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Doctors and nuclear war

Sir,

As a member of the Medical Campaign against Nuclear Weapons I take issue with Dr Ridsdill Smith (February *Journal,* p.87) who supports the *laissez-faire* policy of our College on the question of nuclear war. He does not fully appreciate the magnitude or imminence of the threat of nuclear annihilation which is confronting humankind today. The prevention of nuclear war is not merely 'a very complex political problem' — it is the greatest challenge of preventive medicine that has ever presented itself to our profession, and if we as doctors turn our backs on that challenge, we are betraying the trust of our fellow creatures who look to us to do all in our power to protect their health and safety.

Dr Ridsdill Smith is clearly a democrat who puts his faith in the ballot box and far be it from me to argue otherwise, but opinions, even when held by the majority can be proved erroneous, as in Nazi Germany, and attitudes are not always correct or immutable. However, if he is arguing that majority opinions should be respected then I would ask him to consider that the 1985 Nobel Peace Prize was awarded to the International Physicians for the Prevention of Nuclear War (to which the Medical Campaign Against Nuclear Weapons is affiliated) after meticulous consideration of 100 nominations for the prize.

And while it may be true that not all our colleagues are with us on the question of nuclear disarmament the majority certainly are. This was demonstrated by the resolution passed by an overwhelming majority at the 1984 Annual Representative Meeting of the British Medical Association calling for 'massive and progressive reductions in world arms spending' with the resources saved being diverted into health care and welfare 'at home and in developing countries'. Dr Ian Fingland (February *Journal,* p.87) has pointed out that increasing arms expenditure is hitting our health service; we are witnessing an appalling and continuing erosion of what was once the finest health service in the world. Hospitals are being closed down, nursing and other staff curtailed and funding of medical education and research cruelly cut back.

This surely cannot be allowed to continue and I would urge our College Council to think again about where it stands on this vitally important issue.

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Sir,

The RCGP should not confine its activities in the field of preventive medicine to areas which have the full support of all its members or even the majority support of the country. I would hope that where scientific evidence points to an unmet medical need, the College would respond appropriately and encourage its members to do likewise.

That said, Dr Ridsdill Smith (February *Journal,* p.87) should perhaps be reassured that on nuclear issues at least, the general public is in no doubt about what policy it would prescribe.

In the last general election the majority of the population voted for the three opposition parties, all of which support a nuclear freeze and two of which actively oppose the Trident programme. Since then independent polls have shown that around 80% of the population are in favour of a nuclear freeze and 70% are against Trident.

At a time when the British Medical Association is unable to persuade the Government to find an extra £300 million for the National Health Service and the Government presses ahead with its £10 000 million (plus) Trident programme, the continuing insistence of the College in sitting on the fence looks like the very opposite of political neutrality.

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Apartheid in South Africa and the medical profession

Sir,

The admirable aims of the 1986 WONCA Conference — to discuss primary care 'Towards 2000' in the light of the Alma-Ata declaration — are somewhat marred by the invitation to South African doctors to join the conference.

I write to express my deep dismay that doctors who, except for a tiny minority (including the newly-formed National Association of Medical and Dental Workers), have resisted changes which would lead to improvement in the health of the black majority, should be permitted to display their hypocrisy in our midst at an event conceived to discuss the promotion of good health care for everyone. In the 1930s the medical profession did not speak out against Nazi fascism and was later seen to have actively collaborated with it. Apartheid too is based on a philosophy of superiority of a racial group.

The South African medical profession has repeatedly failed to speak out against the apalling standards of health and health care provision for black people. It has actively colluded with the South African Government: for example in the case of Steve Biko a few years ago. He was brutally beaten up and then on 'medical advice' transported for hundreds of miles in the back of a van, in an unconscious state, to another prison. His subsequent death led to international uproar but the South African medical profession exonerated the doctor concerned. As one prominent member of the South African Medical Profession said: 'As the matter stands now our previously impeccable standing overseas has been placed in doubt. This can only lead to the closing of doors to the SAMP'.

In a country where there are some of the world's most excellent physicians and surgeons, the black population continues to have one of the highest infant mortality rates. Life expectancy is short. Preventable diseases such as tuberculosis and gastroenteritis are present in epidemic proportions with high mortality. Malnutrition in some areas is more than 50%. Mental illness is frequent; commonly organic, functional or following the widespread practice of torture. The facilities for psychiatric health care are sadly lacking — the Society of Psychiatrists of South Africa say that black mental patients 'prefer not to wear shoes and to sleep on the floor' (*Jerusalem Post,* 12 June 1979).

These differences arise not only through poverty, a migrating labour force and bantustanization (the process by which wives and children are forced to live in areas where they are unable to support themselves, while their black male