LETTER FROM WESTMINSTER

Powell Bill on embryo research precipitate, says minister

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Mr Enoch Powell's Bill to ban experiments on embryos secured a most impressive second reading vote, with 238 MPs voting in favour to 66 against. But that is not to say it will be an easy ride for the Bill from now on. As always, parliamentary time is the problem, and the Prime Minister, when told by Mr Marcus Fox, Conservative MP for Shipley, that there was widespread public support for the Bill and the sooner it reached the statute book the better, did not respond in kind. Mrs Thatcher agreed that the Bill and the majority were significant but went on to emphasise that the government had taken a neutral position towards it to enable the House of Commons, in the customary way, to express its view according to conscience. In other words, it is what she left unsaid that matters. The invitation was clear enough. Given that vote the government should facilitate the Bill.

The massive majority conceals the fact that less than half the total number of MPs voted, and that matters when it comes to exerting pressure on getting time for the Bill. The tail cannot be allowed to wag the dog, even if it happens to be a remarkably long and bushy one. So those appalled by Mr Powell's fundamentalist approach need not despair too greatly. Private members' Bills are dealt with by one standing committee which meets on Wednesdays, and that committee has until 19 April to deal with the list of Bills queuing up for examination. After that there are five days for the Bills to be reported to the House and debated. Mr Powell came fifth in the ballot, and the Bill introduced by Miss Janet Fookes, Conservative MP for Plymouth Drake, who came first, to curb kerb crawling, has only just gone before it. And that Bill has plenty of critics.

The majority is significant in this respect. The composition of standing committees that deal with backbenchers' Bills is based on the ratio of the second reading vote—government Bills are dealt with on the basis of party strength. So clearly the opposition side on the committee handling Mr Powell's Bill will be fairly weak and any filibuster will demand a lot of effort from the MPs on it. The majority has also to be looked at closely. It has emerged that not all those who voted for the second reading would necessarily vote for a third reading, should the Bill get that far. They were not so much registering support for Mr Powell's solution as indicating to ministers that something has to be done about the problems raised by such research, and fairly soon at that.

The legislation that will be introduced on the Warnock report is going to be complex, and because it will deal with issues that are matters of conscience will take the government into uncharted waters. Such issues are usually dealt with by backbenchers' Bills, but the area is so large that it really requires a major Bill, one far wider in scope than any backbencher could introduce. There is only the government to do it. But it will not be a Bill on which they can whip, yet whipping is the only means ministers have of keeping the House of Commons business programme running smoothly. So while the will is there, there is also reluctance to be saddled with such a monstrous piece of legislation.

Mr Kenneth Clarke, Minister for Health, speaking in the debate personally, nevertheless made clear that there will be legislation on Warnock, but that first the government had to respond to the report. In addition he said that the Powell Bill was precipitate and that the issue had not been adequately debated or thought through.

Mr Norman Fowler, Social Services Secretary, joined him in voting against it, as did Mr Frank Dobson, Labour's health spokesman, and Mr Michael Meadowcroft, the Liberal's spokesman. So it is always possible that some sort of front bench consensus may be mustered behind the eventual approach to legislating on Warnock. As for Mr Clarke's reticence on timing, that is traditional. If there is to be a Bill it will have to come in the 1985-6 session, because after that we will be far too near the next general election for anything so potentially time consuming to be allowed. The message the vote gave was that there will have to be a Bill, and that it must introduce some kind of control over experimentation.

GMC gives evidence on drug abuse

The Commons Social Services Select Committee, which is investigating drug misuse, was told in evidence by the General Medical Council that its disciplinary inquiries into causes of improper prescribing of hard drugs had all too plainly demonstrated the special hazards of medical practice in the field of prescribing to addicts, particularly when a doctor was in practice on his own. Sir John Walton, president of the GMC, told the committee that the council was intending to ensure that publicity was given to cases of doctors found guilty and that press notices would be issued. The GMC has regularly publicised its actions but has done so largely in its annual report circulated to the medical profession. This new approach, it seems, is intended to be more drastic.

Sir John also told the committee that the GMC had considerable evidence of doctors being physically abused or attacked by addicts, particularly elderly doctors, some of whom in consequence had come before the council for giving way in response to physical attack. "There have been actual assaults," he said.

Mr D E Bolt, chairman of the GMC's professional conduct committee, said that some doctors were terrified of addicts, who were demanding, devious, and subtle in the way they approached them, and many wanted nothing to do with them. Professor Arthur Crisp, chairman of the council's education committee, was tackled by Mr Roy Galley, Conservative MP for Halifax North. He asked whether there should not be more vigour behind the education provided to general practitioners for coping with addicts, because the committee was finding some evidence that dealing with them was a hurdle for some general practitioners. Professor Crisp agreed that this may well be the case, adding that the amount of exposure general practitioners received to this subject during their training was highly variable.

Sir John Walton pointed out that today's training did not produce a safe doctor at the time of graduation but one who could be trained in special areas once in medical practice. The GMC's witnesses agreed with Mrs Edwina Currie, Conservative MP for Derbyshire South, that the establishment of a chair in drug abuse would help. In its evidence the GMC said that the particular training required to enable doctors to provide treatment and rehabilitation for misusers of drugs was largely provided at the postgraduate stage for doctors with a particular interest in this area of medical practice, but that during their undergraduate education all doctors should be given some introduction to these problems. A clear line of evidence being repeatedly submitted to the committee is the need to ensure that doctors know what to do and that they have the back up necessary to enable them to act.