Combating chaos

Tony Calland, the new chairman of the BMA's ethics committee, tells **Geoff Watts** how he metamorphosed from an ethics virgin into an ethics champion

A self styled "simple country doctor" joins the professional philosophers and lawyers who make up part of the membership of the BMA's medical ethics committee. He begins listening to their deliberations. What goes through his mind?

"When I first heard them," he says, "I thought, 'This lot are bonkers! They're off the wall.' But then you slowly get tuned in to why they think the way they do." The more you listen, he adds, the more you realise that the experience of seeing patients in the surgery gives you only one perspective on medicine. "It's been a revelation to me to hear the philosophers. My brain doesn't work like that. But it's fascinating to learn how other people think."

Tony Calland's revelatory experience came four years ago when he first joined the ethics committee—then under the chairmanship of Michael Wilks. Now Calland has assumed the role. Country, yes: as a GP he is based in an attractive part of the Wye valley in Gloucestershire. Simple? Well, you don't work your way up through local and national medical politics—he now chairs the BMA's Welsh Council—without a certain amount of nous, so perhaps we shouldn't take the "simple" epithet too seriously.

Some people yearn to chair committees for the opportunity it offers them to push their own agenda. Calland is not, he claims, in that mould. He sees his role as that of a facilitator: a builder of consensus among the mixed bag of often opinionated individuals who make up the committee. But one point on which he'll brook no argument is the importance of medical ethics.

There is a view that the ethics industry has become a little too ubiquitous, too intrusive. This view is heard most often from researchers who complain of the hurdles placed in their way—restrictions born of what they see as an overly zealous concern

with consent, confidentiality, autonomy, equity, and other such core values of medical ethics. Obstructing the acquisition of knowledge, they argue, is also bad for patients.

was supposed to be working on the common cold but was actually exposing its volunteers to totally different viruses. "That seemed all right at the time," he reflects. Indeed the film was billed as a light romantic comedy. Such an indefensible scenario would result in quite a different reaction among today's audience.

Among the issues that have featured prominently during his time on the committee is assisted dying. He was unhappy with the period during which the BMA's official policy was one of "neu-

trust he's familiar with. "It has functioned so efficiently that it has sucked every ill person in Gloucestershire into the sausage machine and spewed them out as new, sparkling, cartwheeling individuals. Fine, you may say. That's what the health service is there to do." But there's a negative result. Because of the system of payment by results, the primary care trusts and the local health board are running out of cash. Local community hospitals and day centres for elderly and mentally ill people are now having to close. "It has produced a set of unintended and adverse consequences for another group of people."

But isn't this a case of poor planning and management, not an issue of ethics? "It's an ethical issue because it affects equality of access."

Calland went through medical school (he qualified at Liverpool in 1970) intending to be a surgeon. It was the experience of some GP locum jobs in inner city Liverpool that changed his mind. "I really started to enjoy it." The more he thought about surgery the less he liked the prospect 20 years hence of looking at his list on a Monday morning and seeing "cholecystectomy, appendix, hemicolectomy ..."

"There's a certain sameness about it. Although they're for different people for different reasons, it's technically taking the engine out, tinkering with it, and putting it back together again. I like the human interaction of general practice." That and the thrill of successfully spotting the unexpected, he says.

So, what appeals about sitting on committees in BMA offices and shuffling papers when he could be doing what most people would see as more interesting and challenging: being in the clinic, helping people? "I've been helping people for 33 and three quarter years," he responds, smiling. "I've still not cured them, and they still keep coming back." But it's not that clinical medicine lacks satisfaction; it's simply that he also finds medical politics—into which he first stumbled by chance—interesting. It adds another dimension to life.

As it happens he plans to retire from practice at Christmas. So he'll have more time to devote to ethics "and maybe—maybe not—do a better job." □
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Tony Calland: "If you don't have some kind of ground rules or principles that have been thought out then you're heading for chaos"

Calland has little sympathy. "If you don't have some kind of ground rules or principles that have been thought out then you're heading for chaos." Is he, though, conscious of the way that the field of ethics has burgeoned as a force during his working life? "Yes, but I don't think that's a bad thing." To illustrate how perceptions have changed he chooses an intriguing but off-beat illustration: a film with Kenneth More and Shirley Anne Field that he saw when he was about 10 years old. The plot featured a fictional government research centre that

trality," a stance that has since been changed. The annual representative meeting at which neutrality was adopted was an anomaly and probably the result of the timing of the vote. "The policy has gone round in a circle, and we're now back to where we were originally." But public opinion is still in flux, and he concedes that the BMA may go round this circle again in the future.

One topic that, to Calland's satisfaction, seems to be rising up the agenda is the ethics of NHS reform. By way of example he talks of one Gloucestershire