LETTER FROM WESTMINSTER

John Moore means business

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Two medical landmarks should have been reached by the time this letter is in print. One is the delayed white paper on primary care, which was held back for six days to await the recovery from illness of Mr John Moore, Secretary of State for Social Services. The postponement reflected Mr Moore's confidence that delay would not render his momentous announcement on the future of general practice an anticlimax.

In rapid sequence, and almost simultaneously with this issue of the *BMJ*, a second white paper is expected, giving the government's conclusions on the Warnock report on human fertilisation and embryology. Two major policy statements on successive days is uncommon haste for the Department of Health and Social Security. After all, both topics have been in the department's slow grinding mill since 1984.

Perhaps it is the sign of a new era at the DHSS under Mr Moore, who takes pride in being decisive, as he showed last week in the award of a £10m ex-gratia payment to help haemophiliacs infected with the acquired immune deficiency syndrome. By comparison with normal government processes, Mr Moore accomplished that with a snap of the fingers.

Another reason for the hustle on the white papers is the government's need to take advantage of the parliamentary timetable. A slot has become available to accommodate the legislation to back up the primary care white paper, showing at the same time that Mr Moore means business in his negotiations with the professions.

In the case of the white paper on the Warnock report the government is driven by a wish for the Commons to debate the vexed question of in vitro fertilisation (IVF) independently of Mr David Alton's abortion reform bill, which is down for second reading on 22 January. The Alton bill would limit legal termination of pregnancy in ordinary circumstances to under 18 weeks' gestation. In medical terms IVF and abortion are separate issues and it is understandable that ministers should want to keep them so in parliament.

The political mind works differently, however, and those MPs who wish to limit both IVF and abortion perceive a definite advantage not only in coupling them but in having Warnock debated first. It will enable them to deploy the case for adoption as an alternative to abortion, thereby reducing the call for IVF as a means of helping childless couples.

The government is taking a flexible line. It commends the Warnock majority report but will allow a free vote on the moral, religious, and ethical issues. This will be done by writing alternative draft clauses into a bill in the next session, about a year from now.

The broad proposals emanating from Warnock are to limit research on human embryos to a period of 14 days in vitro, and to replace the present voluntary licensing system with a statutory authority. There are other daunting questions concerning the use of sperm banks and frozen embryos and the medicolegal aspects. But for MPs the central issue to be decided remains whether to allow research on live embryos or to impose a complete ban.

By the time they come to decide it will not escape their notice that the world's first test tube baby, Louise Brown, born in Oldham in 1978, will be at least 10 years old. In that time there have been

hundreds more births. The medical breakthrough of that first birth, however, has been compared with nuclear fission and space flight as one of the three most cataclysmic scientific events of our times. Of this week's white papers, that on primary care will create the bigger stir. But in the long run it is the less important of the two.

No medals for BMA on complementary medicine

Meanwhile, a rather older controversy was aired when the House of Lords debated complementary medicine on 11 November. On that day their lordships awarded no medals to the BMA for its report on alternative medicine published by the board of science 18 months ago. Negative, cautious, conservative, and protective of its own interests were among the verdicts voiced about the BMA.

Medical peers spoke supportively of alternative therapy. Lord Rea argued that the BMA had not represented the attitude of many of its members and was likely to exacerbate divisions and increase the risks involved in patients going directly to unqualified practitioners. He noted that the Royal College of General Practitioners was more tolerant.

The debate was aimed at keeping pressure on parliament sooner or later to allow complementary practitioners a degree of statutory self regulation. It was initiated by Lord Kindersley. He said that the support for complementary medicine by general practitioners was not reflected by the BMA, although he acknowledged a genuine feeling in conventional medicine that complementary therapists have not reached sufficiently high standards of education and training.

In reply he pointed to such developments as an independent survey commissioned by the osteopaths into all their training institutions and to various research projects on alternative therapies at the universities of Glasgow, Southampton, and Exeter. Lord Kindersley also believed that the government was taking a more positive attitude towards statutory registration than had been seen in the past.

All the same, the junior health minister, Lord Skelmersdale, gave little ground. He spoke of a lack of real cohesion in the world of complementary treatment as being a handicap to the case for greater recognition. Several times he mentioned the government's duty to protect the public. Whether osteopaths or any other therapy groups decided to seek registration, the government was clear that any action must be based primarily on principles that safeguard the public interest.

The minister added that the view of the medical profession would also be important. He had hoped that the BMA's report might have broken new ground in recommending "a more generous perspective." Instead, he said, it reminded us that efficacy is at the centre of any considerations affecting health care, and on that there could be no compromise.

In the Commons the Licensing Bill to extend public house opening hours looks set to become law largely in the form that the government has decided, with no extension of hours later at night or on Sundays. Critics of the bill are concentrating on trying to obtain stronger enforcement of the present laws concerning alcohol.

The omens are not encouraging. A 10 minute rule bill to allow random roadside breath testing of drivers had all party support and was given a formal first reading last week. But that is as far as it will get since the Department of Transport has ruled out random breath testing as not being cost effective.