LETTER FROM WESTMINSTER

Private members' medical Bills

WILLIAM RUSSELL

The Commons debate on the Warnock report on in vitro fertilisation and surrogacy is not going to be the last word on the subject in the present session of parliament. Mr Enoch Powell, Ulster Unionist MP for Down South and a former Minister of Health, has ensured that. He came fifth in the ballot for private members' Bills held last month and intends to use his place to bring in a Bill that will deal with in vitro fertilisation. Exactly how, he refuses to say. For that one must wait until the Bill, formally presented in dummy form last week, gets its second reading in February. And that, apart from noting that the *British Medical Journal* was once known as "the minister's friend," was all he would say. I suspect that today's health ministers would reflect that while Mr Powell may go on for ever, times change.

His chances of getting his Bill on the statute book are remote. Only the MPs lucky enough to get into the top two or three places have much chance of making progress that far, and even then it depends on the subject chosen by the winner. Something like abortion, for instance, means that nobody else has any chance. In this year's ballot the winner was Mr Neville Trotter, Conservative MP for Tynemouth, who has opted to tackle glue sniffing, and the runner up was Miss Janet Fookes, Conservative MP for Plymouth Drake, who will attempt to curb kerb crawling. That should take up what time there is available. The point is that the backbench Bills go through in sequence and the log jam occurs when they reach the committee stage as only one standing committee is set up at a time to deal with such Bills. But the top half dozen or so can count on getting a full day's second reading debate, albeit on a Friday, and that is what Mr Powell is after.

It is yet another chance for the pro-Life lobby in the Commons to rally its troops. Its members are always far better at shouting the odds than those who oppose them. One thing is certain, there will be no helping hand from the government for Mr Powell's measure.

Another backbencher planning to take up an issue of interest to doctors is Mr Nigel Spearing, Labour MP for Newham South, who has been far from satisfied by the General Medical Council's decision to strengthen the professional conduct procedure (10 November, p 1325). In the last session of parliament Mr Spearing introduced a Bill to amend section 36 of the Medical Act 1983 to empower the professional conduct committee to impose conditions on the registration of a doctor judged not guilty of serious professional misconduct but guilty of unacceptable professional conduct.

He withdrew his Bill after the General Medical Council set up a working party to look at the whole matter. But he now says that he does not think that what it came up with goes far enough, and he intends to start all over again early next year. Mr Spearing will be bringing that Bill in under the 10 minute rule, if possible. Progress there is also difficult but does depend on the amount of opposition to the measure. The point is that Mr Spearing, a tenacious politician, is back on the warpath. His interest was stimulated by the case of a doctor in his constituency whose case was referred to the

General Medical Council after a medical services committee had found that he was in breach of his terms of service because he had failed to arrange adequate treatment for a young boy, who had subsequently died. The committee had found his behaviour below the standard expected but had not indicated the professional considerations that had resulted in that decision.

There is one good piece of news around for general practitioners in the run up to Christmas. Mr Kenneth Clarke, the Health Minister, announced last week that the General Practice Finance Corporation, which provides loans to general practitioners for improving their surgery premises, is to get £22.5m for 1985-6. This is a £10m increase on 1983-4, the latest year for which full figures are available. But the rate of borrowing has increased very steeply in the past 18 months—though it has just dropped from 13% to 12½%—and he conceded that special steps to stay within this new limit may have to be taken by the corporation. How best this might be done will be decided in discussion with the DHSS. The corporation's net borrowing at 1 November was £14.75m, which compared with £12.5m in 1983-4 and £3.5m in 1982-3.

Mr Clarke said that the government continued to attach importance to the steady improvement of the quality of general practitioners' premises, but the increase for 1985-6 was the most that could be afforded, given the demands on NHS resources.

Mr Clarke's future is a favourite topic among Westminster watchers. If Sir Keith Joseph does not survive the row over the plans to increase the parental contribution to students' grants then Mr Clarke's time may at last have arrived. Of all the ministers of state hoping to make the Cabinet he would seem to be the one in the right place at the right time. Mr Douglas Hurd has made it as Northern Ireland Secretary, Mr Kenneth Baker is stuck with the local government legislation to see through, which is why he was sent to Environment, and Mr Norman Lamont will be needed where he is at Trade and Industry as a shakeup there in the absence of Mr Norman Tebbit would be tricky to say the least. We shall see.

Sexually transmitted diseases: a punishable offence?

And finally, it being the season of mirth and merriment, ponder the order paper activities of Mr Nicholas Winterton, Conservative MP for Macclesfield. He has tabled an early day motion, entitled sexually transmitted diseases, which should give doctors pause for thought. It proposes that the government should investigate as a matter of urgency the possibility of introducing legislation to enable the Social Services Secretary to compile a list of sexually transmitted diseases "such that any person who had taken part in sexual intercourse having been suffering from such a disease or been in contact with another person suffering from a sexually transmitted disease would be guilty of a punishable offence unless that person's partner was first made aware of the facts."

What that parliamentary jargon boils down to is that the sufferer would be legally bound to tell his doctor, who would be required to pass the information to the DHSS. If he refused to take a cure then the sufferer would be found guilty and punished. A fitting conclusion to 1984?