rewarding for both partners. Kissing and caressing sensitive areas (which may be especially sensitive in someone with sensory loss elsewhere) can be highly pleasurable, and some even report phantom or “mental” orgasms. The increasing reliance on reflex mechanisms places greater emphasis on genital stimulation.

Published reports tend to concentrate on the effects on male sexuality, though women are likely to be similarly affected, intercourse sometimes producing painful spasms. Though recent studies do not support Guttman’s original suggestion of an increased incidence of divorce among paraplegic patients, women are more likely to lose their partners than men. Naturally, spinal cord injuries put a strain on any relationship, which is not helped by a frustrated preoccupation with sexuality. Clearly, however, such frustration is needless and there is great potential for paraplegic patients to have full and satisfying sexual relationships. This makes it all the more important that information, support, and counselling are available.

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Juniors’ hours: measuring the strength of feeling

Without support negotiators will fail to shorten working hours

Two out of three junior hospital doctors are contracted to work over 77 hours a week despite abundant evidence that working such long hours seriously affects their morale and performance. Few would dispute the Secretary of State for Health’s description of the working conditions of junior medical staff as “barbaric” or that of his Minister for Health, Virginia Bottomley, as “impossible to defend.”

Despite agreement among doctors, NHS managers, and the Department of Health attempts at achieving change through local working parties, central direction, and pay mechanisms have not met with much success. Hopes are now pinned on the latest initiative—a working party set up by Mrs Bottomley, which has been asked to offer definitive solutions before Christmas.

A simple solution seems unlikely: if one existed it would have been adopted long ago. All parties to the talks, however, agree that no substantial change can occur until medical manpower, particularly in the consultant grade, is increased. Ways of using junior doctors’ time and skills more flexibly and efficiently—for example, shift and partial shift systems—all leave gaps in providing for the daytime service, which would need filling if the services were not to suffer. Funding more consultants is, of course, the responsibility of the Department of Health, which would also have to ensure that the new posts were established where they were needed as a consequence of reducing juniors’ hours. This will cost money, which should be partially recouped by increased efficiency, morale, and performance. Services to patients should also improve as more direct care is provided by fully trained doctors.

Persuading the government in the current economic climate to devote scarce financial resources to reducing juniors’ hours of work is difficult, and this is where the juniors’ survey comes in. Junior doctors need to be able to show how strongly their constituents feel about the problem, which is why juniors who are members of the BMA have been asked what actions they would be prepared to take in support of shorter working hours. The Hospital Junior Staff Committee is taking an appreciable risk: juniors’ participation in similar activities, particularly postal elections, has usually been poor.

Much is at stake this time. Without the active support of their constituents junior doctors’ leaders may find it impossible to convince the ministerial working party of the need for urgent change. If they fail then the status quo will probably prevail for the foreseeable future. If junior doctors care about their hours of work then they will complete the postal survey and return it to BMA House by 12 November.

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