several non-steroidal anti-inflammatory drugs. This may be due partly to fluid retention, but inhibition of prostaglandin synthesis is probably more important. The interaction has been reported with many β blockers and is probably common to all. It is best documented with indomethacin but may not occur with all non-steroidal anti-inflammatory drugs. For example, sulindac, which inhibits the systemic but not the renal synthesis of prostaglandins, does not appear to alter the blood pressure in patients taking atenolol.

β blockers potentiate the postural hypotensive effect of the first dose of prazosin, probably by preventing reflex tachycardia. They potentiate the hypertensive response to withdrawal of clonidine, and may occasionally be responsible for severe hypertension in patients taking large doses of sympathomimetic amines such as phenylephrine and phenylpropanolamine—interactions which result from unopposed adrenergic stimulation in the presence of β blockade. For the same reason the combination of ergotamine and a non-selective β blocker may produce severe peripheral ischaemia. These β blockers, especially non-selective ones such as propranolol, can delay recovery from hypoglycaemia induced by insulin or oral antidiabetic drugs. They can also interfere with the usual haemodynamic response to hypoglycaemia and produce a rise in blood pressure associated with severe bradycardia. The clinical importance of these effects is probably small in most diabetics, but β blockers may best be avoided in unstable diabetics prone to episodes of hypoglycaemia.

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sentatives or unit managers marry their clinical and managerial responsibilities? Will the new management system curb clinical independence? How will medical advice be channelled to managers and health authorities? And what does the future hold for community physicians, still bruised by two reorganisations of the NHS?

The successful negotiations by the BMA should provide a platform from which clinicians who wish to manage may do so. Most doctors will enter management at unit level, and the BMA has obtained some financial recognition for this work (up to £4000 for doctors who are unit managers as well as unit representatives), management training for clinicians, cover for clinical duties given up, and a promise of administrative support. (There is a clear distinction between management, which the clinicians will do, and administration, which they will not.)

The question of clinical independence worries managers as much as doctors. Last year in a BMJ leading article Professor J R Hampton pronounced clinical freedom to be dead, killed by limited resources. Recently, however, Mr D E Bolt, a former chairman of the Central Committee for Hospital Medical Services, was less apocalyptic, arguing that if the objectives of the management reform were achieved and a larger proportion of NHS resources flowed into clinical care consultants' clinical freedom might be enhanced. Which view prevails in the new managerial environment remains to be seen.

If clinical freedom means a doctor's freedom to order investigations and treatments of unproved value and to give expensive treatments to patients who will not benefit from them then it should be dead. If it means the freedom to insist that all patients who could benefit from a treatment get it without undue delay then it needs to be preserved.

Doctors have doubts about Griffiths because they do not trust "managers" to recognise the difference between these two concepts of clinical freedom, and not to make decisions when there is a conflict of medical interests. Someone must allocate resources among conflicting claims from orthopaedics, geriatrics, and radiology; the consensus management teams usually found a compromise. Will the new system be able to continue rationing resources with the consent of all?

The way in which medical advice will be channelled to management and health authorities will depend on whether management teams containing professional representatives survive (the DHSS has assured the BMA that they will), the extent to which doctors enter local management, and the effectiveness of local medical advisory machinery (decidedly rusty in many parts of the NHS). As well as supposedly preserving management teams, the implementation circular gives professional chief officers right of access to the authority on professional matters (and also makes them accountable to the authority). But will this right have much meaning, given the reported plans by some authorities to downgrade professional chief officers and to replace the consensus management teams with functional management boards? The BMA has protested vigorously to the Secretary of State, pointing out that it values the work of community physicians and supports the continuation of management teams—a policy advocated in the Griffiths report.

Most doctors believe that these teams have proved their worth in the 1974 style NHS, even though their function has too often been that of conflict management.

While the profession has been negotiating with the Secretary of State, health authorities and administrators, who had quickly concluded that the Griffiths report was made to measure for them, were busily starting up the machinery for appointing the new general managers, and many are in post. The implementation circular’s vagueness allowed liberal interpretation of its intentions. Not all local initiatives, however, pleased the DHSS (p 1394). This, coupled with the fact that many administrators and few doctors have been successful in obtaining general manager posts, with few of the “outside appointments” that ministers had wanted being made,10 may raise doctors’ suspicions that administrators, aided perhaps by health authorities, are hijacking the managerial reforms before the health professionals can get their act together.

Doctors will, however, be somewhat reassured that all of the 40 or so district general managers appointed so far have the support of their medical colleagues on the management team, though in a few cases the BMA had to intervene with health authorities to ensure this. This intervention underlines the point, emphasised by the government and reiterated by Dr Maurice Burrows, chairman of the Central Committee for Hospital Medical Services, in a letter to chairmen of medical executive committees, that general managers should have the confidence of the health professionals on the management team. It is to be hoped that the remaining appointments fulfil this important criterion because in the United Kingdom as a whole well over 1000 managerial posts will have to be filled and with the NHS not exactly awash with good managerial skills, professional confidence in the people appointed to the crucial district general manager posts is essential. Certainly, without the medical profession’s support and cooperation these management reforms just will not work.

Management reform is urgently needed in the NHS, but not so urgently that half digested changes are introduced. This government’s political requirements for a quick change have ignored the fact that the NHS is a complex service that has already been twice reorganised within a decade. One serious consequence of this haste has been that the most important management vacancy, chairmanship of the new NHS management board, has not been filled before the management changes down the line were instituted.

Clear guidance from a strong leadership would surely have lessened the confusion that is a sad feature of a reorganisation that could produce even greater changes than those of 1974 and 1982. The result could be an administrator dominated service rather than a management efficient one. For this reason, late though they have been in reaching the starting post, doctors should now join management and ensure that there is a proper balance between clinical and management influence. In particular, they should see that in striving to be more cost effective the health service does not overlook the in calculable value of quality of care. These changes are, after all, intended to benefit patients.

10 Timmins N. Ministers push for outsiders in top health service jobs. The Times 1984 Nov 6:2 (col 2).