.

And herein lies a further chance for the BMA, a chance for leadership. The government's reforms are aimed at increasing the efficiency of the NHS and at making explicit many choices that are currently fudged. They are also a response to the widening gap between what modern health care could do with unlimited resources and what governments are willing to spend. It will not surprise assiduous readers of the *BMJ* or of last week's survey of health care in the *Economist*² to learn that governments everywhere are grappling with this problem—and mostly failing. The British government's response to this problem with the NHS reforms will not, I'm sure, be enough, and the BMA could regain its unity and influence by leading the next phase. More money would be one "solution"—and is already advocated by the BMA—but it would not alone be a long term solution. Something much cleverer is needed.

This is where the council of the BMA should be putting its energy—rather than into destructive debates over the television performance of its chairman. Mrs Thatcher fooled herself into thinking that the problem with the poll tax was one of presentation rather than substance—possibly her fatal mistake. The BMA has a chance with its health policy group to develop policies of substance, but nobody should be fooled into thinking it will be easy. Some of the world's finest minds have devoted themselves to this huge problem without conspicuous success, and the BMA's group is aiming to produce a document by October. This will inevitably be a first stage, and much will remain to be done—by members of the BMA council and others.

Members of the council should look forward to that challenge rather than back to the titanic struggle before the NHS reforms became law. "Enough," said William Wordsworth, "if something from our hands have power to live, and act, and serve the future hour."

RICHARD SMITH

Editor, *BMJ*

¹ Lock S. Steaming through the NHS. *BMJ* 1989;298:619-20.

² Peet J. Surgery needed: a survey of health care. *Economist* 1991 July 6.