

## Obituary

**The Honourable D. A. Cameron, O.B.E.,**  
B.A., M.B., B.S., F.R.C.G.P.(Hon.), F.R.A.C.G.P.  
(Hon.), M.R.A.C.G.P.

Donald Alastair Cameron, who died in Brisbane on January 5, 1974, was born in Ipswich, Queensland on 17 March 1900. He was a son of John Cameron, a general practitioner, and his wife Elizabeth, formerly Taylor.

Donald Cameron was educated at Ipswich Grammar School and the University of Sydney (St. Paul's College, of which he was senior student), where he graduated B.A. in 1920 and M.B., B.S. in 1927. After post-graduate training in Royal Prince Alfred and Prince Henry Hospitals he began general practice in Ipswich in 1932 and in 1933 married Miss Rhoda McLean.

He was an officer in the 1st Cavalry Field Ambulance (C.M.F.) until he transferred to R.A.A.M.C. (A.I.F.) in which he served with distinction during 1940-45 in the Middle East (including Tobruk), Ceylon, New Guinea and New Britain. His postings included command of 2/1st Australian Field Ambulance and A.D.M.S. 11th Australian Division. He was appointed an O.B.E. in 1945.

On demobilisation he returned to general practice in Ipswich, but this life was interrupted in 1949 when he was elected to the Commonwealth Parliament as a member of the House of Representatives, in which he retained his seat until 1962. During 1956-61 the Honour-

able Donald Cameron was Commonwealth Minister for Health and Minister in Charge of the Commonwealth Scientific and Industrial Research Organisation and subsequently His Excellency the Australian High Commissioner in New Zealand during 1962-65.

In 1962 he was admitted as an Honorary Fellow of the Royal College of General Practitioners as well as of the Royal Australian College of General Practitioners. These honours were appropriate to a man whose family background, education, character, intellect, personality, and spheres of influence made him one of the eminent general practitioners of his generation.

In 1966 Dr Cameron returned to clinical work as a family doctor in a suburb of Brisbane. He was elected to the Queensland Branch Council of the Australian Medical Association, of which he became President in 1969-70. In 1971 his name was inscribed in the Roll of Fellows of the A.M.A.

Warm sympathy is offered to Donald Cameron's widow and their son, Donald (a physician), their daughter Elspeth (Mrs Douglas Graham) and seven grandchildren.

Donald Cameron served his country well in peace and war, but his work, in its many facets, is treasured in the hearts of his family, his patients and his friends. He was, in essence, one of those rare good peaceable men, of whom Thomas à Kempis wrote, "some can keep themselves in good peace, and can bring others to live in peace".

B. N. ADSETT  
H. M. SAXBY

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## CORRESPONDENCE

### JOINT CERTIFICATE ON CONTRACEPTION

Sir,

I hope you will allow me to express my extreme concern that the College should have agreed to the inclusion in the requirements for the Joint Certificate the statement that "if no relevant obstetric/gynaecological experience, . . . an assessment of adequate basic knowledge in gynaecological and clinical examination skills." I can only express dismay that the College in accepting this particular requirement should imply that any of its members let alone the majority at least of our colleagues in general practice who are not members are unable to undertake and perform

the necessary routine examination of any woman with a gynaecology complaint.

Unless the undergraduate training and the final examination has changed radically I cannot believe that there are many of our colleagues who passed this without satisfying their examiners regarding their ability in this basic skill. Though it is conceivable that some of our colleagues may have attempted to practise without using these particular skills, I am sure such individuals are very rare and should they present themselves as candidates to join the course for the Joint Certificate, their deficiency would be clearly identified in the third part of the course.

I am sure I am not alone in my concern on this

subject for not only do I believe this decision casts a slur by implication on all college members, I have little doubt that it will be resented by many of our colleagues who are not members who nevertheless strive to maintain standards comparable with those rightly set by the College.

H. F. V. RIDDLE

Ardclinis  
Normand Road,  
Dysart,  
Scotland.

#### PATIENT'S ASSOCIATION IN A GENERAL PRACTICE

Sir,

Having read the Editorial and articles in the January *Journal on Patient Power*, I would like to report on an enterprise which has just been started in our three-man, predominantly middle-class, practice in Bristol. It consists of a practice association to which any of our patients may belong and contribute.

Its aims are: to provide the practice community with a voice in the organisation of its general medical care, both at the surgery level (e.g. appointments systems) and at the community level (e.g. home care for the elderly); to provide effective means of two-way communication between our patients and their doctors, allowing an open airing of views on all relevant subjects, particularly those which are at all controversial, and which may sometimes cause ill-feeling (e.g. difficulties with the appointments system, home visiting policy); to foster discussions of a purely informative nature (e.g. aspects of health education, advances in medicine); to augment, and possibly help in co-ordinating, the existing voluntary services within the community; and lastly, and certainly not least, to help keep the doctors on their toes, and to encourage a continuing process of self—and practice—audit.

The provision of medical care in this country is insufficiently democratic, particularly at the grass-roots level of general practice. However well a practice is run, patients have a right to be consulted and to express their opinions and criticisms of it. After all, they pay for it.

The phrase "patient power" has become a very emotive one for many people, especially doctors. It's as nasty an expression as "doctor dictatorship"; "patient partnership" is surely nearer the mark. I think one reason why our profession has not yet accepted the idea is that there is a fear that the "patient power" will

get out of hand and threaten doctors' clinical independence.

In September 1973 copies of the following statement were put in the waiting-room:

"In recent years there has been a marked increase in the interest shown by "lay" people in all medical matters, particularly, perhaps, in the relationship between patients and doctors. A suggestion has therefore been made that a "Patients' Association" be formed for this practice, run by yourselves, to provide an opportunity for:

(1) Discussion, suggestions, comments and criticism concerning the way this practice is run and the provision of patient care.

(2) Discussion of future plans affecting the practice and yourselves.

It might also be possible, with the help of such an association, to set up a register of volunteers for various purposes, such as transport for the elderly, which are not fully provided for by the Health and Social Services.

If you are interested in being involved in the setting-up and running of this association, or have any suggestions to make as to how it might best function, please contact....."

By the middle of December about 1,000 copies had been taken away. About 30 people contacted me either wanting to be involved in the association or offering their services for voluntary work. An inaugural meeting was arranged for February, and I was delighted to see about 40 people turn up.

The discussion that ensued was both enthusiastic and encouraging. It was emphasised that the association was to be run entirely by the patients, but that the doctors would be ready and willing to participate in every way possible. It was decided that a steering committee should be formed, and 14 of the patients volunteered for this. One obvious difficulty which has to be overcome is that of ensuring that the association is truly representative of practice opinion as a whole, and not just of those few who have become involved. There are communication difficulties here which we hope will not be insuperable.

The way things develop should be exciting; I hope to report on them another time. In the meantime I would be very grateful to hear from any other reader who has had any experience with this sort of experiment, or who has any suggestions or observations to make.

T. F. PAINE

30, Elgin Park,  
Bristol 6.