

## Teaching Materials

A number of other current activities already support these developments. Publishing houses and journals are anxious to co-operate with the College in the production of what have been called "distance learning materials". These are not to be devised by remote groups of experts, but rather created by general practitioners in co-operation with their Faculty Boards or local departments of general practice. The MSD Foundation now wishes to target its new materials towards the continuing education of practitioners—for example by suggesting frameworks for the analysis of video-taped consultations. Discussions are far advanced with the Open University for setting up a Primary Medical Care Unit, which

will be concerned with providing educational packages for co-operative learning by all those involved in primary medical care—doctors, nurses, social workers, administrators and receptionists and patient groups. The Stuart Fellow will promote small group work based on an exploration of the ideas contained in "What Sort of Doctor?", and will be visiting small groups in the Faculties in order to stimulate and co-ordinate this programme.

## A Federal College

The title "What Sort of Doctor?" echoes that of a series of articles some two years ago under the title "What Sort of College?". It is my hope that the Education Division will give the following answers to the challenge of that

title. This will be what Irvine called a federal College: the development of continuing medical education will be a matter for the whole membership, and responsibility will be devolved directly to Faculty Boards; the boundary between the academic and the practising doctor will disappear: continual re-definition of the content of general practice and of the monitoring of its quality will become an integral part of the doctor's professional work; lastly, the College will come to be seen not as a cosy club for its members, but as a College for all general practitioners, and for all of their patients. That is the task to which the Education Division will seek to make its contribution.

Marshall Marinker  
Divisional Chairman

# LETTERS

## The College and Nuclear War

Sir,  
We write to express our dismay at the way Council has handled the question of the President's attendance at the second Congress of International Physicians for the Prevention of Nuclear War. We are told (February *Journal* p. 123) that Dr Horder felt that:

"... although he could support a congress concerned solely with the organizers' avowed aims of examining as objectively as possible the facts about nuclear war in Europe, he was worried that in the heat of the moment the Congress might abandon its other aim of not advocating any policy of nuclear disarmament and that it might adopt resolutions of a political nature which might be embarrassing to him as President."

This extraordinary statement, if accurately reported, must be seen at best as muddled thinking.

First, the very title of the Congress makes its purpose, the prevention of nuclear war, abundantly clear. Whilst declining to advocate any particular policy of nuclear disarmament it has never pretended to be an observer merely of the facts about nuclear war. It is disingenuous of College to suggest that it was unaware of this from the start.

The crucial issue is surely that any

conceivable nuclear war in Europe would result in death, injury and disease on an enormous scale and that the threat of nuclear war represents the greatest challenge to the College's much vaunted policy of anticipatory care. The only meaningful medical response to nuclear war is to strive to prevent it. Even if we assume that the advocacy of nuclear disarmament is a political act, by its own declared standards the College stands condemned if it sidesteps this issue because of that. Council members should not need reminding of the concluding paragraphs of their report on "Health and Prevention in Primary Care":

"two of the most powerful influences on the health of our patients are their behaviour and the environment in which they live. The latter is influenced by the decisions and policies of those in authority. Do these decision-makers take sufficiently into account the effect that their decisions will have on health? If not, is it because the medical profession fails to inform them sufficiently or to remind them often enough of the implications for health...?"

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".

We are told that Dr Paul Freeling felt that since College members had not

mandated their representatives to speak on the issue of nuclear weapons, the President had no option but to withdraw. Has the College made any efforts to seek such a mandate from its members, or even to initiate debate on this overwhelmingly important challenge to preventive medicine? We feel in short that College has an urgent duty to its own ideals, its members and their patients. That duty is to inform and canvass its members on the issues, to present those issues to the public and to those in authority and, in the final analysis, to stand up and be counted in a debate that may determine the survival of us all.

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Sir,  
I think the reason for the confusion about the role of the medical profession in the nuclear debate (March *Journal*, p. 195) becomes clear when we separate the issues into aims and methods.

There seems to be a medical (indeed a general) consensus on aims: that war, particularly nuclear war, is likely to be so horrific (especially in its medical and social effects) that it must be prevented.