LETTER FROM WESTMINSTER

That was the parliament that was

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Only the ghosts of the dead parliament now haunt the Westminster corridors, which resounded last week to the opening salvoes of the election campaign. Not surprisingly they were targeted on the health service, which Labour chose as the objective of its initial offensive, thereby putting the National Health Service at the top of the election agenda from the beginning.

Waiting lists were the particular target, with Mr Kinnock finding it all too easy to break through Mrs Thatcher's statistical defences and score hits with angry rhetoric about the sick and the dying, the poor nurses, or anything else that might jerk a tear from the voters. Doubtless it set the pattern for worse to come before polling on 11 June. Memories of the 1983-7 parliament, however, are rather different.

Causes won or lost on the health front are recalled more by trigger words like Warnock, Griffiths, Cumberlege, or Forrest; by the advent of general managers, the limited list, and the lithotripter; and by a lexicon of new initials such as HEA, HIV, and AIDS.

There is no time for explanations as the election caravan moves on and leaves far behind other landmarks—manpower targets, primary health care, crown immunity, competitive tendering, and medical staffing. Too late now to catch up while the politicians pause briefly to consult the patients before coming back to a new crop of esoterica.

For the moment the question is not what will be back but who will be back. Election campaigns can be great levellers, but realistic assumptions must contemplate a third term Conservative government. Electorally, its outgoing ministers at the Department of Health and Social Security are all defending what should be safe seats.

So the top people are likely to return, though not necessarily to their present posts. Mr Norman Fowler, well into his sixth year as Secretary of State, is overdue for the move he wants (to Trade and Industry?) and will be disappointed not to be given a fresh challenge. Who then would be the new Secretary of State? If the doodles on Mrs Thatcher's blotter have been deciphered correctly the name to watch is that of Mr Kenneth Clarke, the Paymaster General, and a former minister for health, thus keeping the oversight of the department on the "wet" side.

One piece of unfinished business that Mr Fowler would bequeath to a successor is the review of primary health care. He finally had to admit defeat last week in the attempt to get something out before the election. He had planned an interim statement in the form of a reply to the social services select committee, which reported almost four months ago. In the end time ran out. Mr Fowler told the committee he was sorry he could not deliver, but there were points of policy still to be decided.

Short report on AIDS

The committee itself did rather better. Literally in the last hours of the parliament it produced its report on the handling of the AIDS problem, thus affording its non-stop chairman, Mrs Renée Short, almost the last word in her last parliament (16 May, p 1299).

In the circumstances she would not claim that the AIDS report is the last word on the subject. But it can fairly claim to be a "world first" by British politicians that is balanced and restrained and which reflects credit on the late parliament.

At election time, when politicians are required to have all the answers, the Short report on AIDS refreshingly acknowledges that in terms of scientific or statistical facts they were working in the dark.

"Society is faced with the challenge of reacting and coping with a disease the like of which we have never known before and the effects of which are as yet unpredictable," the report concludes, saying that AIDS and the problems associated with it will remain an inescapable part of our lives for the next generation or two.

Although encouraged by the government's initial response, the committee found disturbing evidence of underresourcing. It set out the government's priorities as:

- Extending the health education campaign
- Investing sufficient resources in research
- Drawing up plans for the care and treatment of those afflicted
- Providing a moral lead and protecting sufferers from AIDS against discrimination.

The report's major findings, among its 94 recommendations, are on screening, research, hospital organisation, and community care.

The question of anonymised screening caused the committee most difficulty. In the end it took an ethical rather than a medical view. Most doctors in evidence had argued that anonymised screening of unmarked samples was better than no screening at all. But the MPs, with one exception, could not accept the idea of discovering that someone was HIV positive and not being able to do anything for that person. Instead, they suggest a compromise of screening randomly selected volunteers. The Cabinet committee on AIDS has been going through the same dilemma and it will be interesting to see if the next Cabinet takes its cue from the select committee.

The report does better service, however, by noting that it is clinical academics in three London hospitals who are having to bear the brunt of coping with AIDS at the risk of being pushed too far by the pressure of work. By taking the academics for granted the NHS is not just stifling the present but "mortgaging the future," the report says.

The committee heard conflicting evidence on how best to organise hospital services for AIDS patients—separate wards or not, specialised teams or not. The report inclines towards treatment by a team led by a designated physician and calls for additional manpower in training and consultant grades.

Finding gaps in the provision for community care, the committee echoes its own previous report, which said: "The stage has now been reached where the rhetoric of community care has to be matched by action."

And as a parting memo to the new government the committee says: "We are not asking for a blank cheque. AIDS is not a problem which will be solved by throwing money at it. But we believe that a strategic response is needed which must plan for the next five to 10 years. The government has to judge the level of need and respond appropriately."

On its way out the old government welcomed the report.