

MEDICINES' REVIEW COMMITTEE

Membership of the Committee on the Review of Medicines has now been announced and the Chairman will be Sir Eric Scowen, M.D., D.Sc., F.R.C.P., F.R.C.P.Ed., F.R.C.S., F.R.C.Path.

Drs J. Day, M.R.C.G.P., General Practitioner, London, and W. O. Williams, O.B.E., B.Sc., M.D., F.R.C.G.P., General Practitioner, Swansea, have been appointed members.

**EMERGENCY BLOOD TRANSFUSIONS
FOR CHILDREN**

The Scottish Home and Health Department have now issued a circular to Health Boards about the procedure to be followed where parents refuse to give permission for emergency treatment to their children.

Doctors are advised that they should obtain a statement from the parents saying they understand the risk and continue to refuse permission; the doctor should then ask a medical colleague to give his written supporting opinion that the child's life is in danger. Thereafter the doctor should proceed to treat the child in accordance with his clinical judgment.

In the past doctors in this situation have often applied to the Reporter to the Children's

Panel to have the child taken into the care of the local authority under the 1968 Social Work (Scotland) Act. This procedure is time-consuming and does not in any case remove the need to obtain parents' consent to treatment. The circular recommends that this practice should not be followed in future.

THE PHOBICS SOCIETY

The Phobics Society is a body dedicated to helping anyone who suffers from irrational fears, severe enough to interfere with day-to-day living. The address is 4 Cheltenham Road, Chorlton-cum-Hardy, Manchester M21 1GN.

**NATIONAL HEALTH SERVICE
AMBULANCEMEN**

The National Health Service Ambulancemen have negotiated through their Whitley Council a settlement for £6 a week flat rate for all grades of ambulance men.

This will cost about £5 million pounds, covers about 16,500 ambulance men in Great Britain, and will last for 12 months from 1 January 1976.

Obituary**GERARD VINCENT O'CONNOR**

M.B., B.Ch., B.A.O., M.R.C.G.P.

Dr Gerard Vincent O'Connor died on 17 October, 1975 aged 71. He had worked, apart from a wartime break in the Royal Army Medical Corps, in the same Sheffield practice for 45 years. He was a founder member of the College.

In that simple statement can be contained little of the debt which the College of today owes to those original few hundred general practitioners 23 years ago. G. V. O'Connor ought to be remembered in these pages as their representative. He was never what is termed an 'important' member; he never sat on the committees of the College or its boards or working parties, but from the grimmest and most depressed part of general practice—a very poor working-class housing

estate in a filthy Northern city—he could see beyond the confusion and enormously heavy sheer hard labour of the National Health Service's early years and could realise that a College which the general practitioner could call his own needed his support. This he gave with what obituarists are wont to call "his characteristic generosity". In G. V.'s case the quotation marks are unnecessary. His partners and his receptionists felt a reflected glow of pride at the testimonies given by his old patients as they have come to surgery in the days after his death. His generosity was indeed characteristic.

When he came to retire, rather than simply leave his branch-surgery practice to be advertised as a small single-handed vacancy, he took in a partner, gave him a completely free hand in organisation and worked with

him—at a much reduced income—for the stipulated year. Younger practitioners groaning beneath the ossified habits of their seniors will applaud that order of generosity. Only a few weeks before his death, he enquired if those, like himself, retired from active practice could pay a reduced subscription for College membership; even though he was wrongly told that this was not possible, he

did not for a moment suggest that he might cancel his subscription.

General practice and the Royal College of General Practitioners have been built on the backs of doctors like G. V. O'Connor. Let us hope that he and those like him are not forgotten.

SIMON BARLEY

CORRESPONDENCE

TAPE RECORDING CONSULTATIONS

Sir,

Your editorial (October *Journal*) on the use of audiotapes in the surgery was interesting. We have just completed and written a study of 2,500 such consultations provided on audiotape by approximately 100 general practitioners. In each instance, the patient was informed that it was proposed to tape the consultations for research purposes, unless they did not wish this to occur. Very few patients refused permission.

I noticed in Australia recently, where some work was being done involving the same method, that the patient was invited to switch on the tape recorder—a procedure which seemed eminently sensible. We took the advice of the Medical Defence Union first and there seems little problem with audiotape. The requirement is that the patient should give informed consent, i.e. that they appreciate precisely what is being required. Assuming that the research purpose which has been stated is the real purpose of taping, there should then be no difficulty.

In the report of the study which is to be published by Her Majesty's Stationary Office, we devoted a few paragraphs to discussing the effect on the consultation of the method, for we were unable to detect any differences at all, certainly after the first 30 seconds or so.

There is a difference with the use of video tape in the surgery, though relatively few general practitioners will be able to use this method. Again the Medical Defence Union gave advice and in this instance it is much more difficult to follow. They suggest that the patient should be informed verbally and in writing of the fact that it is proposed to videotape the consultation and that the patients should sign a consent form which will also specify the use to which any such recording might be put. It would perhaps be advisable if anyone proposing to use videotape consulted the Medical Defence Union in advance.

P. S. BYRNE

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Sir,

Your editorial *Tape Recording Consultations* in the October *Journal* is interesting.

It has recently been decided by the Courts that there is nothing to stop anyone photographing another person or group of persons. In other words, there is no such thing as assault by photography.

Precisely the same thing obtains with making tape recordings of consultations with patients.

It is the use to which those recordings may be put which may lead the recording doctor into ethical and indeed other legal troubles. Precisely which purposes are proper are the issues which may have to be decided.

NEVIL SILVERTON
Clinical Tutor

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REFERENCE

Journal of the Royal College of General Practitioners (1975). Editorial, 25, 705-707.

VASECTOMY FOLLOW UP

Sir,

Dr Meadows enjoins me to use my reason. It is because my reason was affronted that I was irritated by the nonsense in his letter (March *Journal*). I am further irritated by the repeated nonsense in his second letter (October *Journal*).

I must repeat that I cannot accept that 'increased coital frequency' or 'increased libido' after vasectomy should be interpreted as 'neurotic behaviour'. Why should they be? When contemplating vasectomy a man may consider the effects the operation might have on his sexual prowess. These matters will be discussed with his doctor who will not refer him to a surgeon for operation unless he thinks that the case is a suitable one.

Why *after* vasectomy should a man be subjected to prolonged psychiatric investigation when he feels perfectly happy? Were he not happy he would certainly consult his doctor without being chased by a psychiatrist.

According to my *Oxford English Dictionary* the first definition of mutilation refers to *bodies* (i.e. deprive of limb or organ; cut off, destroy the