Routine pregnancies do not need obstetrician care

Jacqui Wise, *BMJ*

Specialist participation in routine antenatal care should be reduced, says a report by the Audit Commission. Such a move would be popular with the public and save the NHS £10m (\$16m).

The commission's survey of 2376 women, 500 GPs, and visits to 13 NHS trusts highlighted large differences in the way maternity services are provided in England and Wales. For example, the number of antenatal check ups provided varied between seven and 13 and the rates of caesarean section from 11% to 18% of all deliveries.

The report, *First Class Delivery: Improving Maternity Services in England and Wales*, found that some trusts provide more antenatal check ups than are needed by some women. And in some trusts consultant obstetricians have no routine input in the care of uncomplicated pregnancies, whereas in others they may have four or more routine contacts.

The report quotes a recent randomised trial which confirmed that routine specialist visits for women at low risk of complications are of little or no benefit and that outcomes are similar in hospital and community clinics (*BMJ* 1996;312:554-9).

It says: "Not only does community care cost significantly less than traditional, obstetrician led shared care, but it is more appropriate and probably more satisfactory for many of these women." Money saved could then be spent on improving information for all women and providing more support and care to those who have complications in pregnancy.

The report comes halfway through the timetable set by the government to increase women's participation and choice in maternity care, as laid out in the *Changing Childbirth* report. It found that overall most women were satisfied with the services they receive, but they do not always have enough information or feel involved in decisions.

The commission was concerned that one in four women said that they were left alone during labour. Also, more than a quarter of the women who spent less than 12 hours in a labour ward were cared for by four or more different midwives.

The most critical comments from women concerned postnatal hospital care, with a quarter of those surveyed saying that they were dissatisfied with the

PIERS CAVENDISH/IMPACT

Most mothers do not need specialist intervention

length of stay in hospital. The report says that trusts should do more to consult women because those who believed that they were involved in the decision about when to go home were nearly twice as likely to think that their length of stay had been right for them.

The report said that the large variations in the rates of medical interventions were worrying. The commission says that unnecessary interventions should be avoided because of the risks of injury and

the potential complications of anaesthesia. In addition, caesarean sections nearly treble the average length of stay in hospital and cost at least £700 more than a normal delivery. It says every 1% increase in the rate of caesarean section costs the NHS over £5m a year. (See p 844) □

First Class Delivery: Improving Maternity Services in England and Wales is available from Audit Commission Publications, 0800 502030, price £15.

Twins may protect against breast cancer

Jessica Westall, *Clegg scholar, BMJ*

Women who give birth to twins may be protected against breast cancer, says a study from the Imperial Cancer Research Fund.

The population based case-control study shows that their risk was reduced by almost a

third compared with mothers who had had only one baby. Data on 47 000 Swedish women under 50 who were not registered as having breast cancer were examined and compared with information about 4800 women of similar ages who had developed breast cancer after childbirth. The results showed a long term protective effect in women giving birth to twins (*British Journal of Cancer* 1997;75:1066-8).

The authors hope that this study will clarify the role of oestrogen and other steroid

hormones in the aetiology of breast cancer. The hormonal changes of pregnancy are known to convey long term protection against the disease, and mothers of twins have higher concentrations of these hormones. It is not yet known what role other differences between mothers of twins and mothers of single babies have in the development of breast cancer.

Dr Mike Murphy, deputy director of the charity's general practice research group in Oxford, said: "Although there is

some evidence that pregnancy increases the risk of breast cancer for a time after birth, it then seems to give a long term protection and it may be that the higher hormone levels associated with twin pregnancy give extra protection." He added that, unlike previous studies, this research shows that the effect of twins is independent of the birth order, the mother's age when she first gave birth, and the number of children she had. It is not yet clear whether the preventive effect continues after the age of 50. □

In brief

Drug resistant TB found in Russian prisons: The World Health Organisation has warned that Russian prisons and labour camps are breeding drug resistant tuberculosis that spreads into surrounding areas as prisoners are set free. Russia has a prison population of more than one million, and the Moscow Centre for Prison Reform says that 2480 out of every 100 000 prisoners contract tuberculosis.

