LETTER FROM WESTMINSTER

Prime Minister backs limited list

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The time for registering views with ministers on the plan to have a limited list of drugs runs out at the end of the month, so those with views that they wish to put to Mr Norman Fowler, Social Services Secretary, should move smartly. He remains adamant that the principle is not negotiable, but the contents of the list are open to change. On this, he and Mr Kenneth Clarke, the Minister for Health, have the Prime Minister on their side. Mrs Margaret Thatcher, speaking at a Royal College of Nursing dinner last week, threw her weight behind the plan, asserting that in respect of the limited list the two ministers were doing exactly what she would expect any well run company to do: making sure that supplies were acquired at the best possible price.

Ministers are perfectly well aware that the campaign against the scheme will get rougher but have taken some comfort from the clumsy way that the drug companies at least have been running their side of it. They do want to ensure that the list is as foolproof as possible, because if it is not, given the refusal by the medical profession's representatives to discuss its contents, they are well aware that it will be defective and that they could be politically on a hiding to nothing. Mr Fowler has set up a committee of the great and the good to advise Dr Donald Acheson, the Chief Medical Officer. The trouble with that is that the great and the good are not necessarily as acquainted with the problems of those who toil in the vineyards as they might be. But the Secretary of State takes some comfort from the many letters from general practitioners making positive suggestions. More would be welcome.

The drug companies' propaganda has been reaching everybody they think might have an interest, and it is not hard to see why it has so annoyed ministers. Mr Fowler dubbed it "black propaganda" last week. One group of companies have a leaflet out backing their "campaign against two tier medicines" that urges people to write to their members of parliament, expressing anxiety about what is really happening, and saying that they should do this "for the sake of further conquest of disease which can be achieved in areas like pain, mental illness, and the common cold as well as heart disease, cancer, and epilepsy."

It shows clearly what Mr Fowler and Mr Clarke mean when they complain about the tactics. Mr Fowler was urged during question time in the Commons by Mr Gary Waller, Conservative MP for Keighley, to set his face resolutely against a system whereby a general practitioner had to consider a patient's means before considering what prescription to write. Mr Waller said that there was considerable support for generic substitution, but the idea of the limited list was "quite another matter."

Mr Fowler insisted that they were not seeking to introduce a two tier system as had been suggested by some of the drug industry's misleading advertisements, and that if a branded drug was found for which there was no adequate alternative it would remain available for prescription. And he once again emphasised the consultation being undertaken about the list's contents.

In the Lords at question time Lord Kilmarnock, a Social Democrat health spokesman, questioned whether removing the

whole of the intermediate range of analgesics met the pledge that drugs would be available to meet the full range of desired therapeutic activities since it meant that doctors would have nothing to prescribe for conditions between mild pain and exquisite agony.

Ministers take some comfort from the fact that the medical profession does not deny that prescribing habits could be improved, and that previous attempts to do so have not worked very well. The suggestion of the local limited list system, which operates for hospitals, being adopted for general practice—it would meet the profession's objections to a list imposed by central regulation—seems a non-starter.

The counterargument is that there would be no sanction against the general practitioner who ignored a locally decided list, and that it could well take a long time to agree the contents. The limited list scheme is, of course, based not on medical considerations but on that £100m saving promised to the Chancellor of the Exchequer as part of the public spending round. It was this that decreed the initial secrecy which has led to all the problems.

No legal obstacle to fluoridation

Writing about the fluoridation is something I embark on with care, since the subject inspires the sort of people who write letters in green ink, which somehow slant wildly across the page as their enthusiasm for opposition gets stronger. Even so, I report that the Water (Fluoridation) Bill has received its second reading by 159 votes for to 71 against and ought now to make its regular progress through parliament having cleared that hurdle. The Bill was omitted from the Queen's speech promises because of Japanese research suggesting cancer links. But that has been looked at and rejected.

The Bill is needed to clarify the law so that the existing practice of adding fluoride to the water supply may continue in England and be resumed in Scotland, where it was abandoned following the ruling by Lord Jancey in June 1983 in the High Court in a case brought against Strathclyde Regional Council. He found that the council did not have power to add fluoride. The Bill merely corrects the legal position to what everyone thought it was and leaves the policy decision up to the appropriate local health and water authorities to take. It does not impose fluoridation.

To coincide with the debate Mr Clarke published the report of Professor E G Knox's working party on fluoridation and cancer (p 327). It provided, he said, authoritative advice that the most relevant evidence gave no support to the theory of a link between fluoridation and cancer. The minister told the Commons that the government regarded fluoridation as "a valuable measure of preventive medicine of some significance for the dental health of many children in this country" but that it broke no dramatic new ground.

The British Medical Association's report on the substantial investments made in the tobacco industry by all sorts of bodies who ought to know better has been backed in a Commons motion tabled by Mr Lawrie Pavit, Labour MP for Brent South, veteran of many an antismoking campaign. The motion congratulates the BMA and urges all investors to withdraw their share capital so that illnesses could be prevented rather than treated within the NHS at the taxpayers' expense. So far only nine Labour MPs have signed, but it is early days.