

Like Dr Hall, I found that most of the 63 respondents (92%) kept analgesics in their home, including ibuprofen as well as aspirin and paracetamol. However, less kept paracetamol than in Dr Hall's study (78% versus 88%), and more kept aspirin (8% versus 2%). A considerable number (21%) kept both drugs, compared with none in Dr Hall's study.

Awareness of problems with aspirin was even more different in the two studies, with only 5% of my respondents being aware that aspirin should be avoided in children under 12 years of age. Only 32% knew it causes 'stomach upsets', while awareness of problems with paracetamol (22%) and ibuprofen (14%) was even poorer. In Dr Hall's study, 92% of those questioned had become aware of problems with aspirin in children as a result of the publicity campaign.

I would suggest that the effectiveness of the publicity campaign has worn off with time, even allowing for the fact that some of the people answering my questionnaire had no children, and would therefore be less likely to register 'anti-aspirin publicity'. Perhaps a further campaign should be mounted, or should it be left to general practitioners and pharmacists to ensure that they maintain the public's awareness of the dangers of aspirin and other drugs obtainable over the counter?

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Reference

- Hall RW. Aspirin and Reye's syndrome — do parents know? *J R Coll Gen Pract* 1987; 37: 459-460.

The referral system and restrictive practices

Sir,
Marshall Marinker analyses the referral system with regard to the government's review of restrictive trade practices (November *Journal*, p.487). He discusses the reasons why the current referral system as operated in the NHS serves both patients and the efficiency of the service itself.

I would further develop the argument to say that consumerism, competition and choice are already available in health care provision. Consider an individual with the symptom of pain in the arm. The choices available to him are: he could put up with the pain and not seek any help; he could buy herbal or homoeopathic remedies; he could visit an osteopath or physiotherapist on a private basis; he could visit the chemist and buy tablets, ointment or a heat lamp; he could wear a copper bracelet; he might decide to obtain advice from the NHS by visiting his general practitioner; he could see a doctor privately — general practitioner or consultant.

Thus several very different choices are available. From some sources the patient can buy what he thinks might be a remedy, or he seeks advice. From the NHS, medical advice might distinguish arthritis, shingles or angina as causes of a painful arm. Only after this step can appropriate treatment be offered. The patient can seek a second opinion from another general practitioner or hospital consultant if the initial contacts are unsatisfactory. Most doctors welcome and arrange another opinion if a patient is

unhappy with the outcome of consultations and cannot be mollified.

The choices of health care available to the consumer are every bit as wide as those from private commerce with regard to purchase of services and goods.

The NHS is a complex organization with its own established procedures for dealing with patients' problems which allow selection of treatments for different problems. Heterogeneity among doctors allows some variation in response to patients who themselves vary so much. The internal arrangements in private companies are often very rigid, treating all customers in the same way. But in both cases they increase efficiency and competitiveness.

I believe current NHS arrangements do not constitute restrictive practice. They do not provide any financial benefits to staff by restricting competition or output to inflate prices and earnings. Indeed the NHS is cheaper than other health care systems.

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Sterilizing instruments

Sir,
No doubt many practitioners will be anxious about their arrangements for sterilizing instruments following the recent study published (October *Journal*, p.447) and the wide publicity which this has received in the national press. For those using pressurized steam for sterilization either in a purpose designed autoclave or in the more humble domestic pressure cooker, there is a way of being sure that



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