

can measure need as well as provision, the answer is the same; only about half the work that needs to be done is actually being done. The College was born from outrage at the findings of the Collings Report;¹ the College was a courageous and constructive response to bad news.

Where the professors see two conflicts, there is in fact only one. Elitism must eventually be suicidal for any movement for progressive social change, which our College has from the beginning sought to be. Of course there are problems in holding together and expanding a group of general practitioners whose excellence is demonstrated not by the examinations they have passed or the posts they have attained, but by their willingness to measure what is actually done against what could and should be done. We are asking a lot of our colleagues and of our leaders. General practitioners are a diverse and volatile group, at best attempting to deliver contemporary science within a nineteenth century social frame, at worst taking greedy advantage of privileges they have inherited but not earned. We can make a start only from where we are, with the people we have, confident that we have millions of supporters among our patients if we only turn and look.

To create and maintain a united movement for better general practice is difficult, and demands political skills we are only beginning to develop, but will certainly need in the stormy year ahead. I hope the three professors will reconsider their views as health services and the health professions are at the centre of politics, and we no longer have any choice but to accept much of the responsibility for finding political solutions. The academic view which opts out of the battle is a source of weakness and confusion, but the real enemy is a view of medical care which regards it as a commodity, transferred from active providers to passive consumers. Doctors of integrity are beginning to understand the obsolescence and the inflationary pressures of the consumer-provider model in medicine. Effective continuing care is a joint act of creation by two sets of experts, a team of health workers and the population it serves.² In the long run most of the work of maintaining and improving health has to be done by the population itself, assisted but not replaced by professional health workers.

There is ample evidence that about 70% of voters for all parties are willing to pay higher taxes for resumed growth in the health service, rather than slide into technologized barbarism.³ The College must give a lead to that still popular view,

while at the same time educating the public to understand the absolute necessity of a more effective and accountable primary care service.

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Democracy and the College

Sir,

At the College's 1987 annual general meeting I proposed a motion that I hoped would bring greater democracy to the College. I had been concerned that at the previous year's annual general meeting, when two important motions were put to the general membership, so few individuals were present to give an opinion. The 1986 meeting had in fact been relatively well attended, with about 300 members and fellows present. However, College voting membership stands at around 13 200 and I felt that some effort must be made to give the remaining 12 900 members an opportunity to vote at an annual general meeting, even if they could not attend.

The existing ordinances of the College allow, if Council sees fit, a postal ballot of the entire membership (Ord 27c). My motion requested Council to implement this ordinance, as it seemed a simple way to sample the total views of the College. There were less than 100 members at the 1987 meeting, and the motion was 'heavily' defeated. What implications does this have for democracy?

Chambers twentieth century dictionary defines democracy as 'a form of government in which the supreme power is vested in the people collectively, and is administered by them or by officers appointed by them'. Clearly, allowing 100 individuals the right to vote on behalf of the remaining 13 100 members is not democratic. Supreme power is not vested in the people collectively but in those 100 who attend the meeting. If Council had wished, there could have been a proxy vote (Ord 27a), or a postal ballot (Ord 27c). Had these alternatives been used the

previous year then the College's annual general meeting could have been seen to have been democratic and representative. Alternatively, constitutional changes might have been introduced to allow delegates to vote on behalf of faculties, or some form of proportional representation proposed. Any of these forms of sampling the entire membership's view would result in a balanced and representative opinion from a respected profession.

Had the annual general meeting been representative would it have made any difference? Would the direction of the College have changed?

I had always been of the opinion that the annual general meeting was the ultimate decision making body and that Council was the executive arm of the College, putting into effect the aims of the College and generally administering its business. Ordinance 54 seems to uphold this view. However, it is the view of Council that it is the supreme power in the College.

Council is made up of 32 regional faculty representatives and 18 elected members. It has the power to coopt extra members if it wishes. If the Council consisted of representatives only, then it could be said to accurately represent the views of the College. Since there are 18 elected individuals, this is not the case. The officers of the College are elected from the body of the Council. In a democracy, the officers are elected by the people to administer the government. In our College 18 individuals have unreasonable power.

In 1986, 1% of principals were either full time academics or regional advisers while this was true for 70% of the officers of the College. Clearly academic general practice is well represented at the higher echelons, but where on Council are the representatives of the single handed, female and part-time general practitioners.

Our College is not democratic; power is not vested in the people, or its duly elected officers but in a small cohort of self selected doctors whose views, no matter how altruistic, are not representative.

The consequence? One has only to look at the recent history of the College to see the effects. The record on deputizing, the oral contraceptive pill and patient confidentiality, and the debacle over the examiners speak for themselves.

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