LETTER FROM WESTMINSTER

Champion of good health mugged by ministers?

JOHN WARDEN

What's in a name? Quite a lot, it seems, if the name is the Health Education Council and it is about to be changed to the Health Education Authority. That will happen on 1 April to the echoes of discord in parliament.

If the government's critics are to be believed a champion in the cause of good health is being mugged by ministers who in turn are being manipulated by a vindictive bureaucracy. Or, if we are to believe the ministers in their public and private assurances, the claims about a hatchet job are totally groundless.

Sufficient smoke rose from Westminster last week, however, to confirm that the government's plan has caused some friction. Whether the anxiety is justified only time will tell, for the argument is not quite reconciled.

It centres on whether the Health Education Council will lose its independent voice when it is reconstituted as a statutory arm of the health service. The fear is that it will become just another creature of government, dancing to the tune of the Department of Health.

The occasion for last week's debate was the statutory instrument setting up the health education authority, to rank in status with the 14 regional health authorities in England and Wales. The impetus for the change had come three months earlier when Mr Norman Fowler, Secretary of State for Social Services, was looking for a new body to spearhead the government's campaign to control the spread of the acquired immune deficiency syndrome (AIDS). The council would be revamped for the purpose.

An initial favourable response gave way to unease. Was not the government's aim merely to set up an AIDS agency at the expense of other health promotion? Why were ministers taking a new power to hire and fire the members and veto senior staff appointments? Another example, Labour's Mr Frank Dobson said, of the rent a creep system of running the health service.

The doubts were reflected in a Commons motion by Labour MPs questioning whether the new authority would have the independence of the old to continue promotional work on tobacco and nutrition. A Conservative report challenged the council's sense of priorities. Only one paragraph in its 1986 report was devoted to AIDS, compared with 12 to antismoking campaigns and eight to antialcohol. The Conservatives also welcomed the fact that the new body unlike the old "would be accountable to ministers." That could be a hostage to fortune if there is a change of government.

So the scene was set for a short, sharp debate last week in which sinister allegations were made of squalid manoeuvres by ministers and arm twisting by civil servants to intimidate council staff and gag its director, Dr David Player. The opposition sought assurances that the new authority would be able to speak out against the tobacco lobby and other vested interests, irrespective of government policy. Had not chairmen of other health authorities, and even ministers, disappeared for talking out of place?

Mr Tony Newton, Minister for Health, affected in reply the air of a man whose feelings had been gravely injured. He had been genuinely puzzled by the outcry and could establish no basis for it. The primary purpose of the government was to make the prevention of ill health a more integral part of the National Health Service. It had no desire to curb the emphasis given by the Health Education

Council to the promotion of good health or the attention paid to smoking, alcohol, and diet.

On the freedom of the new authority to express its own views, the minister found it ironic against the experience of the past six years to suggest that health authorities had refrained from saying anything that was critical or unhelpful to the government. But he added the rider that any agency appointed and funded by the government "must operate within the framework of government policy." He would also expect, as standard practice, the DHSS to be consulted before the authority appointed its chief executive.

Mr Newton did admit that he had reservations about the effectiveness of the council in getting through to a mass public. The share of its budget spent on advertising had fallen in six years from 55% to only 14%. Mr Dobson had dubbed the council as being more Habitat than Tesco.

What it seems to come down to is that ministers do see a need for fresh blood in the form of a younger, slimmed down health education authority to take over an AIDS campaign which might have to run for 10 years. But by way of continuity they simultaneously announced that Sir Brian Bailey was to remain chairman along with his deputy, Mr Alastair Service, of the Family Planning Association. In addition, Miss Ann Burdus, who is skilled in marketing and advertising, was named also as a deputy chairman with special responsibility for the AIDS campaign.

Education is the only weapon

The key role of health education today was emphasised by witnesses from the BMA who later that afternoon gave evidence to the social services select committee on the AIDS problem. "We believe the only weapon we have at the minute is education," said Dr John Marks, chairman of the BMA council.

The public session was somewhat discursive, with the BMA team notably refusing to be bounced into agreeing to compulsory control measures, mainly suggested by Mr Nicholas Winterton, that would mean identifying and isolating carriers of the human immunodeficiency virus (HIV).

More to the point, the committee was given its homework in a special paper prepared by a BMA working party. It said that public education should emphasise the protective value of condoms, which should be widely available, free or at extremely low cost, in places like supermarkets, pubs, petrol stations, public toilets, and colleges. Part of the need for education is that changed patterns of contraception have meant that today's young people are unfamiliar with condoms.

But since no clinical advice is required the BMA sees no need for condoms on doctors' prescription, and it is equally wary of surgeries being the source of distributing free needles to drug abusers—out of concern that singlehanded practitioners could be in danger of attack if they were to hold stocks of injecting equipment.

On screening for HIV, the BMA is in favour of voluntary testing of people who come forward, provided that they are counselled. It is against routine screening of groups such as people entering the country. But it would support blind screening of unmarked blood samples in the interests of the community because that was the only way to study the spread of the disease and allocate resources. Criticising a serious lack of strategic planning in the care of AIDS patients, the BMA paper estimates the cost of patient care alone at £9.5 million this year and rising to £51.6 million in two years.