
LETTERS TO THE EDITOR

NEW FORMAT OF THE JOURNAL

From Lord Taylor

Sir,
Congratulations on the new format. It is first-class. What is more, it tempted me to read John Fry's Mackenzie Lecture within half an hour of receipt of the *Journal*, and I found I was reading one of the very best pieces of work I have struck in the last 18 months.

I hope you go on getting good contributions—on which I know you depend. The new presentation should encourage them.

TAYLOR

Plas-y-Garth
Glyn Geiriog
Near Llangollen
N. Wales.

Sir,
The picture on the inside cover of your new *Journal* of the depressed doctor waiting for a dose of nitrazepam sums up my feelings of your attempts to put the *Journal* on a sound financial basis.

In my opinion advertisements in medical journals should always be on separate pages when placed amongst articles. This has a double advantage; the articles can be read easily and removed for filing without being mixed up with advertising matter, and the journal can be filed, after the removal of the separate advertisement pages, without wasting space.

STEPHEN PASMORE

90½ Lexham Gardens
London W8 6HQ.

Sir,
May I congratulate you on the new format for the *Journal*. I have been suffering from a chronic guilt complex about my disinclination to read the old one, and I am sure this will help a lot.

COLIN SMITH

Higham
Rochester
Kent.

Sir,
The college *Journal* has until now been in the best tradition of medical publications in that it has had a discrete amount of advertising material outwith editorial content. I was horrified to

find, on opening the January issue, that the format has been radically altered and that advertising matter was now firmly in the body of the *Journal* interspersed with normal articles, detracting from these and making it no longer possible to remove such advertisements before binding.

I feel that mere commercial considerations have been allowed to interfere with the production of a dignified journal. It seems a pity that the College should descend to the standard of those publications run as commercial ventures, and sent out free, unsolicited, and unwanted, to general practitioners.

G. M. THOMAS

70 John Street
Workington
Cumberland.

Sir,
The revised *Journal* design and format are appreciated. What did startle me was the contents of this professional publication being visible to all and sundry through the flimsy transparent cover. Certainly the *Journal* is better flat than rolled like the *British Medical Journal*, which carries its contents on the cover too, but you ought to obscure that outer cover, or leave the index to page one.

I have always felt that the use of the full Christian names of people mentioned in the *Journal* would be more appropriate in certain categories—such as admission to the college membership, or in a death or obituary notice. The unadorned initial letter(s) is cold, convenient, but lacking in dignity. I will admit, however, that the October list of new members was so well set out in face and space that the use of the men's Christian initial(s) was adequate. The full name to my mind carries a *cachet*—making tribute to the member.

I was interested to find your address modestly placed at the tail-end of the back cover, but it is a pity that the college address has to be winkled out of the text on page 47. Since the *Journal* reasonably claims the cover and the first two pages, the College address could well be shown at the top of the news section on page 47.

With good wishes for the *Journal's* continuing welfare.

JAMES A. LISTER

27 Victoria Road
Burnside
Glasgow G73 3QF.

Sir,
I preferred the format and size of the earlier *Journals*; the new larger *Journal* doesn't appear as clear and the overall presentation is not as pleasing to my eye.

PHILIP RUTLEDGE

8 Spottiswoode Street
Edinburgh EH9 1ER.

Sir,
Your new format (A4 size) is a great improvement. Already it seems more interesting and easier to read.

C. D. CAMPBELL

The Roses
Waddesdon
Aylesbury HP18 0JF
Bucks.

Sir,
My feelings about the new format of the *Journal* may be summed up as: "Me no likey"! And why? For the very obvious reason that it has become merely another vehicle to promote the products of the drug industry. Just count the number, type, presentation, and positioning of the advertisements and you will see what I mean.

I regret the the *Journal* will now go straight into the refuse basket in the same way as the other 36 unsolicited publications that descend on to my desk with monotonous regularity every month *ad nauseam*.

The College up to now could always resist a charge of venality but this change is but the first step in loss of independence. Get back on the right course before it is too late.

HUGH W. FORSHAW

14 North View
Liverpool L7 8TS.

COLLEGE EVIDENCE

Sir,
The College's evidence to the Royal Commission on the NHS is published in this issue of the *Journal* (p. 197). Members will see when they read it that it differs in some important respects from the discussion paper on which it is based.

Nearly 8,000 copies of the discussion document were circulated through the *Journal* to all members and associates. In the event the response has been substantial, constructive, critical, and altogether immensely helpful. It is the

members' comments which have moulded the discussion paper into the definitive evidence.

The evidence working party was given firm guidance from the membership on many matters. For example, there was a general feeling that the discussion document was not sufficiently incisive, did not indicate clearly enough our appreciation of the strengths and weaknesses of general practice today, and did not really reveal the College's general philosophy on the future of primary health care based on general practice. We were also asked by most respondents to be unequivocal about the need to retain the independent contractor status of the general practitioner, to preserve clinical freedom, to enlarge on the problem of poor general practice in some of our conurbations, and to have adequate manpower, premises, and equipment to do our job well. Many people mentioned the need to develop continuing education and with it medical audit controlled by the whole profession rather than by Government.

