LETTER FROM WESTMINSTER

No passion against limited list

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The Commons order paper is quite a good barometer of backbench opinion. There has, for instance, been an overwhelming response to one early day motion attacking the government's plans for student grants and a major rebellion threatens. But the motion tabled by Mrs Ann Winterton, Conservative MP for Congleton, which says that doctors should be allowed to prescribe whatever preparation they deem most appropriate, and asserts that the implications for the professional freedom of doctors of the limited list are such that the proposal should not be implemented, has attracted only six signatures. On that basis it looks as if the issue is not going to arouse passions in the Commons.

Mr Norman Fowler, Social Services Secretary, made the government's commitment to the scheme clear when he answered questions in the Commons last week, but he did concede that the published list is by no means the last word. He had been asked by Mr Andrew Hunter, Conservative MP for Basingstoke, for an assurance that measures resulting from the limited list statement would not amount effectively to denying National Health Service patients certain important drugs, in particular Distalgesic, which is not on the list.

Mr Fowler said that the government was committed to the limited list scheme, but the whole point of the consultation period on which Mr Kenneth Clarke, the Health Minister, is embarking, was to listen to the arguments on particular drugs. He said that there would be generic alternatives to branded drugs which would not be prescribed free on the NHS, so there was no question of patients being disadvantaged by the steps that the government had taken. And he insisted that patients must realise that there was no question of their being medically disadvantaged by the decision.

Mr Michael Meadowcroft, the Liberal health spokesman, asked Mr Fowler to confirm that all drugs available at present would continue to be available across the counter, because a prescription was not required, or by reason of their generic equivalence. Mr Fowler gave the assurance, adding that the vast majority of the drugs being talked about did not need a prescription. The intention was that there should be generic alternatives for the branded drugs that they replaced.

It is by no means the end of the argument, but it really does not look like being one that will much bestir the politicians. Apart from anything else, there is a lot of money to be saved, as Mr Michael Meacher, Labour's health spokesman, elicited from Mr John Patten. In a Commons written reply the junior Health Minister told Mr Meacher that if doctors were required to prescribe generically wherever possible the potential savings, based on present relative prices of generic and branded drugs, were estimated at about £35m a year in England. That is the sort of statistic that is treasured at the Treasury, to coin a phrase, and which the mandarins drag out when the time comes round for departments to make their contribution to public spending cuts.

One issue that is worrying MPs is the increase in drug abuse. The Social Services Select Committee and the Home Affairs Select Committee are about to launch inquiries into treatment and prevention, and Mr Charles Kennedy, the Social Democrats' health spokesman, was critical of the effect that public spending cuts were having when he spoke to the annual Scottish conference of the British Association of Social Workers.

He claimed that there was a mood of pessimism verging on despair among NHS employees as a result of the government's erroneous and ruinous policies, and he cited the growing public alarm in Scotland and elsewhere over the levels of solvent abuse and drug abuse. And just to make the point about drug abuse, he noted that in the first months of this year 257.2 kg of heroin had been seized by the Customs and Excise, more than six times the amount seized during the whole of 1979.

Leaving moral dilemmas for Friday

There is no doubt that MPs are concerned about the Warnock report—it is exactly the kind of report that most of them could well do without. Like abortion it poses moral dilemmas and moral dilemmas upset constituents, arouse the passions of pressure groups, and cause problems for politicians, who on the whole like a quiet life. The government scheduled the Commons debate on Warnock for a Friday, and while Mr John Biffen, leader of the House, countered the protests by pointing out that all sorts of bad things would happen if it was ever conceded that first class business could not be discussed on Fridays, the fact of the matter is that it is not. Debates on Fridays are either on backbenchers' motions, backbenchers' Bills, minor government legislation, or issues like Warnock. The result is that with only a week's warning—many MPs have engagements for Fridays that they cannot break—those who would run a mile from a moral decision have the perfect excuse to stay away. That leaves the field clear for the committed few to orate whenever issues like this come up on that day.

In other words, the debate consisted of speeches by the same old choir of MPs who perform on such occasions—including Mr Leo Abse, Sir Bernard Braine, Mrs Jill Knight, Mr Bill Benyon, etc. The *déjà vu* element in it all is that much more important if you consider the context in which Mr Fowler tried to place the debate. He pointed out that Warnock went much wider than what was meant by the traditional kind of consultation exercises that governments hold. It embraced fundamental moral issues.

He said that the House and the government would be failing in their duty if they did not aim to provide a satisfactory framework within which the benefits of medical advance could be released, while at the same time guarding against the abuses that would undermine the special respect owed to the family and children and the creation of human life. It is a praiseworthy sentiment, but whatever Mr Biffen may say Fridays are not the right days.

Mr Fowler did make clear that there are some things that will have to be tackled in advance of legislation by means of interim arrangements, which means presumably the whole matter of clinics and surrogacy. Meanwhile, he was a listening minister.

The point about Warnock is that although the government will act on it, probably next session, the issues that it deals with are regarded by MPs as matters of conscience, not party political matters. But then, had it been the latter and really important, the debate would have been held on a Tuesday, Wednesday, or Thursday in prime time. The search will now be to find, as Mr Kenneth Clarke, the Health Minister, made clear when winding up, some sort of consensus so that guidance and protection can be established for the public. The bounds of what is permissible cannot be left to the medical and scientific establishment, he said. The question, of course, is whether they can equally be left to politicians.