LETTER FROM WESTMINSTER

Limited list: lobbying may affect votes

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The BMA went along last week to the Commons to talk about the government's limited drug list plan to the Tory backbenchers' health group. By all accounts the association found itself facing what amounted to a brick wall. The pros and cons of the plan were forgotten as the backbenchers railed on about the letters that they are receiving from constituents alarmed at what they have been told about the list and how it will deprive them of their drugs on prescription from the National Health Service.

Influencing MPs is always a delicate job. One sure way not to win their hearts or minds is to land them with a heavy constituency mail full of distressing letters from distressed constituents. But that is what has happened, and it is quite a different ploy from that adopted by the drug companies. The latter's circular letters for general practitioners to endorse caused great annoyance, but more because it was such a clumsy way of lobbying. Letters from the old, the sick, and the not very well off are another matter. They mean votes.

The problem seems to be that individual doctors up and down the country have given misinformation to patients about the contents of the list issued last year by Mr Norman Fowler, Social Services Secretary, and the alarmed patients have taken to the pen. But however bad it is, that list was always going to be redrawn after consultation with somebody. Indeed the redrawn one may be out by now—the intention was to publish it this week, although given the inbuilt tendency at the Department of Health and Social Security for things to take longer than planned it may be a day or two yet. But it cannot be long delayed if the orders are to be through parliament setting the list up from 1 April.

The revised list, or so ministers hope, could well take a lot of heat out of the argument, at least so far as patients are concerned. If Mr Fowler and Mr Kenneth Clarke, the Health Minister, are to be criticised for a complete volte face over government policy towards the idea of a list and for the way they launched the scheme then equally those who have opposed it might, in parliamentary terms, have mustered the opposition to it in a more effective way.

The Prime Minister gave her wholehearted blessing to the list when asked about it in the House, so she is not available as a means of last resort. Mrs Thatcher has always been sensitive about allegations that the NHS is not safe in her hands and has a tendency to make policy pronouncements that restrict the action of ministers. Mr Fowler, during questions in the Commons, bitterly attacked the tactics used by both the medical profession and the drug industry. They reflected no credit on either, he said. "I have a responsibility to provide proper and sufficient drugs, and that responsibility I shall fulfil." He also rejected the allegation that he will create a two tier NHS, turned down a Tory backbencher's call that the revised list be put up for consultation, and insisted that the time had come for decisions to be taken.

Obviously the hope is that the revised list will end the matter, since its contents will have met many of the objections, including possibly the worries of dispensing doctors. Mr Kenneth Clarke, who has a rather shorter fuse than his boss, used a Commons adjournment debate to criticise some doctors for carrying out what he regarded as "an unethical and unscrupulous campaign" by alarming patients and telling them to lobby their MP because they faced the risk of pain and suffering as a result of the government threatening to withdraw a drug.

"They would have been better advised to give their professional opinion and reserve judgment until they see the final proposals," he said. As for what the government was about, it was simply seeking sensible economies here as elsewhere in the NHS that did not affect patient care adversely.

Ministers do still seem to be looking at whether it will be possible to allow a doctor who argues that a drug on the blacklist is clinically essential to prescribe it on the NHS. But the fact they are doing so indicates how worried they are because such a scheme, unless carefully drawn, could drive a coach and horses through the list. Even the need to enlarge it creates problems, because it means that they are unlikely to save that £100m they have agreed to provide the Treasury, and the only way of getting that is to go to the drug companies. That leaves backbenchers enraged because all the trouble with their constituents could have been for nothing. Why did they not go and take it from the drug companies in the first place, is what they are asking.

The battle is by no means over, but there are no signs yet of the 1 April deadline not being met.

No abuse of Abortion Act

The Commons has not debated abortion since 1981 so Mr Edward Leigh, Conservative MP for Gainsborough and Horncastle, may have been doing a service of sorts when he chose the subject for the time he won in the ballot. Or he would, had he or anybody else who took part anything fresh to say. Mr Clarke said that the DHSS monitored the operation of the 1967 Abortion Act closely and no abuse of it had been revealed.

It is, of course, a conscience issue and his speech was partly a personal one. Mr Clarke made clear that there would be no government legislation to reduce the time limit from 28 weeks to 24, as many organisations have proposed, and suggested that it would be best to await the findings of the Royal College of Obstetricians and Gynaecologists on what change should be made to the definitions of "fetal viability" contained in the 1929 Act. Until then it would be foolish for the government to take a view, and probably "a little premature" for anyone to try to introduce changes in the law, he said.

Ms Jo Richardson, Labour MP for Barking, raised the problems that the Appeal Court's ruling in the Gillick case have created and referred to two cases brought to the attention of the BMA of two young girls alleged to have committed suicide as a result of not receiving contraceptive advice. "Many daughters do not feel they can discuss sex with their parents," she said. "Family situations vary enormously, and there is often conflict in the home which creates a tense atmosphere in which young girls find it difficult to talk about matters at that time in their development. Therefore, they need access to doctors." Mr Clarke would not, however, be drawn since the matter is still waiting to go to the House of Lords. But he did say that it was important that the Court of Appeal's decision on Gillick was appealed, if only to clarify some of the doubts left unanswered by the way in which the judgment had been expressed.

He also listed the steps being taken by the government in the light of the review by the royal college of late abortion practice published last year. These include looking at the delays between referrals and operations in the NHS to see whether improvements could be achieved.