Council would like to thank the faculties and individual writers for the care, time, and trouble they have taken in giving their views on the content and presentation of the evidence. On a subject with so many important aspects total unanimity would have been impossible to achieve. Nevertheless, Council believes that the consultations on the draft evidence have given it a surer feel of the general lines along which the majority of members would like to see the College's policy evolve in future.

DONALD IRVINE
Honorary Secretary of Council
14 Princes Gate
London SW7 1PU.

COPING WITH DEATH

Sir,
There has certainly been a spate of articles recently in the medical press about death and how to cope with it. Obviously this is to be welcomed, since we are doctors and deal with it all the time and must therefore be concerned. We cannot, or should not, hide our heads in the sand, for eventually we ourselves will be personally involved.

It is true to say that our own attitude to death and our belief about it largely determines how we shall deal with our patients.

The article by Drs Tombleson and Garsed (*January Journal*, p. 33) is humane and helpful, and comes out strongly against evasion and untruth. This is good, but their philosophy basically is the mournful necessity of getting the patient to accept the inevit-

able with as much grace and calmness as possible—it is amazing that so many do, and with great courage.

I do not believe that death is the end of life. I regard it, and have no doubt about this, as the door to real life, and this transforms the whole process of dying and makes dreaded death a welcomed friend. It is merely a door into a splendid, inconceivably grand life.

This is no strange or fanciful imagination. It is orthodox Christian belief, endorsed unequivocally for us by Christ himself, and conclusively demonstrated to us by his resurrection. I have seen many people die in this faith and it has transformed the experience for them into peaceful triumph.

Why then have Drs Tombleson and Garsed not mentioned this aspect? I can scarcely believe that they are totally unaware of the Christian teaching on death. I am prepared to believe that they have rejected it for themselves, but that is no reason for excluding such a living, hopeful option from their patients.

This is a plea to our humane profession. If doctors cannot personally offer hope to patients as death approaches—and to leave without hope is to leave to despair and unalleviated gloom—then please lay aside personal prejudice and put them in touch with those who can offer spiritual help.

Not every chaplain—unlike the one in the poem quoted—will shirk the issue of death, and most patients will welcome the opportunity.

D. G. MOLES

6 Whiterock Road
Killinchy
Newtownards BT23 6PR
Co. Down.

Sir,
I would like to thank and congratulate Drs Tombleson and Garsed on their lucid and sensitive article in the *January Journal*. In this short article they covered all the important points which arise in the management of terminal patients.

A group of general practitioners working with the late Michael Balint were involved in studying the doctor-patient relationship in connection with dying patients. We confirmed everything that Drs Tombleson and Garsed found in their work but perhaps there is one small point that they have not mentioned. In looking at a relatively large number of dying patients managed by their general practitioners we came to the conclusion that patients manage their dying in the same way as they managed their lives. In fact, "patients die as they have lived". We found that the secure mature adult was able to face his own death with fortitude and make

all the necessary arrangements to put his affairs in order. Despite the general practitioners' willingness to discuss with these patients the fact of their dying, there were several who resolutely declined to enter into any discussion about their future.

LEN RATOFF

363 Park Road
Liverpool L8 9RD.

Sir,
The article on this subject (p. 33) in your January issue reveals the anomalous state in which we as doctors find ourselves when confronted with the dying. How long will it be before we can take dying out of the limbo of irrationality within which it has taken refuge for so long?

We could begin by accepting three propositions:

- a) The inevitability of death for all. This being so, the quality of days lived is very much more important than their quantity.
- b) The desirability of death for the dying.
- c) The preferability of meeting death voluntarily rather than being forced to die *faute de mieux*.

The acceptance of (a) would clear the air of subterfuge in the sick room. We should be able to talk of dying as we talk of taking a holiday. In this respect our society is less fortunate than those in the past, when death was an almost daily occurrence. We have made death so rare that many delude themselves that it need never be considered at all.

With regard to (b) we should respect the wishes of those who want a 'quick exit' once the event is only a matter of time. Legislation for voluntary dying (not suicide) is overdue. Society is so pro-vitalist today that freedom to live is guaranteed but not the freedom to die. The result is a great deal of avoidable misery both for the patient and the relatives.

Doctors should be in the forefront of those who are seeking a new approach to dying. This new approach is already being forced on us by burgeoning world population and diminishing resources. Mere postponement of dying had some validity when religious belief sustained the idea of death-bed repentance. With the general absence of belief an intelligent person should be allowed openly to welcome death without any imputation of depression or connotation of suicide. Society has generally accepted contraception and legal abortion in the limitation of unborn life. The acceptance of voluntary dying is merely the corollary of the same argument at the other end of life. What an immense cloud would be lifted from man's horizon if the idea