34% had a previous history of self-poisoning or self-injury.—I am, etc.,

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### Emigration of Doctors

SIR,—One aspect of the continuing debate engendered by the two articles by Dr. B. Senewiratne (15 March, p. 618, and 22 March, p. 669), and amplified in a "brief and dogmatic" manner by Dr. M. P. White (7 June, p. 561), deserves further comment. I refer to the paramedical worker who is "only too delighted" to go to rural areas and to Dr. White's unfortunate experiences that lead him to assert (*a*) that such workers do not exist; (*b*) that if they do their isolation necessarily induces substandard work; and (*c*) that the deployment of such workers lowers the standard of medical care. Far from ignoring unacceptable and unassimilable facts, I submit that the great bulk of evidence from many developing countries contradicts these three assertions, and I welcome the growing interest in the whole subject of the role of auxiliary medical workers in health care.

Having been principal for 23 years of a school in a developing country for training such auxiliaries and having seen the trained product at work—adequately supervised and adequately supplied with drugs and equipment—I may confidently assert that such health workers do exist. In the past few years I have seen them in many countries, in all continents. Their work is being documented in professional journals. Admittedly, if left unsupervised in an isolated setting, an inadequately motivated medical auxiliary may not maintain the standards he has reached in his training school. But if the medical officer in charge can, with infectious enthusiasm and competence, periodically visit the medical auxiliaries for whose work he is responsible and develop a comprehensive health programme for the district, then isolation and falling standards are not the inevitable hallmarks of a disillusioned service.

The World Health Organization and other interested bodies are now convinced that the only way to ensure that health facilities become more widely and equitably distributed in the world is by the deployment of appropriately trained and adequately supervised medical auxiliaries. The stark choice in many developing countries is now seen to be between an expensive Western-orientated curative service for the privileged few and a system of "medical care" (in the larger sense) mediated by medical auxiliaries. The training and motivation of the new generation of doctors who will implement and develop these concepts are matters of increasing importance to governments and medical schools at home and abroad.—I am, etc.,

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### Private Practice and the N.H.S.

SIR,—To those familiar with the methods of the present Government and of the bureaucracy that feeds upon medicine it will come as no surprise that the grotesquely misnamed "consultative document" was issued by the Department of Health and Social Security on 11 August after Parliament had risen, requesting comments before the end of September. The profession is indebted to you for publishing the document in full (23 August, p. 497), but it is a pity that your sound comment should appear as the last leading article (p. 452) under the rather inconspicuous title "No Case for Change."

There is indeed a case for change, but it is precisely in the opposite direction to that advocated by the Government. Experience of the use of pay-beds in regional and district hospitals has convinced me that the mixed medical economy is of benefit to all patients. Moreover, if the hospital management committees in the past (now replaced by a more remote and impersonal administration) had retained the pay-bed charges instead of returning them to the Treasury there would have developed a wholly healthy local vested interest in the proper management of private accommodation. Hospitals would have come to regard such facilities as a small but integral part of an all-round service to the public.

The abolition of private facilities in our hospitals is but one step on the road to totalitarian control of medicine and ultimately of the whole economy. General practitioners should not be deceived into thinking that they are immune. It will not be long before they too are informed that private patients may not be dealt with in the same premises as N.H.S. patients. And if they comfort themselves with the thought that many of them own their premises the Government would soon find an excuse for takeover of accommodation or for limitation of ancillary help to those who pledge themselves to the pristine purity of state medicine.

In view of the proposed system of control and inspection of independent hospitals and control over advertising of private medical facilities (paras. 6-8) it is astonishing to read the initial comment attributed to the British United Provident Association that there was "no real threat" in Mrs. Castle's proposals; I pray that someone in that organization has now taken the trouble to study the document properly.

The suggestion in the document (para. 9) that the aim of licensing is to ensure that the private sector complies with minimum criteria could surely be applied to the N.H.S. too with considerable benefit. A truly independent inspectorate to ensure maintenance of standards in *all* hospitals might commend itself to the public, but I am not in favour of providing a state department and its agencies with powers to snoop upon and control the activities of the private sector alone.

The document goes on (para. 10) to explain that a second objective of licensing is to ensure that "scarce skills achieved by training at public expense" are not hived off from the N.H.S. The Government should be reminded that scarce skills, though often partly supported at public expense, are mainly achieved by the industry, application, and sacrifice of dedicated and determined individuals who sometimes earn less than many of the unskilled workers and others who so often disrupt society today.

Let no doctor be under any illusion about the Draconian implications of the proposals made in this monstrous document. The public too must recognize that its own freedom is at stake. The only sound reaction is that of implacable opposition to the intentions of the Government. In these circumstances the whole profession should follow the lead given by the Joint Consultants Committee (representing the royal colleges and faculties, the B.M.A., and the British Dental Association) when, on 15 October 1974, it pledged its "full support to the preservation of private practice both within and outside the N.H.S., including the retention of private beds in the public sector" (26 October, p. 241). That pledge was fully supported by the Hospital Staffs Conference and the Annual Representative Meeting of the B.M.A. in 1975.—I am, etc.,

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SIR,—Mrs. Castle's Consultative Document on the abolition of private practice in N.H.S. hospitals has been published (23 August, p. 497) and is of such importance that any doctor, N.H.S. or otherwise, concerned with private practice or not, should study it. They will thereby learn that it is about power and politics and not about the health of the nation.

For instance: (*a*) Mrs. Castle proposes abolition of private practice in N.H.S. hospitals for tax-paying citizens but not for foreigners; (*b*) she accepts that rationing of medical facilities will be necessary (? by whom) and yet insists that the private sector, which could prevent the need for rationing, shall not expand; (*c*) where she allows an application for a private institution to proceed this will have to be advertised in newspapers circulating in a diameter of 100 miles, and this can be only to attract widespread left-wing objections at the automatic public inquiry which follows; (*d*) medical confidentiality, already largely lost in N.H.S. hospitals, is to be threatened in private hospitals, which will have, as a condition of licensing, to make returns on work carried out; (*e*) quality of premises and staff in private institutions will be a condition of licensing, while the same criteria do not apply to N.H.S. institutions; (*f*) where N.H.S. facilities and staffing are inadequate private facilities shall not be permitted, though they would result in overall improvement in services to the area.

Combine all this with the recently promulgated requirement that certain future consultant appointments will be conditional upon willingness to be involved with carrying out terminations of pregnancy and one can see a systematic attack on the independence of medical practice. May I call on all medical colleagues of all interests, N.H.S., private, or both, general practitioner or specialist, junior or senior, to close ranks now and to resist this and all other incursions on the integrity and independence of the profession by bureaucrats and politicians?—I am, etc.,

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SIR,—In the consultative document on private practice (23 August, p. 497) para. 5 states: "Legislation will also provide for outpatient facilities in N.H.S. hospitals to be withdrawn." This needs clarification from the Department of Health and Social