US tobacco industry faces setback: The US Supreme Court has refused to hear a challenge to a new Florida law that allows the state to sue the tobacco industry for the costs it incurs in treating smoking related diseases. The state plans to share the costs between the companies according to market share.

Nicotine may help ulcerative colitis: Transdermal nicotine given at the highest tolerated dosage for four weeks has been shown to be beneficial in patients with moderately active ulcerative colitis, according to a randomised controlled trial reported in the *Annals of Internal Medicine* (1997;126:364-71).

Tobacco industry supports UK biomedical research: Between 1988 and 1994, 269 British biomedical papers acknowledged support from the tobacco industry or from the Health Promotion Research Trust for tobacco related research. The figures come from the Wellcome Trust's research outputs database, a collection of records of 185 000 biomedical papers.

US cancer society recommends annual mammograms: An expert panel of the American Cancer Society is recommending annual mammograms for women aged 40 and over.

Iraqi health system is near collapse: After a visit to Iraq the director general of the World Health Organisation said that the healthcare system is near to breakdown with the re-emergence of diseases that were under control and the lack of medicines and essential supplies.

Paris restricts use of cars

Alexander Dorozynski, *Paris*

Parisian police will ban half of the cars in greater Paris during peak pollution days. Cars with an even licence number will be allowed in only on dates of an even number.

The minister of the environment, Corinne Lepage, announced the ban as one of the measures to limit the effects of peak pollution on the population. These traffic flow measures will be brought into effect when concentrations of nitrogen dioxide and ozone, the two routinely monitored pollutants attributed to cars, reach 400 $\mu\text{g}/\text{m}^3$ and 360 $\mu\text{g}/\text{m}^3$ respectively.

Mme Lepage said that she had to resort to coercive measures "because appeals to civic sense gave no results." In practice, the police will base its decision on the degree of pollution in the afternoon and on weather conditions. If pollution threatens to peak traffic will be restricted from 6 am the following day. The order will be broadcast on radio and television and signalled on electronic signs.

Initially, people who infringe the ruling will receive a warning; then they will be fined up to Fr450 (£50; \$80). Cars with at

Parisians may be forced to buy two cars

least three passengers, official and delivery vehicles, and vehicles used for health and emergency services will be exempt.

The restrictions are expected to last for several months. Vehicles will then be tested. Those found to be satisfactory will be issued with a green sticker; only cars with such stickers will be allowed into Paris during the periods of peak pollution.

Several studies have shown

the association between atmospheric pollution and increased morbidity and mortality from asthma and cardiovascular illnesses. The national network of public health estimates that pollution causes 260 to 350 premature deaths a year in Paris. Similar restrictions have been permanently in place in Athens for 15 years, inciting many Athenians to buy a second car. □

Radioactive pollution exposed by low tide in France

Alexander Dorozynski, *Paris*

An exceptionally low tide off Cherbourg in Brittany has given Greenpeace the chance to show radioactive leakage from the Cogema reprocessing plant at La Hague.

About 20 m of a pipe ejecting waste material 1.6 km out to sea became exposed, and brief testing with a Geiger counter showed high radioactivity. Greenpeace then asked the independent commission of research and information on radiation for a more thorough check. The commission reported an output of 300 mSv an hour on contact with the pipe and 0.6 mSv an hour 20 m away. Background radiation else-

where in the region was 0.1 mSv to 0.15 mSv. "Even though the pipe was empty at the time, the level of radiation on contact was 3000 times higher than that," said Bruno Chareyron, nuclear engineer in charge of the commission's laboratory.

Jean-Luc Thierry, head of the nuclear section of Greenpeace France, pointed out that the beach was popular with fishermen and people looking for shells. "By spending a few hours near the pipe they could absorb the maximum annual dose defined by the European Community."

