

LETTERS

The College and Nuclear War

The decision of the College Council to advise Dr John Horder (PRCGP) not to attend the second Congress of International Physicians for Prevention of Nuclear War, on the grounds that it might become 'political', is weak, naïve, selfish and inconsistent.

Weak because it betrays a lack of willingness by the College to involve itself in this difficult but major issue of preventive medicine: what price a policy on prevention in psychiatric disorders, arterial disease and family planning (RCGP, 1981) when most of the practice list is dead, the rest injured and requiring intensive hospital treatment in non-existent beds, following a nuclear attack (Medical Campaign against Nuclear Weapons, 1981)?

Naïve if it believes that general practice can operate in some rarified apolitical vacuum: the NHS itself is a supreme example of a political idea finding substance in medical practice. Every time a GP writes a sick note or counsels the family of an unemployed person s/he commits a political act—an act which has nothing to do with party politics, but concerned with society, government, the economy and the state. Good health is a political as well as a humanitarian or moral axiom. Doubters should consider recent excellent published examples of how inextricable are general medical practice and politics: *Medical Aspects of Unemployment* (Linford Rees, 1981); *Inequalities in Health* (Black, 1980); *A Survey of Primary Care in London* (Jarman, 1981); *Inner Cities* (Bolden, 1982); and the earlier paper "The Inverse Care Law" (Tudor Hart, 1971). The call for political change and involvement is implicit in all these publications, explicit in some.

Selfish in its failure to share the responsibility with other Royal Colleges: Sir Douglas Black of the RCP is to deliver the keynote speech at the April Congress with the Soviet Professor Tchasav. General practice ought to be playing its part; but a separate, quiet, academic existence is so much safer.

Inconsistent since Dr Horder himself, as Chairman of the Working Party which produced the College's *Report from General Practice 18, Health and Prevention in Primary Care* is in print there as concluding: "If preventive care is to be taken seriously, there are opportunities which the College should be more ready to seize in influencing

political decisions than it has been hitherto". What better opportunity to seize than this Congress? Does the College really intend to concentrate on "play areas, and the division between traffic and pedestrian areas" (*Report 18*), when it could bring influence to bear to save the lives of millions of people?

Surely the College should participate in this major preventive congress: passive observation is not sufficient.

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References

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Sir,

I write to register a protest at the decision by the College's Council to advise John Horder to withdraw from attending the forthcoming important medical conference on nuclear war. Its stated reason "that it is impossible to be certain that the meeting might not become political" is lamentably weak. The past twelve months have seen a further alarming escalation in the arms race and an increased sophistication of weapons which brings "first strike capability" closer, thereby rendering the notion of deterrence more and more insecure. We have also seen the introduction of the neutron bomb, which lowers the threshold between conventional and nuclear warfare. The risk of nuclear war increases with these developments, while military leaders speak of fighting and winning 'limited' nuclear wars.

The medical profession has become involved unavoidably by the Government's request that area health authorities draw up emergency war plans. Furthermore, our training equips us with the potential to understand the medical consequences of these weapons in a way that no other section of the community can. We therefore have a profound duty to learn what we can and disseminate this knowledge, both to those who make decisions and those affected by them. The tremendous growth of awareness and concern within the profession over the past year reflects this.

The fact that the College has remained silent, while increasing numbers of its members try to come to grips with this deeply important issue, is saddening enough. Now it has at last made a pronouncement, and it is entirely negative. Does it seriously believe that John Horder's presence at a meeting which "might... become political" would be so irrevocably embarrassing that he dare not attend? Such excessive timidity seems strangely inconsistent in the light of the College's most recent occasional paper, which has been widely quoted in both the medical press and the mass media during the past months for its highly political views on inner city councils.

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Using computers

Sir,

I was distressed to read Dr Potter's article "Computers in general practice: the patient's voice" in the November *Journal* (pp. 683-685).

Properly conceived and implemented, the introduction of a micro-computer in the surgery can be an enormous boon to patients and GPs alike. It is therefore of more than usual importance that colleagues who choose to voice their opinions on this subject be both knowledgeable as well as unbiased.

Dr Potter's questionnaire is open to the following criticisms:

1. It is not even remotely feasible for a practice to store its patients' medical records on a "small computer". An average practice would require 50-100 mega-bytes of memory, at least, to perform this function and the cost involved would be tens of thousands of pounds! Considering just the factor of patients joining and leaving the list makes the prospect far too daunting.