LETTER FROM WESTMINSTER

Doctors in the House

JOHN WARDEN

This weekend 31 overtired doctors are having their first rest days for perhaps three or four weeks. Another example of medical understaffing and overwork? No, these 31 doctors were candidates in the 1987 general election, and they represent not only a possible record total but equally a continuing trend in the politics of medicine.

If in successive elections more doctors are prepared to become parliamentary candidates, with all the implications for career change that arise, it must say something about the troubled politics of health and a growing concern among the present generation of practitioners to get closer to the levers of power.

Until now, however, more doctor candidates has not meant more medical MPs. The success rate has actually fallen over the past 20 years. From 10 doctors elected in 1964 the complement fell to only five in the last parliament. This column predates last Thursday's poll so the 1987 outcome must await later analysis.

But one trend is already clear. Doctors are strongly attracted to the SDP/Liberal Alliance. Of the 31 who were candidates 13 stood for the Alliance parties, compared with six as Conservatives and six Labour. Another six stood for minor parties (including three in Northern Ireland). This indicates a marked shift of medical preference away from the Labour party, which in 1964 was able to field 12 medically qualified candidates, of whom seven were elected.

That doctors seem most comfortable with the Alliance is put down variously to their independence of mind, that it has a doctor as joint leader, and the claim of the Alliance to be a "healing force" in society. But they also chose the hard way to get elected.

There is the wider question, however, of why a doctor should want to become a member of parliament at all. For barristers it is understandable that they should aspire to become legislators, but in terms of public esteem doctors rank high and politicians low. On an MP's salary of under £20 000 there will probably be a financial loss. Career prospects are uncertain, continued practice is difficult, and the daily routine is tiresome more than tiring.

The typical doctor candidate will have invested about 20 years in medicine, having developed a taste for politics through involvement in community health, local government, or even medicopolitics. But do they really believe that by political action they can accomplish more for the care and wellbeing of the community than they could by applying their medical skills to the cure of its sick? Clearly the answer is yes, as I discovered in a straw poll of the few electioneering physicians who could be run to earth.

Sir Gerard Vaughan, a consultant psychiatrist and former minister for health, who was contesting Reading East in his seventh general election, had no doubt what were his motives for entering politics: "It was the call of the community, with a heavy loading towards a seeking for power. Speaking for myself, that was it without any question. Early on I led a delegation to meet Enoch Powell when he was Minister of Health, about arrangements for maternity services in London. He said, 'I will look into it and change it if I can.' Within six weeks he had changed it. That made a great impression on me."

Some 25 years later Sir Gerard's faith is undiminished in the potential to do good medically through parliament. He is not thinking primarily of his time as health minister, when for too much of it he was sidetracked into removing the middle tier of the NHS, but of the ceaseless flow of medical issues that come before MPs.

It does not surprise him that more doctors want to add MP to MB:

"As a result of the problems of the NHS a great many doctors are very frustrated. They wish to do something about it. I see nowadays a steady politicising of the medical profession."

But Sir Gerard cautions from experience: "As a result of their training or calling doctors are individualists. They are used to taking responsibility and acting on their own initiative. They may find parliament very attractive but when they get there they discover it is not so easy."

Dr Dickson Mabon, a former Labour minister, was in parliament from 1955 to 1983 and was trying to regain Renfrew West and Inverclyde for the SDP. His views on doctors becoming MPs have not changed in 30 years: "Not enough doctors come into parliament. A lot of legislation goes through that would be better if more doctors were MPs or able to be on select committees. The BMA and the profession ought to be able to represent themselves effectively, but better still to have doctors in parliament."

But when they get there they should not cease to be doctors, otherwise what is the point? Dr Mabon advises carrying on some practice, as a locum, doing morning or afternoon sessions, or working during the recess. Doctors must maintain contact with the profession and with patients, he believes.

"Constituency work is like surgery work. Both are dealing with social problems. As a doctor MP you will be asked for cures and prescriptions by your constituents. Parliament is a surgery on a national scale."

Community medicine on the wider stage

That, too, is the impression of doctors who were seeking to enter parliament for the first time. Dr Lewis Moonie, defending the safe Labour seat of Kirkcaldy, has been responsible for running the most advanced community care scheme in Scotland. He said: "I look on politics as community medicine on the wider stage. Much of medicine is political. Many of the changes are politically rather than medically based. Of the determinants of health in the country far more are social than purely medical—and social change is brought about by politicians rather than by working in the medical field."

Or listen to Dr Michael Wilks, who had an uphill task as SDP candidate aiming to wrest Brentford and Isleworth from former health minister, Sir Barney Hayhoe: "If you are in medicine you are in politics, really. Doctors have a responsibility to the community."

Dr Wilks first applied himself to medicopolitics on the General Medical Services Committee of the BMA—"a good training ground"—and the Acheson working group on inner city care. As an inner city practitioner he thought that the problems he encountered were more than just medical, and it made him think about how he might solve them. Whether or not he finds the answer in parliament, Dr Wilks believes that medical ethics are moving to the point where doctors have a duty to make it clear to patients when the resources provided by the government for the NHS are inadequate for their proper clinical management.

The election was in large part about the health service, and many more doctors chimed in than the 31 on the battlefield. Doctors in parliament can make a contribution out of proportion to their number. Edith Summerskill was probably equal to 10 ordinary MPs. Yet in 70 years only four doctors have served as health minister—Viscount Addison (1919), Walter Elliot (1938), David Owen (1974), and Gerard Vaughan (1979).

But times are changing, and today it would seem that every doctor has a minister's brief in his medical bag.