LETTER FROM WESTMINSTER

Carry on smoking?

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The health of the economy and possibly of the Conservative party in an election year came before the health of the person in the budget. By failing even to valorise the duty on cigarettes and tobacco Mr Lawson sought to bask in the headlines and to beat the retail price index.

For the sake of 3p on a packet of 20 kingsize or £25m foregone in tax revenue he eliminated a well proved incentive for people to stop smoking and compounded the government's split mind on the subject by overruling the advice of the Department of Health. The Treasury and the DHSS seldom do agree on the level of tobacco duty, but a tax holiday for smokers is liable to tempt MPs into making weak jokes about the Chancellor according undue priority to the RPI over RIP.

Just four days earlier Mrs Edwina Currie had given warning in the Commons that "sometimes we all must be wary of our friends"—prophetically, as it turned out. In the event the budget debate proceeded with hardly a murmur of protest, and even antismoking MPs took the view that another "health tax" after last year's 11p a packet might have proved counterproductive.

The only direct budget concession to health promotion was the limited extension of VAT relief to charities on drugs and chemicals used in medical care or research. Imperial Cancer estimates a saving of £100 000 a year, but it will no more than compensate for the potential loss of covenant income brought about by the cut in the standard rate of income tax to 27p.

The cheerfully cavalier reception accorded to the budget was in sharp contrast to the sombre debate on cancer treatment the previous Friday, which served only to emphasise the Chancellor's negligence. The debate ranged over all cancers, but with special reference to those that are smoking related.

Dr Maurice Miller remarked that if we had even one hundredth of the evidence linking smoking with lung cancer showing that Westminster bridge was unsafe it would be closed within minutes. And Mr Roger Sims suggested that if tobacco had only just been discovered it would not be allowed on the market. Labour's contribution was a pledge by Mr Frank Dobson that a Labour government would prohibit by statute all forms of advertising and promotion of tobacco products.

Mrs Currie, who has taken up the fight with typical enthusiasm in her first six months as a minister, found it impossible to quantify NHS resources devoted to cancer treatment, though the demand was considerable and was increasing. Next to heart disease cancer was the biggest killer, causing 150 000 deaths a year. The largest group, 40 000, had lung cancer, with a worrying upward trend among women. Said Mrs Currie: "It troubles me when I visit universities and colleges and someone has a go at us about cervical cancer while she is smoking a cigarette. Deaths from lung cancer are five to six times more common than deaths from cervical cancer." She welcomed the debate as "one more step forward." In the same context should not the budget be described as two steps back?

A House of Lords debate last week on the increasing exposure of the professions to civil liability ended with little from the government by way of reassurance. Peers from various disciplines, including the Duke of Gloucester for architects, told how the

professions were increasingly finding themselves as defendants in civil suits.

Lord Pitt of Hampstead, a former president of the BMA, said that it was ironic that claims for damages were increasing at a time when doctors had far more to offer patients in terms of technical expertise and treatment than ever before. He added, "There is no evidence of greater negligence now than previously. Standards of medical practice have risen and today the doctor works under greater scrutiny than ever before. We live in a society which increasingly expects a perfect outcome from encounters with professionals."

Lord Pitt backed the BMA's suggestion for a no fault scheme of compensation. He warned that solicitors were already advertising for custom from dissatisfied patients or their relatives and offering consultations on a no fee basis.

The former Master of the Rolls, Lord Denning, agreed that liability for negligence had been extended to an excessive degree. The test for negligence was supposed to be the actions of a reasonable, competent man. "The law has transformed him into a perfect man who never makes an error of judgment," said Lord Denning. He added, "We should say firmly that a medical man should not be liable for mere errors of judgment."

For the government Lord Cameron of Lochbroom, the Lord Advocate, had nothing to say in favour of either limited liability or no fault compensation as appropriate remedies. He spoke of a need for a proper balance between protection for the victim and for the professional person who ran the risk of being ruined even when he alleged that he had been doing his best. There could be no easy solution, and Lord Cameron said that many aspects would have to be taken into account before the government reached a final view.

Bungling, dither, and muddles

"A shambles with no one to blame." There is much in the NHS that might fit the description, but this time it refers to the hospital building programme. The expression was applied by Labour MP Mr David Lambie to the state of hospital provision in Scotland, as detailed in a report he presented from the Scottish affairs select committee. As foreshadowed (17 January, p 191) it is a catalogue of inefficiency over 25 years that could just as easily apply to England and Wales. Hospitals planned in 1962 were still only being occupied by their first patients in 1986.

It is a sorry tale of bureaucratic bungling, political dither, and medical muddles so comprehensive over so long a period that the committee gave up trying to find people to blame. Nearly everyone concerned has long since retired, and their successors have solemnly promised that past mistakes will not be repeated.

As a result the Scottish MPs decided to pull their punches and concentrate instead on a few down to earth recommendations. What they boil down to is that hospitals are best built by builders not committees. At a certain point the design must be frozen, no more changes allowed, and the whole thing handed over to a single project manager. The whims of consultants who come and go must not be indulged. The gauntlet is being picked up in Scotland. The Ayrshire and Arran Health Board has set itself a five year target to design and build a new £17m acute hospital in Ayr. The bottom line is a precise date for the first patients to be admitted—on 14 October 1990.