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## CORRESPONDENCE

### ACTION ON BARBITURATES

Sir,

Recently released figures emphasise that many deaths in 1972 were caused by barbiturates. This group of drugs can largely be rejected, as has already been described and confirmed in separate articles published since 1971. (Matthew, *et al.*, 1969; Wells, F. O., 1973).

My partners and I in common with a considerable number of other doctors, have not prescribed barbiturates for any of our patients, except phenobarbitone in the treatment of epilepsy, for the past three years. During this time we have had no deaths from overdoses within our practice of 7,500 patients.

As a profession, I submit we have been dragging our heels in allowing barbiturate prescribing to continue at an unnecessarily high level for far too long. The facts that barbiturates are addictive and lethal in overdosage are enough, with the present availability of non-addictive, safe and effective alternatives, to justify their abolition; and it is up to us to do something positive to bring this to pass. Where time is taken transferring patients from the barbiturates on which they are dependent to non-habit forming alternatives, a high proportion of such patients eventually need no hypnotic support at all and sleep as well if not better than they did while taking barbiturates.

We have already confirmed that as a profession we can do without amphetamines; and I am now convinced that the time has come for us to take a positive lead in proving that we can practise good medicine without the need for barbiturates, except for phenobarbitone when used as an anti-convulsant.

Already a fearful amount of damage has been done to teenagers who have misused barbiturates just because they have been so widely available; suicide figures confirm that barbiturates have been responsible for the large majority of self-inflicted poisonings—is it right that we, as doctors, should provide the wherewithal for patients to kill themselves?

I am certain that most doctors do agree that barbiturates should be far less freely available, but it is only doctors who can influence this availability. The pharmaceutical industry, the Department of Health and Social Security, the British Medical Association, and politicians, are not the bodies to influence our prescribing—we must do this ourselves. Those who agree with me that it is our responsibility to waste no more time in reducing barbiturate availability are asked to join me in setting up an Action Group on Barbiturates, and to write if you wish to support such a step.

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### PATIENT POWER

Sir,

This is just a letter of thanks for your warm and splendid editorial (January *Journal*). It has all along been most heartening to know the College has been working for the real patient-doctor relationship in its most sympathetic form, giving the patient confidence that, when in trouble—small or great—he or she can turn to the man he *knows*; and that the sympathy and understanding will be there, as well as the knowledge to put things right.

How I hate the attitude of the doctor who smugly tells me that he now belongs to a partnership of five or more, and therefore he is 'on call' only once in five or more weekends. There is the school of thought which persists in saying that, in an emergency, the patient does not care who comes! This is so obviously rubbish, that it it is amazing that any reasonable person can subscribe. However, the College knows all this; and their work certainly flourishes.

Dr John Stevens' article is fascinatingly original and stimulating in summarising the general-