maximum part-time contracts" he states that "many regions regard travel, administration, and emergency duties as representing two NHDs weekly for the generality of maximum part-time consultants." This seems to indicate that in those many regions maximum part-time consultants will be contracted to work for 28 hours in order to qualify for 10/11ths of the whole-time salary.

It would be helpful if Mr Bolt could complete the picture by publishing a supplementary letter to inform whole-time consultants in those regions, and in general, how many hours they should now be contracted to work in order to qualify for the whole-time salary. Without further clarification confusion is likely to continue.

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Where have all the nurses gone?

SIR,—What a superb article from Mrs Nancy Arnold on nursing shortages and morale (19 January, p 199). So many doctors and nurses will agree with her sentiments, but I suspect that some of her union-orientated colleagues will resent her home truths. How very nice it was to see again a wish for a close partnership between the nursing and medical professions.

Mrs Arnold is perfectly correct to stress the importance of the ward sister. The No 7 nursing grade is one that many feel is unnecessary. There seems to have been a large expansion of the nursing teaching staff, and some reduction in their numbers might be possible. In the earlier days, doctors often gave lectures to nurses, but this is an uncommon request today.

Reducing hours of work from 40 to 37½ will make matters worse, as more nurses will be required to perform the same work and there is already a nursing shortage. Nursing, like medicine, is a profession and too rigid adherence to hours and their progressive reduction will not improve morale.

I hope many clinically orientated hospital doctors will have read Mrs Arnold's article. I also hope that more nurses will speak up publicly to support her views, which they certainly do in private.

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Payment for first-aid in hospital?

SIR,—I have come across a strange anomaly in the matter of first-aid within the National Health Service.

Having trained a number of employees at a district hospital to certification standard in first-aid and arranged for the siting of first-aid boxes, I discovered a great reluctance on the part of these employees to take responsibility for the boxes and undertake first-aid from them, because they would not be paid anything for this.

In industry it has always been accepted that some extra money, however small, should be paid to certified first-aiders available to help their fellow employees in an emergency. In the NHS, however, it is only ambulance personnel who are entitled to such payment. Surely first-aid training is an essential part of the job for ambulance personnel and so their pay should

already allow for this, and it is the non-ambulance personnel volunteering for first-aid who should receive additional payment for becoming certified first-aiders.

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Career structure and family life

SIR,—I write as one of the doctors "moaning to the media," as described by Dr Anne Savage (19 January, p 177). Like many of the other doctors who learnt the hard way, she appears out of sympathy with those of us who are challenging some of the obstacles put in the path of doctors who care about their families.

Just as 40 years ago the establishment was outraged at the suggestion that housemen might have a night off once in a while, it seems that she has little time for those of us who suggest that we would like to see more of our children. In another 20 years the limited time we now allow junior hospital doctors (of either sex) to spend with their families will seem just as absurd as the conditions of prewar housemen now seem to us. Why is it that medicine must lag so far behind all other occupations in offering decent hours of work? If part-time posts approved for training purposes were freely available, many more mothers would then feel able to take part in the on-call work Dr Savage rightly feels is all important, because their families could be compensated on their days off. If the actual hours worked in a full-time job were kept below, say, 56 a week as recommended, more doctors could have near normal family lives. That is what we mean by demanding a "career structure compatible with family life." By TUC standards these claims seem very modest.

I completed my PhD while "handicapped by a husband and family," but I always fed them before the rats.

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A breach of professional etiquette

SIR,—It has recently been brought to my attention that there exists a central computer for the use of insurance companies. My understanding is that following a medical on a patient, should that medical prove to be unfavourable and the patient either has a loaded premium or is not accepted, the unfavourable information is registered with the computer and is then available to any insurance company that may wish to make inquiries.

I would respectfully suggest that this must surely be a serious breach of our professional etiquette and would be pleased to learn of the true facts relating to this matter.

M R MARTIN

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*.*The Secretary writes: "The Life Officers Association maintains a computerised registry of life or health insurance applicants whose applications have been refused or who are charged a higher than standard premium for health reasons. The registry has been in existence since 1896, and information is made available to member offices. We have commented on this matter in the past and remain concerned that applicants for life assurance

may not know of the use that is made of the information they have given. The report of the Committee on Data Protection said that 'all such transfer of data should certainly come within the jurisdiction of the Data Protection Authority, which would determine . . . what safeguards were needed.'"—ED, *BMJ*.

Ethical guidelines and general principles

SIR,—The BMA is entering the fight for the destruction of ethical values. Press reports circulate that "ethical guidelines" recommend contraception and abortion for children without parental knowledge or consent.

Ethics depend on the nature of things and not on BMA committees. Morality and ethics are not something which man imposes on himself or on other men. They are based on a law which is written into what he is—a human being with intrinsic rights.¹ In the case of children, their immaturity entitles them to the protection and guidance of their parents to shield them from actions which will have profound harmful effects on them, which they may be unable to understand.

The BMA by attempting to destroy permanent ethical values will degrade medicine and itself.

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¹ Sherrington P. *Scepter Bull* Nov 1976;5-8.

*.*The Secretary writes: "The publication of *The Handbook of Medical Ethics* is intended to stimulate discussion and comment. Nevertheless, the booklet does give guidelines for the handling of all manner of ethical problems. The section on ethical dilemmas includes a comment on abortion, and briefly outlines what a doctor might have to do in exceptional circumstances. The handbook should be read in its entirety, so that this small section may be seen in its true context."—ED, *BMJ*.

Participating in execution and medical ethics

SIR,—I was most disconcerted to read in the *Guardian* of the 28 January that four American States have passed legislation adopting a new technique for carrying out capital punishment—that of death by drug injection. "This technique requires medical or skilled paramedical participation in the administration of the fatal dose. . . . In the *New England Journal of Medicine* some Harvard doctors have said that the medical profession should on ethical, legal and clinical grounds reject any involvement in the technique for State killings."

I wholeheartedly support these doctors in their opposition to this legislation, which requires physicians to play an active part in the process of execution. "The medical profession should formally condemn all forms of participation in this method of capital punishment," says the group. I would like to propose that the British Medical Association declare its support for these doctors as they are defending the most important medical ethics—which, as the Conference on Torture Abolition stated in 1973, require us not to allow our skills to be used for torture, interrogation, and punishment.

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