

activities. The Royal College of Physicians's report² concludes that any benefit in cash or kind must leave the doctors' independence of judgement unimpaired. I cannot see how any benefit can fail to impair the judgement: 'a bribe blinds those who see and twists the words of the righteous' (Exodus 23:8).

Our consulting rooms are adorned with more advertising logos than Nigel Mansell's car. In the room in which I am writing I can see 16, and this is typical. What message is being communicated to patients who, to quote Dr Wall, 'expect doctors' conduct in prescribing and investigating drug actions to be above criticism'? I think we all need to examine our actions regarding our relationship with the pharmaceutical industry. I have thrown away the demeaning gifts I have accepted in the past and as a practice we are making no new appointments to see drug representatives.

As a College member I should like to see a list of the drug firms that have donated money to the College published regularly. Are the activities they sponsor essential and why does my £115 annual membership fee not cover them? Why cannot the *Journal* be free of all drug advertisements?

I realize that drug companies 'do not like dealing in an unseemly trade of ballpoint pens and Italian red wine — they want to make their case and be off'.¹ At present all promotional material addressed to me ends up unopened in the waste bin but if any drug company would care to send me a scientific paper supporting a product of theirs I promise to read it. Does anyone want to join me in choosing this way of being influenced?

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References

1. Smith R. Doctors and the drug industry: too close for comfort. *Br Med J* 1986; **293**: 905-906.
2. Royal College of Physicians. The relationship between physicians and the pharmaceutical industry. A report of the Royal College of Physicians. *J R Coll Physicians Lond* 1986; **20**: 3-10.

Sir,

The three articles on ethical dilemmas between doctors and the pharmaceutical industry (June *Journal*, pp. 267, 270, 271) do not mention the free supply of patient leaflets and record cards by drug companies. Are these considered as bribes?

We need patient leaflets with health education information and instructions on the use of medications. Many such publications are provided by the Health

Education Authority and by self-help organizations for certain diseases; a few are home-produced by local hospital departments. But there are gaps in common and important topics which are currently filled by drug company productions, many of which are extremely good and non-promotional, although they all need careful vetting.

General practice record cards for contraception and shared care, such as diabetes, can also be obtained from drug companies when they are not provided by the Department of Health and Social Security. The alternative is to buy cards from the Royal College of General Practitioners or to design and produce them oneself.

The change from the Health Education Council to the Health Education Authority, with more central government autonomy, has led to further restriction of the range of DHSS funded publications, so who should pay for the rest? Should we ask for reimbursement for dispensing literature to patients?

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An ethical committee for general practice

Sir,

It is with interest that we read the paper by Drs Sullivan and Barber (August *Journal*, p.365) describing the proposals received in the first year of an ethical committee for general practice. Their experience in the West of Scotland is similar to our own, although we have found reluctance from one or two pharmaceutical firms to make the changes suggested to them. We are surprised that their ethical committee is of an unbalanced composition. While eight general practitioners and one lay member may be able to make a scientific decision relating to ethical matters, we doubt if they can give a comprehensive ethical opinion without the inclusion of members from other disciplines. The Royal College of Physicians and the BMA give firm guidelines on the composition of ethical committees and we would strongly suggest that any general practitioners considering setting up ethical committees should do so only on the suggested guidelines.

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Healthcall and the College

Sir,

Dr Kinnersley (August *Journal*, p.371) correctly states that the College has signed an agreement giving endorsement and approval to Healthcall, a medical information service for patients, and this was reported to members of the College in the June issue of the *Journal*.

Both the Royal College of General Practitioners and the College of Health are interested in providing good information to patients. However, when the College of Health extended its programme through a number of districts it did not consult the Royal College of General Practitioners and did not seek general practitioner advice about the information being given to patients. Our College believes that it is extremely important that patients should have the best possible advice and that general practitioners are particularly well placed to provide it.

Therefore, when the opportunity arose to enter into an agreement which would provide advice for patients, we welcomed it believing that general practitioners as a body and the College as an organization can make a substantial contribution to this work.

Patients now have a greater choice of information and are quite free to use whatever service they feel is better suited for their needs. Nobody is obliged to pay the commercial charges but the fact that over three million calls have already been made to this service suggest that it is meeting a need.

Since the College was negotiating with a commercial organization, we saw no reason why commercial rates should not be paid to the College. The money accruing from this source will of course be used to further the aims of the College.

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Patients' opinions on the services provided by a general practice

Sir,

In my paper on patients' opinions of general practice services¹ I said that I was unable to compare my results with those of Cartwright and Anderson² because they expressed their results in percentages rather than numbers. It has since been pointed out to me that the number of people involved is always quoted at the bot-