Patrick Ledermann, director of the La Hague plant, protest-

ed that the pipe was usually under water and that the dose flow was "absolutely insignificant." But Daniel Robeau of the government sponsored institute of nuclear safety and protection called the Greenpeace spot test fair game and added: "The dose flow is important. They have pointed to a defect that Cogema must remedy."

The pipe, which takes liquid waste out to a powerful offshore current, seems to be one of the plant's weak spots. It leaked in 1979 and 1980, but the site was never closed to the public, although workers picking up contaminated algae wore protective suits. An investigation into the possible link between childhood leukaemia and exposure to ionising radiation near the plant, prompted by a recent study (*BMJ* 1997;314:101-6), is under way and should be completed in June 1998. □

Doctor who refused HIV test is struck off register

Clare Dyer, *legal correspondent, BMJ*

An obstetrician who refused to have an HIV test, lied about an affair, and continued working for eight months after learning that his former lover was HIV positive had his name erased from the medical register by the General Medical Council last week.

Dr Patrick Ngosa returned to his native Zambia just days before the GMC's professional conduct committee was told that he had lied, covered up his relationship with a divorcee, and caused his patients mental suffering. Some 1750 women on

whom he operated during his time at four British hospitals have received letters telling them that they were at a small risk of contracting the virus from him. Most of the women had had caesarean sections or hysterectomies.

Professor Sir Herbert Duthie, who chaired the hearing, said that Dr Ngosa had "seriously and persistently" misled the GMC, which was contacted last June by the consultant treating Dr Ngosa's former lover, Mrs A. He denied a sexual relationship with her and confessed to the GMC only last month. Sir Herbert said: "Dr Ngosa failed to put the safety of his patients foremost. When confronted with the information which suggested he had been at risk of HIV infection, Dr Ngosa seriously and persistently misled this council and others. His behaviour was a betrayal of his patients' trust and undermined the

trust placed by the public in the profession. Such behaviour cannot be tolerated."

The committee heard that Mrs A, who had sex with Dr Ngosa twice when they both lived in hospital accommodation, learnt last May that she was HIV positive and believed that she had been infected by him in September 1995. He refused to undergo a test and continued working until he had a positive test in January this year. Since arriving in Britain in 1991, Dr Ngosa had worked at Gloucestershire Royal Hospital, Rugby Hospital (three days only), King George Hospital in Redbridge, Essex, Whipps Cross Hospital in east London, and Southend Hospital. Nicola Davies QC, counsel for the 39 year old married father of three, told the committee that he was "terrified" of the consequences of being HIV positive, for himself, his wife and chil-

dren, and his extended family in Zambia. He sent £200 (\$320) a month to support two brothers and his widowed mother. Ms Davies said that he always wore double rubber gloves when operating.

Tracked down by the *Daily Mail* to a remote town on the border between Zambia and Zaire, Dr Ngosa told the paper that he felt for the patients who were anxious and he hoped that none of them had been infected. He said that the consequences for a doctor who is HIV positive constitute a very big deterrent against coming forward. The local chief medical officer said that Dr Ngosa would be able to practise in Zambia.

The Patients Association in Britain called for compulsory HIV tests for doctors, but the Department of Health and the BMA said that compulsory testing was unnecessary. (See p 910.) □

European parliament wants world ban on human cloning

Rory Watson, *Brussels*

The European parliament has called for a worldwide ban on the cloning of human beings after the successful cloning of a sheep by a research team based in Scotland (1 March, p 623).

But despite strong pressure from Green MEPs, the parliament has rejected efforts to apply a similar ban to animal cloning. Instead, it has urged the European Union to consider legislation that would set out clear rules for such scientific research and would incorporate strict controls to guarantee human health, the continuation of the animal species, and safeguard biological diversity.

