TALKING POINT

Who will follow the juniors now?

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In October 1975 I was one of many junior hospital doctors who undertook a limited form of industrial action in support of the junior hospital staff contract. None of us enjoyed the experience but for reasons which are now historical we sincerely believed that such action was our only remaining option. The consequences of that dispute are still with us in the form of lengthened waiting lists which have not been reduced. It was then and still is crystal clear that any industrial activity by doctors working in the NHS inevitably harms patients. Recent industrial disputes by other groups of workers in the Health Service have again harmed patients. Hairmyres Hospital in Glasgow has been closed down because of a dispute which began over the alleged health risks of dirty linen. The hospital engineers' dispute paralysed large sections of the nation's hospitals. No one knows the cost in patient suffering but one patient's needless suffering is one too many.

That David Ennals has a pretty appalling media image is well documented, not least in previous issues of *World Medicine*. Over the last six months, however, he has repeatedly stated that Health Service workers should not use the strike weapon in pursuit of better terms and conditions for themselves. It is a wonderful sentiment, which the Secretary of State has played rather well; it would be difficult to play it badly. Naturally he has never spelt out any details of how such a utopia should come about.

Among the dark clouds surrounding the NHS the decision of the BMA's Hospital Junior Staff Committee to withdraw from the Review Body system has enormous disruptive potential. The HJS Committee has demanded direct negotiations with the DHSS over all matters concerning the terms and conditions of service as they apply to junior hospital medical staff. If the DHSS refuses to grant this request inevitably industrial action will be undertaken at some future date by junior hospital staff, with all its attendant consequences of patient suffering. On the other hand if the Secretary of State acceded to direct negotiations with the junior hospital staff then at some time it is inevitable that negotiations will break down between the participants and industrial action by junior staff occur.

The concept of the strike weapon as a final arbiter between management and worker is steeped into the fabric of Britain's society. That does not make it just or mean that it is the only way of dealing with disputes. Indeed, already certain groups such as the Police and

Army have by an Act of Parliament foregone the right to strike. Surely it is time that alternatives to strikes were seriously studied throughout our society. Can the medical profession give a lead? That such an offer should in the first instance come from the HJS Committee is indeed surprising and gratifying considering the events of late 1975. David Ennals has been offered what any Secretary of State would love to claim as his very own. However, like all special offers there are strings attached. Even in this apparent dawn of enlightenment within the HJS Committee, there are few, if any, junior hospital staff who, having agreed voluntarily not to strike, would feel happy in return to depend on the Government's good will to protect their interests. The HJS Committee is requesting from the Secretary of State an agreed and bilaterally binding arbitration procedure in the event of direct negotiations breaking down between the DHSS and the HJSC. All British governments have balked at agreeing in advance to be bound by arbitration findings. This attitude appears to be rooted in the belief that to do so would in some way impugn Parliament's sovereignty. Such a concept in our highly industrialised, interlocking society is not credible, for in truth any significant section of it—power workers, train drivers, miners, computer operators, etc.—are capable of paralysing the nation, irrespective of Parliament's wishes. I would argue that the sovereignty of Parliament would be reinforced not weakened by the Government's agreeing to be bound by the results of arbitration, since

that protects Parliament from entering into a contest which often it cannot win. Surely the 1974 miners' strike which toppled the Heath Government must have been a major blow against the sovereignty of Parliament.

If the HJS Committee is granted direct negotiations with the DHSS, backed up by an agreed binding arbitration procedure in the event of disputes, this could clear the black storm clouds of industrial unrest at present afflicting the NHS. The concept of a group of workers voluntarily agreeing to abandon the strike weapon would, I am convinced, inevitably begin a movement away from industrial stoppages in the NHS. Indeed, it is not too fanciful to suggest that it could be a forerunner of a radical rethink of management-worker relations throughout the United Kingdom. One fundamental question remains. Will David Ennals be able to respond positively to the unprecedented offer from the HJSC? I hope he will for it would set a pattern which might eventually translate into reality his well-publicised declaration that "workers in the Health Service should forego their right to strike."

Junior Members Forum 1979

"Can the practice of medicine still be an art?" is the theme for the first day of the 1979 Junior Members Forum, which will be held at Reading University on 31 March and 1 April. The second day will be devoted to medico-political matters. Members of the BMA (those under 40 and within 12 years of registration) who are in general practice or who are associate members should contact the honorary secretary of their local division if they wish to attend; those in a hospital post should contact the honorary secretary of the regional hospital junior staff committee. Junior members in the armed Forces, community medicine, occupational health, and academic medicine are appointed by the central committees. Doctors in the area who wish to attend as observers are welcome to do so at their own expense.

War service and NHS pensions

Many BMA members have expressed concern at the DHSS's delay in dealing with applications for the recognition of war service for NHS pensions. The position in England and Wales is dealt with in a note from the Department of Health:

"So far the Health Services Superannuation Branch has received a total of nearly 25 000 applications from persons wishing to buy their war service. Nearly 11 000 applications were from pensioners and 14 000 from currently serving members of the scheme. So far as possible cases are being dealt with on a strict age basis, the oldest first, and at present some 6000 applications have been processed, covering most of the people born before the year 1913. The remaining applications already received from pensioners should be cleared within the next three to six months. The rate at which applications can be processed by the Superannuation Branch is, to some extent,

dependent upon the Ministry of Defence record offices which have to verify all claimed war service. At this stage it is difficult to say when the serving officer applications will be cleared, but (as for pensioners) they will be dealt with in age order."

Anyone born before 1913 who retired from the NHS in England or Wales, and who has not had an official reply to his application, should write direct to the Health Services Superannuation Branch at Hesketh House, Broadway, Fleetwood, Lancs, quoting his SD reference number, or his Paymaster General's Office (PGO) reference number, or his full name and date of birth. In Scotland, all NHS pensioners with war service should now have heard from the Scottish Office Superannuation Division. The DHSS in Belfast expects to have dealt with all applications from NHS pensioners in Northern Ireland by the end of January 1979.

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