Letter from Westminster

Women have their say

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Any man who gets himself entangled in the women's rights issue is asking for trouble. But my first Labour women's conference, held in the Derbyshire spa of Buxton, proved extremely interesting, even though I left with the impression that many of the sisters were more interested in improving conditions in the ghetto than in taking over the male chauvinist piggeries of politics. Women, after all, now make up 52% of the population, and in a democracy majorities are supposed to prevail. As for the recent Commons debate on women's rights, I suppose the world at large could be excused for not having realised it had taken place. There are several reasons for this. To start with neither front bench ranked it high on the list of priorities. It was essentially an occasion for the 19 women MPs to do their thing, and for Labour to be able to claim in advance of the conference that they had not forgotten the women's cause. But on top of that the Government made no new policy pronouncements in the debate, and the only people to write about it at any length were the resident parliamentary columnists, male chauvinists to the nth degree, who simply sent it up. The sisters in Buxton took exception to that, as well they might.

So let me correct the balance. The debate provided a chance for Mrs Renée Short, Labour MP for Wolverhampton North East, chairman of the Social Services Committee, and Mrs Sheila Faith, Conservative MP for Belper, who is a member, to air some of the problems the committee's current investigation into medical education has unearthed that affect women in the medical profession. The committee started work on the draft report last week and it ought to be ready for publication next month.

They made it clear that the report is going to include recommendations aimed at improving the lot of women in medicine. Mrs Short told the Commons that one interesting phenomenon that they had looked into was the shortage of doctors in certain areas of medicine, in certain specialties, and in certain parts of the country. "Women doctors in training and postgraduate education need opportunities for part-time training in order to get the experience they require," she said. "They also need the opportunities for part-time jobs if they are to work after they finish their training and if their family commitments are preventing them from taking full-time work. Part-time posts appear to be necessary, although there are problems." She said that when the committee had visited Edinburgh it had had an opportunity to talk to women doctors sharing posts and the care of patients and had discovered that this arrangement worked successfully. "Obviously the two women have to be compatible and able to work well together," she added. "If one of them leaves to take another post, or for other reasons, immediate problems present themselves, but with a little imagination the problem can be dealt with to the benefit of the women themselves and their patients. Some of the problems were presented dramatically to us during our recent visits. Where women doctors are married to men doctors there are problems of mobility and of careers. Generally, the men feel that the women should be willing to hold back their career advancement in order

to allow the whole family to move to an area where the husband has the opportunity of promotion. But times and attitudes are changing, and one hopes that sometimes we shall hear that the male partner is willing to allow the family to move so that the wife can get the promotion she needs."

Mrs Faith, a dentist, pointed out that, despite the fact that 22% of doctors are women and that by 1985 women will make up half the intake of medical schools, women hospital doctors have particular difficulty in getting into the highly competitive specialties, such as general surgery, general medicine, and cardiology. She said that the committee had experienced great difficulty in finding out exactly why it was that women did not reach the heights, pointing out that this was also the case in Sweden, a progressive land often said to be well ahead in giving consideration to equal opportunities. "Despite all the advantages in Sweden's society, a greater proportion of women doctors is still not achieving special status and is still to be found more usually in general medical practice," she said. "This apparent underachievement is strange because the Swedish government gives great assistance to women and has helped them in many ways by legislation." She said that the committee had discovered that while facilities were provided for preschool care these were spurned by the intelligent young women doctors.

Now all that may not be the stuff that provokes the cry of "Hold the front page," but what they had to say surely deserves to reach beyond the pages of Hansard. The women's conference suffered much the same fate, though the reason for that is that it is only a talking shop, not a policy-making occasion. The sisters, however, left nobody in any doubt that they are behind the attempt by Miss Jo Richardson, MP for Barking, to amend the 1967 Abortion Act to place a statutory duty on health authorities to provide abortions on the NHS. Miss Richardson said that the Bill, which she introduces next week, was simply laying down a marker for the future and urged them all to write to their MPs asking them to vote for it. The next phase in the campaign will be to try to get abortions "decriminalised," and after that an attempt will be made to place before Parliament a Bill giving women the full right to choose.

Mr Jenkin has published his consultation document on the sick-pay scheme—on the same day as general practitioners were discussing sickness certification at their annual conference—and in it he promises to hold discussions with the BMA and organisations representing both sides of industry this summer over self-certification for the first seven days. The aim is to discover whether control procedures can be devised that will be generally acceptable and practicable, and one suggestion for achieving this is the identification of suspect patterns of claiming, such as sickness absence at holiday periods or frequent absences for short periods. In such cases arrangements would be made for the provision of some form of medical evidence. The aim, of course, is to persuade employers to accept self-certification since they seem at the moment very much attached to the existing sick notes. If self-certification is introduced it would mean a substantial reduction in attendances at surgeries—and four million fewer statements.