The initiative has been supported by the EU's research commissioner, former French prime minister Edith Cresson. But she warned MEPs that before the union explored the concept of a worldwide ban on human cloning with major partners like the United States and Japan, EU governments would have to agree among themselves on the measures to be put in place.

Mme Cresson specifically urged those governments that

have not already done so to establish national ethics committees bringing together scientists, lawyers, philosophers, and others to examine the wide ranging consequences for society of the latest scientific advances. The union already has such an inde-

pendent body, the Biotechnology Advisory Group, which will table its initial opinion on the issues involved in May. It also intends to hold a round table on the subject, bringing together scientists, parliamentarians, and EU officials.

In contrast to much public comment on the scientific successes of the Scottish research Mme Cresson appealed for the current debate to be conducted on objective, not hysterical, grounds. The message was

echoed by several MEPs, who pointed to the benefits that animal cloning could bring in the preparation of vaccines and medicines. In particular, Scottish Socialist MEP Ken Collins, the chairman of the European parliament's environment committee, paid tribute to the achievements of the research team. He also pointed out that although there were ethical problems in using the new technology, there were also ethical problems in not using it.

MEPs show what they think of human cloning

Dutch agree budget for expensive anticancer drugs

Tony Sheldon, *Utrecht*

The Dutch government has announced a £12m (\$19m) annual budget to meet the cost of the expensive anticancer drugs paclitaxel (Taxol) and docetaxol (Taxotere) for an estimated 2500 women patients. The drugs are used to treat patients with breast and ovarian cancer.

Each hospital has had to decide whether to fund the drugs out of increasingly tight budgets. The drugs offer no cure, but trials suggest that they may increase life expectancy by up to three years.

Doctors must still follow guidelines laid down by the Dutch Association for Internal Medicine and the cancer centres. The patients can be given the drugs only in hospital, and the number of cycles of chemotherapy, survival, and quality of life will be monitored. An evaluation of the drugs' effectiveness will be carried out after two years.

The decision reflects a rejection of the recommendations last month of a divided health

Having cancer has made women feel like political footballs

insurance council, the government's advisory body, which included a call for a further comparative study into the differences in life expectancy and the quality of life. Some council members, including those from the Royal Dutch Medical Association, had reservations, saying that such a study, using a new drug against a life threatening condition, was unjust.

Paclitaxel and docetaxol were

registered in the Netherlands in 1993 and 1995 respectively. The issue came before parliament in 1995, when only one in five patients were receiving the drugs. Last year the health minister, Professor Els Borst-Eilers, asked the health insurance council to study the scientific evidence in an attempt to establish priorities for different diagnoses and treatment and to estimate the cost in each case. □

Three patients die after managers' decision

John Warden,
parliamentary correspondent, BMJ

The treatment of three patients who were discharged from hospital to a private nursing home against clinical advice and died within days has provoked strong condemnation by a House of Commons select committee after a complaint to the ombudsman.

The MPs accuse health managers of a brazen attempt to ignore expert medical advice that was inconvenient to them.

The case arose because the closure of a ward in Park Prewett Hospital, Winchester, was accelerated by 21 months. Several elderly patients were transferred to a private nursing home and three died within 22 days. The responsible consultant, Dr Pearl Hettiaratchy, advised that they were not suitable for nursing home care.

The select committee criticises the Winchester Health Authority, now the North and Mid-Hampshire Health Authority, for its "extraordinary response" to the consultant's opposition. This was to arrange a second opinion with an independent consultant, who agreed with the discharge, and to defer to the opinion of a ward sister who thought that the patients were fit for transfer. This took place while Dr Hettiaratchy was on leave. The patients were also discharged without proper arrangements for medical cover.

The select committee's report questions the motives and integrity of the health authority. Managerial convenience overruled clinical advice, with tragic consequences. The interests of the patients were forgotten. Responsible members and officers of the authority "should be ashamed of what took place," and the committee recommends that the health secretary reviews their suitability to be in positions of responsibility in the health service. □

Report of the Health Service Ombudsman for 1995-6 is available from the Stationery Office, price £17.00.

