- 3 Coupland RM. The effects of weapons: surgical challenge and medical dilemma. *J R Coll Surg Edinb* 1996;41:65-71.
- 4 Korver AJH. Amputees in a hospital of the International Red Cross. *Injury* 1993;9:607-9.

Doctors should actively support campaign to ban landmines

EDITOR,—Each year landmines kill and maim 26 000 people, many of them children. John Pearn's editorial calling for a ban on these indiscriminate weapons was published shortly before the third session of the review conference of the United Nations convention on inhumane weapons, which had the power to ban these weapons. The outcome of the session was, according to the UN's secretary general, Boutros Boutros-Ghali, "deeply disappointing"; a ban was not even an option. Commenting on the first of the three sessions of the review conference, Pearn says, "Last October, in Vienna, the United Nations failed to agree to ban landmines."¹ Presumably he now believes that the UN has failed again.

The problem is that the UN is only the sum of its parts, its parts being the governments of the member states. It is they who make the decisions, who bring about success or, as in the case of the review conference, resounding failure. It is no good railing at some distant body called the UN—we must also address our message to politicians at home and create the political will for change.

There is much to be done in Britain: the government may be ridding itself of some stockpiles, but it is also seeking to procure high technology replacements. These replacements are meant to self destruct within specific time limits, but indications are that up to a tenth fail to do so. The effect of this is to deny people the use of land they need for food and to put them at risk of injury and death.

The arguments are complex, involving definitions of antipersonnel mines, new technology, and much more that cannot be discussed here, although briefings are available from many organisations including my own. However, an increasing number of responsible countries, including Australia, Canada, and Germany, have set an example that is way ahead of the British government's pledge to "back the call for a complete ban."

The medical profession in many countries has been a key impetus behind the progress made towards a global ban. In Britain the BMA has taken a firm lead in calling on the government to ban landmines. Dr Mac Armstrong, the BMA's secretary, joined the United Kingdom Working Group on Landmines, which includes the United Kingdom Committee for Unicef, in presenting a petition to the prime minister. We hope that the medical establishment throughout Britain will put its voice behind the campaign to ban landmines, which will, we believe, be successful.

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- 1 Pearn J. Landmines: time for an international ban. *BMJ* 1996;312:990-1. (20 April.)

GPs' prescribing behaviour may be affected by drug promotion

EDITOR,—David Armstrong and colleagues studied why doctors changed their prescribing behaviour over six months and found that multiple factors were involved.¹ We would add several points.

Firstly, it is surprising that the authors mention the role of drug promotion only in passing. Drug promotion is a powerful and effective tool^{2,3} that conveys subliminal messages, as is shown by one of the doctors in the study having stated, "I read it in several places but couldn't tell you where. The message has been pounded in over the last year...reading it again and again, so it must be true."¹ Secondly, several of the drug groups in which change occurred during the study are currently the focus of research that has received wide publicity in both commercial and non-commercial material sent to all general practitioners. Thirdly, quantitative methodologies are needed to differentiate between perceived and actual practice. This was highlighted by Lomas *et al*, who found that doctors said that they had changed their rate of caesarean section by about a third whereas only a 0.13% change in activity had occurred.⁴

Finally, this study highlights the importance of having an effective strategy for disseminating and implementing the findings of research in the NHS.⁵

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Junior Doctors Committee has achieved much recently

EDITOR,—In his latest attack on the Junior Doctors Committee, Christopher Wong raises several points that deserve a reply.¹ He vilifies the committee for inviting him to meetings where his views could have an influence on its policy. Oddly, he views this as the committee trying to shut him up. The reason he states for declining this invitation is that he attended such meetings "a few years ago," found them unrepresentative of his views, and decided to boycott them. To take such a stance and then, after many months

of voluntary exile, claim that the committee has not listened to him seems perverse.

Wong suggests that an alternative representative body should be set up—presumably one that agrees with his opinion. Those who find this suggestion attractive should consider that there are 29 000 very individual junior doctors, who hold a variety of opinions on the many issues that their representatives have to formulate into policy. Such policy is likely to find dissent with some of the electorate of any such body. A new representative body would not change this.

Secondly, it is nonsense for Wong to imply that he and like minded colleagues could not change the committee's policy from within the pre-existing structures. Change is impeded not by the structures themselves but by those who want it and are too apathetic or cynical to use the system available to them.

Thirdly, the committee is well aware of the tension between training requirements and controls on hours of work, which is one reason why it has called for a meeting of the original signatories of the new deal. Contrary to Wong's belief, the committee cannot effect change without the support of many others, including the colleges.

Lastly, this year the Junior Doctors Committee has overturned government plans to pay higher professional trainees in the busiest posts exactly the same as is paid to those doing no on call work, has overturned plans allowing trusts to set their own allowances for study leave, has fought off attempts to abolish automatic incremental pay rises, has achieved considerably higher rates of pay for those working busy on call rotas, and has obtained the highest annual pay award of any group of professionals in the health service. Is the committee really doing such a bad job at representing the interests of junior doctors?

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- 1 Wong C. Junior doctors' hours. *BMJ* 1996;312:1042. (20 April.)

*We received five other letters commenting on Wong's letter; all disagreed with him. This correspondence is now closed.—EDITOR

BMA calls for evidence on ethical implications of new genetic technology

EDITOR,—Few fields of medicine are developing as rapidly as human genetics. With such developments come new dilemmas and challenges for those working in health care. The BMA has recently established a multiprofessional steering group to examine the ethical implications of new genetic technology and to provide practical guidance for health professionals who are not specialists in genetics but who are increasingly being asked to advise on the implications of this technology.

The steering group is anxious to gather as much information as possible on current practice and the practical ethical problems that arise, from health professionals, counsellors, social workers, and lawyers. The group would welcome evidence of good practice and unresolved issues from any of these sources or from others who have experience of these issues. Correspondence should be sent to the medical ethics department, BMA, BMA House, Tavistock Square, London WC1H 9JP.

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