

ended 'Why not stop doing stupid research and do something useful?'

Dr Valentine raises doubts about the compatibility of 'most patients felt that the time their doctors gave them was just about right' with the conclusion 'these findings support the view that patients are dissatisfied with the time given to them'. If he looks back at the original article he will see that these are responses to different questions. If one asks a question whose answer may imply criticism of a respected and trusted doctor one must expect a biased answer even when, as Dr Wilson points out, the question poses four degrees of dissatisfaction and only two of satisfaction. On the other hand when they were asked 'Did you feel that you were able to tell your doctor about your complaint?' they were able to answer more critically because the implied criticism might be directed at themselves rather than at the doctor.

We were pleased to see the Daily Mail editorial pick up the challenge: 'We either need more doctors or the doctors at present employed should use their time more effectively. On the face of it it seems absurd that there should be a growing number of unemployed doctors.' This is indeed absurd when patients have difficulty in communicating with doctors and there is unmet need in the community. We wonder to what extent the house of the critical Novocastrian is in order.

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Private Health Insurance

Sir,
I am writing both as a director of Private Patients Plan and as a general practitioner. In the latter capacity I do my best to represent our views to the former.

Dr Stephen Ford's letter (February *Journal*, p.119) is correct in stating that PPP is non-profit-making. In other words, we have no shareholders to pay dividends to, so that about 90 per cent of our subscription income is paid out in benefit for claims made by our subscribers. Both the value and incidence of claims received are increasing as more people make use of private treatment, which in turn affects the subscription which we charge.

Our rules clearly state that benefit is only payable when treatment takes place under a consultant and must be for curing a medical condition. We

also make it clear that we do not cover home nursing which is arranged wholly or partly for domestic reasons and which is not directly related to the treatment of a medical condition.

Of course in making these rules we are not questioning that there are types of medical care which we do not cover. To do so would put further upward pressure on our subscriptions.

Consultant involvement helps to keep control over those items which PPP will reimburse although we as general practitioners may argue that removal of the need to refer to consultants will save costs. At present there is no evidence to support this view.

PPP is always open to new ideas. I personally would welcome any *realistic* suggestions to improve the cooperation between general practitioners and PPP and improve the quality of care obtained by our patients.

PPP has always taken the view that the organization complements the NHS rather than replaces it. Even with this objective in mind, our pattern of claims payment shows that a large number of people are making use of private treatment and are very happy with the service that is provided by the organization.

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General Practitioners against Torture?

Sir,
In April 1983 you published a letter drawing attention to the plight of Dr Anatoly Koryagin suffering for refusing to debase professional ethical standards and courageously resisting the Soviet abuse of psychiatric skills on dissident prisoners.

This year Amnesty International is launching a campaign against torture and the medical group is active in supporting this and helping to expose the extent of the systematic use of 'Torture in the 80s' by over a third of the governments of the world as an instrument of policy.

It gives a sobering example of the suffering of many of our colleagues throughout the world for us to be updated in the continuing fate of Dr Koryagin. According to Moscow reports he was severely beaten in Christopol prison. During the beating his screams could be heard, through an open window, in the street. When Dr Koryagin was visited by his wife and youngest son at the end of August 1983 his son did not recognize him. He is suffering from the effects of his hunger

strike and of the harsh prison regime. Due to serious lack of protein he has oedema. His state of health is giving rise to serious concern: it has been reported that he is close to death.

The following are extracts from his message to the American Psychiatric Association dated 30 December 1983: 'On the anniversary of the UN Declaration of Human Rights 10 December 1982, I sent a statement to the Praesidium of the Supreme Soviet that I refuse to accept food in norms less than the physiological minimum (in the punishment cell and on strict regimen). As a doctor, I called the laws according to which they starve the prisoners, 'criminal.' They threw me in the punishment cell, there they tortured me brutally. On 11 January 1983 I announced that I refused to live in a Bolshevik torture chamber. I fasted for six months and two weeks. They fed me by force. They employed physical and psychological torture. My life hung on a thread. On 25 July 1983, I ended my hunger strike at the insistence of friends.'

For further protests about the additions of Article 188 under which he is being threatened with an addition of a further five years to his sentence he has been placed on a further two months of strict regimen with reduced food rations. He is again on hunger strike and being force fed by tube.

'Pass on this message through the world's press to doctors of the world. I am fighting for the right to health and life. I will be glad of their support. I remain faithful to the ethical principles of the medical profession, to the ideals of humanism and justice.' In the light of such a poignant appeal for support, may I as a Fellow of the College appeal for the support of general practitioner colleagues for the efforts of Amnesty International to persuade governments to implement its 12 point programme for the prevention of torture so that like slavery, this disease of humanity may disappear?

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Cancer—a Stress Disease?

Sir,
The article by John Carson (*March Journal*, p.179) has prompted me to write.

I have just had a sad experience with a Chilean patient who was severely tortured in Chile after the 1973 coup, and who subsequently was in exile in Italy where he had a quite severe psychological reaction and took to drinking excessively. He arrived in the