Smokers are misled about low tar cigarettes

Caroline White, *London*

Low tar cigarettes are not a healthier option than regular brands, primarily because of the way they are smoked.

This finding comes in a survey published in *Tobacco Control* (1996;5:265-70). The researchers claim that the tobacco industry has deliberately failed to inform people of the problem. Up to 40% of the 600 adult smokers surveyed across the United States had neither seen nor heard about the filter vents on low tar brands of cigarettes that are designed to dilute with air the inhaled yield of nicotine, tar, and carbon monoxide. Two thirds of them did not realise that blocking the vents with their lips or fingers during smoking can

almost double the yield of these substances. In 1995 almost 60% of cigarettes sold in the United States were low yield brands.

"The cigarette industry has acknowledged that vent blocking can happen, but it disputes the prevalence of the problem," say the researchers from Penn State University, Pennsylvania, where the survey was carried out. "Compensatory" smoking, whereby larger and more frequent puffs are taken—often subconsciously to increase the taste of low yield cigarettes—is well known in the industry. But the researchers say that manufacturers could do more to alert people about filter vents. "For a design feature so subject to

behavioural subversion to be kept secret from the smoker is comparable to keeping secret from car drivers the existence of the speedometer or safety belt," they say.

The parameters that are used to confer low yield status on cigarettes are arbitrary, says Dr Martin Jarvis of the Imperial Cancer Research Fund's health behaviour unit in London. "They were plucked out of the air by an industry person in 1936 and are not based on human patterns of smoking." In Britain voluntary agreements since 1972 have succeeded in reducing the tar in cigarettes from 19 mg to 11 mg. Low tar brands account for a quarter of British cigarette sales. "The whole question of the public understanding of what low tar cigarettes mean is poor, and the industry in some ways fosters that misunderstanding," Dr Jarvis said. □

Poverty has major impact on health of young people

Jacqui Wise, *BMJ*

Young people living in poverty are four times as likely as those from more affluent families to die before the age of 20, says a new report from the Child Poverty Action Group and the King's Fund.

Poverty among young people is an increasing problem in Britain. Children and young people have now overtaken pensioners as the largest age group living in poverty. In 1993-4, 4.2 million (one in three) children were living in poverty in Britain compared with 1.4 million (one in 10) in 1979.

Not To Be Ignored documents a wide range of health problems associated with poverty among young people, including accidents, respiratory problems,

depression, suicide, and drug misuse.

Children from poor families are five times as likely as children from better off families to die in accidents. Suicide rates among those aged 15-24 are almost three times higher in social class V than in the other social classes combined. And young people living in poverty are five times more likely than those from more affluent backgrounds to be diagnosed as having schizophrenia.

The report's authors recommend a wide range of health and social measures to reduce death and ill health among young people, including ensuring that services are receptive to young people's views to changes in the tax and benefit system. They say: "The bottom line is that poverty and inequality must be tackled, otherwise the impact of health measures will be undermined." □

Not To Be Ignored: Young People, Poverty and Health is available from the Child Poverty Action Group, London EC1V 9PV, price £8.95.

Young British people's mental health neglected, say MPs

John Warden, *parliamentary correspondent, BMJ*

Mental health services for children and adolescents are inadequate and have been neglected as a priority area in the NHS, the House of Commons health committee said this week in the latest of its reports on child health.

The committee recommends that a special cabinet subcommittee should work towards creating an integrated children's health service. Public awareness of mental health problems among children and young people seems to have increased, though NHS monitoring of the problem remains "highly unsatisfactory." The report adds that the Department of Health should adopt indicators and targets specifically relating to child and adolescent mental health, including targets for a reduction in suicides in young people.

