LETTERS

Access to Radiology

Sir,
I would like to take the opportunity through your columns to thank all the Faculty Secretaries who replied to my letter enquiring about access to radiological facilities by general practioners. As expected, the picture is variable throughout the country, from total access to none at all.

The document from the joint Working Party of the RCGP and College of Radiologists (September *Journal,* p.528) is to be welcomed, but is valueless if it is not used as a lever in these areas where access is still denied or inadequate.

The denial of access, in some cases as a decision without discussion, cannot be tolerated and we must stand firm with our colleagues on this important matter, as it threatens the professional discipline and status of general practice.

The details of problems with access provided as a result of replies to my enquiries will be raised at the next meeting of the RCGP/GMSC Liaison Committee for further discussion.

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Health Service Planning

Sir,
As a general practitioner turned planner I was encouraged by your editorial "General Practitioners and National Health Service Planning" (July *Journal,* p.389). Doctors frequently complain that planning and decision-making are being taken over by the administrators and I can confirm that this is the case: not because of administrators' sinister ambitions but by our own default.

Doctors have not become less responsible, but have failed to adjust to changes in the nature of the decisions necessary. The days of relatively uncritical NHS expansion have passed and we are faced with assessing priorities, examining options and determining the best use of limited resources.

This requires value judgements about different patient services, medical specialties, treatments and procedures which must be made, with or without sound medical advice. Should clinical doctors be involved in this process? Opting out reduced the role of the doctor to that of a medical technician, but the presence of doctors on District Management Teams can only be logically justified because of the breadth, rather than the depth, of their contribution. Many other professions are now working with us and demanding equivalent status, and doctors will be able to maintain their privileged position only if they have more to offer than their technology.

Why have District and Area medical committees been so disappointing that their abolition has been recommended? Hospital consultants have long been used to offering advice to managing authorities, but only within the confines of their specialties; if not taboo for one specialty to question the priority of another, it certainly is not cricket. Maybe it is desirable for the specialist to retain this single-minded approach, but if so, consultants will have little part to play in the major decisions of the future.

General practitioners, because of their broader viewpoint, have far greater potential for giving the type of advice authorities need, but firstly they have been unfamiliar both with the task of advising management and with the detailed, hospital organizational matters which have unnecessarily dominated agendas; and secondly they have lacked the confidence to question the views of consultants on hospital service issues.

While they cannot challenge the specialists within their fields, no-one is better placed than general practitioners to assess ultimate benefits to the consumer and to judge which service deficiencies most need improvement. Lack of such critical examination produces 'shopping list' advice which the authority cannot use, thereby frustrating the advisers and diminishing the credibility of the profession.

The present system has had many successes but needs more time to develop. If the proposal to abolish joint medical committees had not come from a medical group, one would have suspected a deliberate attempt to emasculate the profession. There would be an absence of coordinated medical opinion and another triumph for the divide-and-rule principle.

Admittedly, the quality of planning in the NHS to date has been poor, with much wasted effort, but this must not discourage doctors from maintaining their seats around the planning tables. All doctors, and especially general practitioners, must give serious attention to these matters in the months ahead.

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Spring Meeting

Sir,
I feel compelled to reply to Dr Preston-Whyte's letter about the Spring Meeting in the July issue of the *Journal* (p.445). The organizers have received a considerable number of letters congratulating them on the academic content of the meeting which are at variance with his opinion.

On the question of lack of discussion: each participant was provided with a summary of the lectures and a list of statements relevant to the topics which we thought would be worth discussing. A covering letter with these papers explained that with such a large audience (400+) individual participation is difficult and this was an attempt to overcome the problem. Members who have attended a number of Spring Meetings felt that this innovation had been successful.

It seems unfortunate that the letter published did not note the efforts made to overcome the passive situation of the lecture.

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Hypertension in Finland

Sir,
I was very surprised to note that Dr. J. Tudor Hart (July *Journal,* p.442) had entirely misunderstood what I was saying in my article (April *Journal* p.239.) On the basis of this misunderstanding Dr Hart then heavily criticized my findings. Obviously we wrote about different things.