

Health for All by the Year 2000

Sir

I refer to the letters from Dr R. Peppiatt (March *Journal*, p.185) and Dr R.de Soldenhoff (September *Journal*, p.604).

As one who has been on the sending and the receiving ends of the exchange of unwanted drugs between here and overseas I am very sorry that two interested and caring doctors should apparently disagree on this very important issue. It may cause other senders to be disillusioned and receivers to be considered ungrateful and incompetent. I am sure that neither is correct.

Dr Peppiatt depended entirely on receiving drugs from this country when he worked in a hospital in Africa. He must be aware of the heartbreak of being without essential and lifesaving drugs and of the arrival of others, useless in the local situation. Dr de Soldenhoff has had the same experience which he has stressed at the expense of discouraging people from sending what is needed.

I would plead for doctors to continue to send what they can, but first to telephone one of the local agencies to ask what is acceptable. One such is Clinicare based in London; telephone 01-328 9442 (mornings). Patients reaching hospital in deprived areas are mostly suffering from gross disease and need heroic treatment. Many severe infections need multiple antibiotic treatment and the arrival of usable antibiotics is a godsend.

When you, or your families or patients, have to walk ten or more miles in tropical rain or scorching heat, hungry and ill, then sit all day waiting to receive, say, ten aspirins (if you are lucky) then stop sending, for your need is as great as theirs!

MURIEL BANNISTER

40 Marlborough Road
Luton
Beds LUF 1E3.

Medical Ethics—a Survey of General Practitioner Attitudes

Sir,

Drs Dunn and Shaw limit their survey on medical ethics to matters of fertility control and death (December *Journal*, p. 163). But ethics, our perceptions of right and wrong, are not limited to the ins and outs of life. Religious groups have stimulated debate on some issues but political debates on private practice and priority of care for different patient groups are also ethical questions. Appropriate prescribing, drug

promotion, cigarette advertising, the seat belt law, community funding of preventive health measures—all have a major ethical component.

By limiting the range of questions they limit the range of answers. As well as asking 'Do you consider oral contraception ethical?' they should have asked 'Do you consider it ethical to refuse contraceptive advice?'

If the question is vague as in 'Would you like to see more precise definition of specified circumstances (for abortion)?' then the answers are going to be open to misinterpretation.

Where the questions are too few or too narrow they will not reflect the true attitudes of the respondents in practice. For instance, rarely is the question as simple as wanting an abortion because the 'mother's career is threatened'. There are inevitably other factors even if not always perceived by the doctors.

Where the question is meaningless as in 'Does a person have the right to take his own life?' respondents may substitute a meaningful question such as 'Does a person have the right to ask for assistance in taking his own life?'

The question may be technical, for instance 'Are the criteria for brain death reliable?' The ethical question implied is 'reliable enough to switch off the respirator or to remove the heart and kidneys?'

I doubt the value of a statistical analysis of a survey of 500 people where the 200 non-respondents are ignored.

Finally an unfortunate error in the summary stated that a majority of doctors had reservations about AID and post-coital contraception, when in fact a minority was the case.

R. FIELDS

Kingswood Health Centre
Bristol.

Manipulations of the Cervical Spine—a Pilot Study

Sir,

The article by Howe, Newcombe and Wade (September *Journal*, p. 574) contains some methodological faults which make their conclusions untenable.

Although the assessing doctor was 'blind' to the therapy they received, the patients were not 'blind' and immediately a source of bias between the two groups in treatment is obtained.

There is absolutely no point in comparing immediate improvement in symptoms and signs in the manipulation group with the control group, if

the control group did not receive any particular form of therapy in the immediate period. The only relevant information is that concerning their subsequent clinical course and the trial clearly shows no significant difference in regression of symptoms between patients in the control and the manipulation groups.

There are numerous reports in the literature of neurological damage following cervical manipulation although, thankfully, it is a very rare consequence. However, your patient may be the next one and I think we should be absolutely clear on the benefits of cervical manipulation before we all start practising it, as suggested by the authors of this article.

PHILIP HELLIWELL

Ling House Surgeries
130 Skipton Road
Keighley
West Yorkshire BD21 3AN.

Medical Records

Sir,

I am writing to recommend a simple method of improving medical records by summarizing all the laboratory information available on each patient. Our practice is currently going through the laborious task of preparing note summaries in readiness for computerization. This task is being tackled by different partners in different ways as we have a personal list system. I suspect the method that I shall outline is already employed in some way by some of your readers. However I have been impressed by the number of general practitioners I have spoken to who have not attempted anything like it and who have thought the idea helpful and interesting.

This task can quite easily and safely be undertaken by a medical secretary. All laboratory and x-ray results are separated from the rest of the hospital letters. The reverse side of the summary card is used and in the left hand column a list of all types of laboratory investigation carried out is made and along the horizontal line, in chronological order, the month and year is recorded each time that investigation has been carried out. A positive or interesting result is ringed and a negative result not ringed. I would suggest that all negative laboratory results can then safely be pruned from the notes.

The result is an easy-to-scan profile of all laboratory investigations on that patient, often giving in itself a clue to the major problems of the patient. A large collection of unringed dates may be quite suggestive of the true nature