The committee says that it is important that GPs are fully able to recognise and treat eating disorders such as anorexia and bulimia nervosa at an early stage. Present policies, it states,

have resulted in a pattern of provision that does not match the pattern of need. The NHS Executive should plan specialist services for eating disorders, to be provided by health authority consortiums.

The committee wants a further investigation into conduct disorders such as school indiscipline and exclusions. It criticises the absence of effective alternative education for excluded children, which may well contribute to perpetuating patterns of anti-social behaviour.

The report strongly backs the extension of the four tier model of child and adolescent mental health services, which was promoted in 1994 by the Royal College of Psychiatrists and which proposed that primary health care workers improve the prevention and early diagnosis of mental health problems. □

Child and Adolescent Mental Health Services. Fourth Report. London: Stationery Office, 1997, price £9.70.

Complications of deep vein thrombosis are halved with coompression stockings

Zosia Kmietowicz, *London*

Wearing compression stockings soon after being given a diagnosis of deep vein thrombosis reduces the risk of long term complications by half, says a report from the Netherlands.

A group of 194 patients who had a first episode of deep vein thrombosis were randomly assigned either to wear "sized to fit" compression stockings within two to three weeks of diagnosis for at least two years or to a control group that wore no stockings (*Lancet* 1997;349:759-62).

About 60% of the patients developed the post-thrombotic syndrome within two years of the initial diagnosis of deep vein thrombosis, challenging the general belief that it takes between five and 10 years for the syndrome to manifest itself. The use of compression stockings reduced the rate of the post-thrombotic syndrome, which is characterised by leg swelling with pain and ulceration, by half.

Compression stockings had no impact, however, on the recurrence of deep vein thrombosis, which suggests to the authors that the mechanism of recurrent thrombotic disease differs from that of the post-thrombotic syndrome.

Patients who have had an episode of deep vein thrombo-

sis should wear made to measure compression stockings for a "minimum of two years" to reduce the rate of long term complications, advise the investigators.

Gordon Lowe, professor of vascular medicine at the University of Glasgow, welcomed the findings and predicted that they would have an impact on clinical practice, which is currently inconsistent. "Most doctors would encourage people who have had a major deep vein thrombosis to wear stockings, but for most patients the practice of recommending stockings is quite erratic. Patients find them uncomfortable, and doctors have been reluctant to enforce them because there has never been a randomised trial to show whether they are effective," he said.

One in 1000 of the general population has an episode of deep vein thrombosis each year, and many have to live with painful legs for the rest of their lives. Reducing the incidence of the complications would not only improve the quality of life of patients but also cut the cost of caring for people with leg ulcers, which costs £2m (\$3.2m) in the United Kingdom each year, added Professor Lowe. □

Compression stockings after deep vein thrombosis do help

High Court detains girl with anorexia

Clare Dyer, *legal correspondent, BMJ*

A 16 year old British girl with anorexia nervosa has been ordered by the High Court to be detained against her will, by force if necessary, for the purpose of treating her eating disorder.

The case breaks new ground with the decision for the first time that the High Court can order detention of a child under the age of 18 years for the purposes of medical treatment under its inherent jurisdiction over the welfare of children.

The judge, Mr Justice Wall, delivered his judgment in a private hearing on 5 March but released it for publication last week on condition that the identities of the girl, her parents, her doctors, and the clinic treating her were concealed.

The teenager, C, had been

detained in hospital previously under the Mental Health Act 1983, but the clinic now treating her was not a mental hospital, and its philosophy was "inimical to the compulsory admission of children under the Mental Health Act," the judge said.

C agreed to the treatment but had absconded from the clinic several times, and it had refused to have her back unless she was under compulsion to stay. C lived with her parents but came from a "highly dysfunctional" family, the judge said. Her elder brother, G, lived in a council flat; her 14 year old brother, S, lived in a council children's home; her severely depressed 11 year old sister, T, and a younger brother with special educational needs were at boarding school. It emerged in October 1992 that her brother

G had sexually abused her over a substantial period, and S and T may also have been involved.

The local authority, C, and her parents were represented by separate QCs at the hearing. A fourth QC was brought in by the Official Solicitor as adviser to the court. Dr D, medical director of the clinic, said that C was able to stop eating and drinking very suddenly, putting herself at risk of collapse and sudden death within three to seven days.

The judge decided that the clinic was not secure accommodation, but as the detention order was "draconian" it should be limited in time and have stringent safeguards built into it. He ordered that the parties should come back to court no later than 18 April for a decision on whether the order should be extended or discharged.

The doctors caring for C were directed to provide reports on her progress by 1 April, and in the meantime C or any other party could apply to a High Court judge on short notice. □

Germany's new health reforms

Helmut L Karcher, *Munich*

The German government has reached agreement on new health reforms. The measures introduced two years ago to cut costs by trying to control doctors' treatment and drug costs have been ineffective. Budgets were exceeded, and the health insurance industry's deficits for 1996 were estimated at DM10bn (£3.7bn; \$5bn.)

The new scheme leaves insurance contributions untouched, but prescription charges and other charges to patients will increase. Charges for prescriptions, hospital hotel services, and transport will rise by DM5 to between DM9 and DM25. Charges for treatments other than drugs will go up by 5%. There will be reduced payments or no extra costs for low income groups and patients with chronic diseases. □

Focus: Westminster

Consultants blamed about consultants' complaints

John Warden, *parliamentary correspondent, BMJ*

Recalcitrant ... devoid of compassion or humility ... a shame to their profession. Consultants in the NHS, or a minority of them, are sometimes suspected of failing in their duties. But seldom have they been subjected to such an indictment as last week by a Commons select committee.

What towering scandal of medical malpractice could have provoked such an attack? In fact there was no such scandal. The select committee was angry about the cavalier attitude some consultants adopt towards complaints about non-clinical mishaps. This causes them to fall foul of the health service

ombudsman and, inevitably, the parliamentary select committee which monitors his investigations. Over the years MPs on the committee have made it clear that they do not like arrogant consultants.

Typically, such consultants offend by paying dilatory attention to complaints from patients or their relatives, which they loudly declare to be irritating or trivial. The committee hit back by calling before it Professor Sir Norman Browse, chairman of the Joint Consultants Committee, and Sir Donald Irvine, president of the General Medical Council, in the hope that they could influence the behaviour of their colleagues.

The pair got off on the wrong foot by suggesting that the committee might be exaggerating the scale of the problem. This produced the damning verdict of being "a touch complacent." One MP on the committee told of a complaint that was never pursued because, as the patient

explained: "I have to go under the knife shortly, so I don't want to make a complaint against that guy."

By the end of their interrogation, Sir Norman and Sir Donald were more inclined to accept the committee's criticisms and agree that the proper handling of complaints was an aspect of "total care" and ethical behaviour. Yes, they would revise the GMC's *Good Medical Practice* to encourage a "modern interpretation of our profession." And they promised that the GMC's new performance procedures would pick up consultants who persistently offend. Above all, it was established that an apology was not an admission of fault.

If these messages reach the top of the profession the select committee will have done a good day's work. At the same time, it is not difficult to sympathise with the consultants. This column has previously noted how the standards of perfection applied by the ombudsman contrast

with the manifest imperfections of the NHS, which consultants face every day. Another possible source of conflict is that the ombudsman is invariably a retired top bureaucrat. They are inherently allergic to sloppy paperwork by overworked doctors.

Against that, the system can demonstrate impartiality. In the same report the committee unreservedly backs a consultant who was overruled by a devious management which discharged elderly patients to long term care without medical cover, only for three of them to die within days (p 848).

There is now a new ombudsman, and after the election on 1 May the committee's complexion will change too. In the next parliament it will begin looking into complaints about clinical practice now that these are within the ombudsman's jurisdiction. Meanwhile, the consultants need to get their act together. □